



Vision

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

Guiding Principles for System of Care Transformation in Monterey County.

Family & Consumer Driven

Accessible & Timely Services

Wellness & Recovery

Culturally & Linguistically Competent

Strength & Resiliency

Integrated & Coordinated Services

Visión

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

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

Dirigida por los Jóvenes, las Familias y los Consumidores

Servicios Accesibles y Puntuales

Bienestar y Recuperación

Servicios Cultural y Lingüísticamente competentes

Fortaleza y Resiliencia

Servicios Integrados y Coordinados

MONTEREY COUNTY

MENTAL HEALTH SERVICES ACT

FISCAL YEAR 2014-15 THROUGH FY 2016-17

THREE-YEAR PROGRAM AND EXPENDITURE PLAN

FINAL July 2015



The Mental Health Services Act (MHSA) Ley de Servicios de Salud Mental: De Un Vistazo
Monterey County Health Department, Behavioral Health Division

**MONTEREY COUNTY
FISCAL YEAR 2014-15 THROUGH FY 2016-17
MENTAL HEALTH SERVICES ACT
THREE YEAR PROGRAM AND EXPENDITURE PLAN**

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EXECUTIVE SUMMARY

Proposition 63, also known as “the Mental Health Services Act or “MHSA” was passed by the California voters in November 2004. Often referred to as the millionaires’ tax, the MHSA’s overarching goal is to transform the public mental health system throughout California.

In accordance with MHSA regulations, Monterey County developed this “Fiscal Year 2014-15 Through FY 2016-17 Mental Health Services Act Three Year Program And Expenditure Plan” or “Plan”. This document contains: retrospective data for the services supported by MHSA funds, descriptions of services within each component program/project, and the proposed expenditures for each of the three fiscal year periods.

This Plan has been developed as a result of an extensive community planning process which began in January 2013 and culminated in the “Behavioral Health Strategic Plan”, adopted by the Monterey County Mental Health Commission in April 2014. In the program/project descriptions, page references to the Strategic Plan are included for those services that are either newly implemented or being expanded with MHSA funds.

The MHSA consists of the following three components: Community Supports and Services (CSS); Prevention and Early intervention (PEI), and Innovations (INN). For each component, there are program or project descriptions as well as annual expenditure plans.

The **CSS** component consists of Children and Youth (C&Y); Transition Age Youth (TAY); Adults; and Older Adults. Access to Treatment is also included in the C&Y and Adults programs. These programs, implemented during the initial phase of the MHSA, are integral to the overall treatment system that provides services the seriously mentally ill adults and the seriously emotionally disturbed children and their families of Monterey County.

In the **PEI** component, there are four projects serving the following populations of focus: Under/Unserved Cultural Populations; Trauma Exposed Individuals; Youth in Stressed Families; and Youth at Risk of Juvenile Justice Involvement. Services in this component are wide-ranging and are primarily geared towards reaching out and preventing mental health disorders.

The last MHSA component is **INN**. The INN projects include the Positive Behavioral Intervention Supports (PBIS) which is a collaboration between Monterey County Behavioral Health and the County Office of Education to support implementation in school districts county wide; the unique multi-disciplinary treatment program for Juvenile Sex Offenders; and the Alternative Healing and Promotores de Salud project, which provides medication support services using natural remedies and alternative approaches to healing, in collaboration with community members who serve as “Promotores” providing health outreach and engagement in their local communities.

Although the funding specifically allocated to Monterey County for **Workforce Education and Training** also known as “WET” has been expended, this Plan includes funds for continued staff development efforts as well as continued support of the California State University Monterey Bay Master in Social Work program.

**MONTEREY COUNTY
FISCAL YEAR 2014-15 THROUGH FY 2016-17
MENTAL HEALTH SERVICES ACT
THREE YEAR PROGRAM AND EXPENDITURE PLAN**

INTRODUCTION AND OVERVIEW

PURPOSE OF THE THREE YEAR PROGRAM AND EXPENDITURE PLAN

Counties are required to submit a “Fiscal Year 2014-15 through FY 2016-17 Mental Health Services Act Three Year Program and Expenditure Plan” or “Plan” consistent with guidelines released by the Mental Health Services Oversight and Accountability Commission to remain in compliance with Mental Health Services Act (MHSA, also known as “Prop 63”) regulations.

As required in the MHSA regulations, a planning process involving community stakeholders is conducted, and using this information, a draft of the Plan document is prepared and disseminated for public review and comment for the required minimum 30 day period. Subsequent to the public review and comment period, the County Mental Health Commission conducts a public hearing to review the written comments received as well as receive additional comments regarding the draft document from Commission members and other attendees at the public hearing.

The “Fiscal Year 2014-15 through FY 2016-17 Mental Health Services Act Three Year Program and Expenditure Plan” is then produced in final form, submitted to the Monterey County Board of Supervisors for adoption, and then forwarded on to the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.

For the second and third fiscal years of the Plan, counties are required to prepare “Annual Updates”, which are opportunities to inform the local community of the progress being made to implement the Plan. The draft Annual Update document will be prepared and disseminated for public review and comment for the required minimum 30 day period. This process is another opportunity to gather feedback regarding the document as well as to make modifications to the Plan as may be needed.

OVERVIEW OF MHSA IMPLEMENTATION IN MONTEREY COUNTY

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

Monterey County also has three approved MHSA Housing Projects: “Sunflower Gardens”, a 17-unit project implemented in collaboration with Interim, Inc., a local community-based

organization serving adults with psychiatric diagnoses which is located in Salinas; Wesley Oaks, also located in Salinas, a 4-bedroom shared housing project implemented in collaboration with the Community Housing Investment Systems and Planning Association (CHISPA), a non-profit organization with extensive experience in developing and operating affordable housing in Monterey County and Interim, Inc.; and “Rockrose Gardens”, a 20-unit project located in Marina and also implemented in collaboration with Interim, Inc.

Monterey County’s Capital Facilities and Technological Needs Component (CF&TN) Plan received approval by the State Department of Mental Health on July 21, 2008. Monterey was the second County in California to obtain approval of this component of the MHSA. The CF&TN Plan consisted of the acquisition of an integrated health clinic and an electronic medical record system. To implement the new clinic, the County obtained a land grant from the federal Health & Human Services Administration that transferred the ownership of a facility located on the former Fort Ord Army base previously providing day care for homeless children in Monterey County. Extensive renovations were conducted and in May 2013, the Integrated Health Care Services facility opened, providing county operated services/programs as well as homeless services provided by Interim, Inc. and Shelter Outreach Plus. The implementation of the Electronic Health Record project will celebrate its 7th year anniversary of implementation in July, 2015.

THE CONTEXT OF MHSA IMPLEMENTATION – INTEGRATION OF HEALTH SERVICES

A guiding and transformative principle of the MHSA is the process of creating an integrated health service experience for the consumer. This process continues to evolve in Monterey County. In 2011, several clinical positions were transferred from the Behavioral Health Bureau to the Clinic Services Bureau, making psychiatric and case management services available in the primary health care setting. Integration of mental health and primary care services into “person-centered health care homes” continues through the implementation of three regional integrated health clinics, which is a collaboration between the Health Department’s Behavioral Health and Clinic Services Bureaus. Using grant funds awarded by the federal Substance Abuse and Mental Health Services Administration, primary health care services are being co-located at Behavioral Health clinic locations. Consumers are included on the treatment team as Peer Wellness Navigators. The project, named “Connections to Wellness /Conexion al Bienestar” a.k.a. “Bienestar” began providing services in Salinas in November 2013, in Marina in June 2014, and in King City in January 2015.

MHSA IN FISCAL YEAR 2013-14

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

has been modified since initial implementation, retaining 3 of the 4 projects in this next three-year period.

For informational purposes, this document also includes information pertaining to the WET component; however, as no additional state WET funds are available to counties in FY 2014-15 through FY 2016-17, these workforce education and training activities are funded primarily by other sources.

Community Services and Supports (CSS). The following programs are included in the CSS component plan:

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

Prevention and Early Intervention (PEI). The following programs are included in the PEI component plan:

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

Innovations (INN). The following programs are included in the INN component plan:

- Positive Behavioral Intervention Supports
- Juvenile Sex Offender Response Team
- Alternative Healing and Promotores de Salud

FINANCING

This “Fiscal Year 2014-15 Through FY 2016-17 Mental Health Services Act Three Year Program and Expenditure Plan” reflects continued funding for previously approved CSS, PEI and INN Components . Several new or expanded services are included in CSS and PEI; most of these will begin implementation in Fiscal Year 2015-16.

The funding amounts for each program reflect the amount included in the Behavioral Health Bureau’s FY 2014-15 Budget as approved by the County Board of Supervisors, as well as the amount in the 2015-16 Requested Budget. FY 2016-17, estimated expenditure information is also included and will be likely refined in future “Annual Update” documents.

CONCLUSION

Monterey County continues to utilize MHSA funds to improve service delivery, reach underserved and unserved cultural populations, address health disparities, decrease stigma and discrimination, and promote overall health and well-being of our communities.

MHSA COUNTY COMPLIANCE CERTIFICATIONCounty: Monterey

- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

Local Mental Health Director	Program Lead
Name: Ray Bullick	Name: Alica Hendricks, MHSA Coordinator
Telephone Number: 831-755-4509	Telephone Number: 831-796-1295
E-mail: bullickr@co.monterey.ca.us	Email: hendricksa@co.monterey.ca.us
County Mental Health Mailing Address: Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-year Program and Expenditure Plan, including stakeholder participation and nonsupplantation requirements.

This Three-year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health commission. All input has been considered with adjustments made, as appropriate. The Three-year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on

_____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached Three-year Program and Expenditure Plan are true and correct.

Ray Bullick
Local Mental Health Director/Designee (PRINT)

Signature Date

County: Monterey

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATIONCounty/City: Monterey Three-Year Program and Expenditure Plan Annual Update Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Ray Bullick	Name: Mike Miller
Telephone Number: 831-755-4509	Telephone Number:
E-mail: bullickr@co.monterey.ca.us	E-mail:
Local Mental Health Mailing Address: Monterey County Health Department, Behavioral Health Bureau 1270 Natividad Road Salinas, CA 93906	

I hereby certify that the Three-Year Program and Expenditure Plan is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Three-Year Program and Expenditure Plan is true and correct to the best of my knowledge.

Ray Bullick
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, , the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is dated _____ for the fiscal year ended June 30, _____. I further certify that for the fiscal year ended June 30, _____, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

County Auditor Controller / City Financial Officer (PRINT)

Signature Date

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

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

30-day Public Comment period: May 21, 2015 – June 21, 2015

Date of Public Hearing: June 25, 2015

COUNTY DEMOGRAPHIC INFORMATION

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

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

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

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

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

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

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

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

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

COMMUNITY PROGRAM PLANNING

1. Briefly describe the Community Program Planning Process for development of all components included in the “Fiscal Year 2014-15 through FY 2016-17 MHSa Three Year Program and Expenditure Plan.”

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

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

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

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

The Monterey County Behavioral Health Strategic Plan document can be accessed at this website link:
https://www.mtyhd.org/QI/wp-content/uploads/2014/09/Final_Stratplan_08-26-14.pdf (English)

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

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

2. Describe the stakeholders involved in the Community Program Planning (CPP) Process.

- Monterey County Mental Health Commission
- Monterey County Board of Supervisors, including the Board’s Health & Human Services and Budget Committees
- Monterey County Behavioral Health Strategic Planning Steering Committee
- Monterey County Cultural Competence/Social Justice Committee
- Mental Health Services Contract Providers & Other Community-Based Service Organizations
- Recovery Task Force & Anti-Stigma Committee
- Consumer & Youth Advisory Councils
- Consumers, youth and family members
- Department of Social Services, i.e. Child Welfare and Employment & Training
- Law Enforcement, Probation and the Courts
- Education
- Labor
- Public Health and Primary Care
- Other Interested Community Members

LOCAL REVIEW PROCESS

3. Describe methods used to circulate, for the purpose of public comment, the draft “Fiscal Year 2014-15 through FY 2016-17 MHSAs Three Year Program and Expenditure Plan” document, to representatives of the stakeholder’s interests and any other interested party who requested a copy of the draft document.

The draft “Fiscal Year 2014-15 through FY 2016-17 MHSAs Three Year Program and Expenditure Plan” was distributed for review and input/comment by the aforementioned stakeholders for the minimum thirty (30) day public comment period. The draft document was translated into Spanish for posting and distribution via email.

The draft was also available on the Behavioral Health (BH) Quality Improvement website, the Health Department’s website, the Monterey County website home page, the Health Department’s Facebook page and on Twitter. Input was also elicited from service providers, county staff, and the community-at-large via various email distribution lists.

Copies of the draft document were also available at all County Libraries, behavioral health clinics and upon request from Behavioral Health Administration.

Announcements to solicit public comment on the draft document were made by Behavioral Health Leadership and BH staff at various meetings convened by our community stakeholders.

An overview of the draft “Fiscal Year 2014-15 through FY 2016-17 MHSAs Three Year Program and Expenditure Plan” document was presented to the Monterey County Mental Health Commission on March 26, 2015. BH staff gathered feedback and responded to questions from the Commission members and others in attendance. The Commission Chair formed a workgroup consisting of several members and BH team to provide input regarding additional information to be included in the draft document. Prior to the April 30, 2015 meeting, the “MHSAs Program Data Sheets” document was distributed to the Mental Health Commission, and BH Staff presented an overview of the strategies that cut across the components and programs funded by the MHSAs.

“Public Review and Comment Community Forums” were also convened in King City, Marina and Salinas.

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

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

Themes from the three community forums:

- ✓ Through regular conversations with the community, the Behavioral Health system can be informed and improved;
- ✓ Parents, school personnel, law enforcement, health providers, are in need of education about mental health and “how to interact with people with mental illness”;
- ✓ The mental health system is difficult to navigate; and follow-up is needed after crisis & hospitalization services;
- ✓ Services are needed for low income people who do not qualify for Medi-Cal, who have private insurance or Medicare.
- ✓ More prevention services are needed;
- ✓ Improvements are needed in communication, referral methods, and collaboration between providers/programs.

13 comments Public Comments were received regarding the following needs or system improvements:

- ✓ Funding for operational costs of a 6-bed emergency shelter for runaway and homeless Transition Age Youth (3 comments received);
- ✓ Improved integration with hospital services; intensive teams for focus populations such as monolingual Spanish speakers and those with developmental disabilities; benefits enrollment assistance;
- ✓ Critical Incident Training (CIT) and Critical Incident De-briefing services; services for seniors in East Salinas; health & wellness center at the Firehouse Rec Center; services for those being released from custody; services & supports for South County residents, with emphasis on culturally relevant services;
- ✓ Long waitlists, especially for those who do not qualify, and concern “we may lose them”;
- ✓ Funding for prevention and education; services for all school districts for children and their families;
- ✓ Prevention services for those who do not require clinical treatment, especially for those who are impacted by violence in the community and in the home; trainings in trauma-informed services for youth serving agencies;
- ✓ Better explanation of funding and data for 2-1-1 line and CalMHSA.
- ✓ CIT for teachers, preachers, youth activities leaders.

At the Public Hearing, several members of the public and Mental Health Commission members made comments regarding the following needs and system/process improvements:

- ✓ More advance notice of the community meetings; meetings should be convened later than 5PM to allow travel time.
- ✓ More public input/involvement in the process.
- ✓ A shelter for homeless transition age youth (ages 18 to 25 years old).
- ✓ Crisis housing and group housing for transition age youth in the County.
- ✓ Outreach to faith-based organizations by County mental health services.
- ✓ “System navigators” to assist clients and their families, especially post-hospitalization.
- ✓ Additional “crisis intervention training” for law enforcement.
- ✓ More coordination between County and City jurisdictions to provide shelter for the homeless.
- ✓ Outcomes should be included in all service contracts; include the evaluation process, too.
- ✓ More outreach and parent education, especially in the South County region.

At the close of the Public Hearing, the Commission Chair announced that a Special Meeting would be convened to review the final plan document prior to it being forwarded to the Board of Supervisors for adoption.

MONTEREY COUNTY
 FISCAL YEAR 2014-15 THROUGH FY 2016-17
 MENTAL HEALTH SERVICES ACT
 THREE YEAR PROGRAM AND EXPENDITURE PLAN

SECTION C

OVERALL IMPLEMENTATION PROGRESS REPORT
 ON FY 2012-13 & FY 2013-14 ACTIVITIES

COMMUNITY SERVICES AND SUPPORTS (CSS) FY 2012-13

FY 2012-13		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Access									
Access Promotores	82	34%	66%	32		100.0%			
Access to Treatment	1,426	47%	53%	27	4.0%	61.0%	19.0%	1.0%	15.0%
CHS Family Counseling	396	44%	56%	19	3.0%	69.0%	11.0%	1.0%	17.0%
HIV/AIDS Community Partnership	10	70%	30%	37		70.0%	10.0%		20.0%
The Village Project	31	48%	52%	27	35.0%	10.0%	32.0%	13.0%	10.0%
Access MHSA Clinic Integration	62	84%	16%	49		98.0%			2.0%
Subtotal Access	2,007								

Access	Region of Residence				
	Coastal	No. County	Salinas Valley	South County	Other Region
Access Promotores	1%	6%	90%	2%	2%
Access to Treatment	17%	9%	49%	23%	2%
CHS Family Counseling	8%	11%	74%	7%	1%
HIV/AIDS Community Partnership	20%		60%	20%	
The Village Project	81%	3%	16%	0	0
Access MHSA Clinic Integration	6%	5%	84%	3%	2%

**MONTEREY COUNTY
FISCAL YEAR 2014-15 THROUGH FY 2016-17
MENTAL HEALTH SERVICES ACT
THREE YEAR PROGRAM AND EXPENDITURE PLAN**

SECTION C

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 2012-13 & FY 2013-14 ACTIVITIES**

FY 2012-13		Gender				Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Children & Youth										
Adoption Preservation - FSP	12	50	50	10		83%	17%			
Kinship Center	144	53	46	8	7%	58%	22%	7%	6%	
Early Childhood (McSTART)	126	58	42	4	6%	70%	14%	2%	7%	
Family Preservation	5	80%	20%	9		80%	20%			
Home Partners	7	43%	57%	7		43%	29%		29%	
Family Reunification FSP	33	67%	33%	8	6%	79%	9%		6%	
Community Action Linking Adolescents (CALA) - FSP	20	60%	40%	15		70%	30%			
CALA - SD	7	29%	71%	17		57%	14%		29%	
Integrated Co-occurring Treatment (ICT) - FSP	13	92%	8%	16		69%	23%		8%	
ICT - SD	46	70%	30%	16		83%	13%		4%	
Subtotal Children & Youth	413									

	Region of Residence				
Children & Youth	Coastal	No. County	Salinas Valley	South County	Other Region
Adoption Preservation - FSP		67%	33%		
Kinship Center	18%	10%	53%	14%	4%
Early Childhood (McSTART)	9%	13%	63%	10%	6%
Family Preservation		20%	40%	40%	
Home Partners	29%		57%	14%	
Family Reunification FSP		9%	15%	15%	61%
Community Action Linking Adolescents (CALA) FSP	15%	30%	55%		
CALA - SD	43%		28%	29%	
Integrated Co-occurring Treatment (ICT) - FSP	15%		69%	15%	
ICT - SD	11%	20%	43%	26%	

FY 2012-13		Gender				Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Transition Age Youth (TAY)										
Transition Age Youth Program	143	60%	40%	19	6.0%	67.0%	18.0%	3.0%	6.0%	
Avanza - FSP	87	52%	48%	20	5.0%	72.0%	14.0%	3.0%	6.0%	
Peacock Acres - FSP	6	100%		18		83.0%	17.0%			
Subtotal TAY	236									

	Region of Residence				
Transition Age Youth (TAY)	Coastal	No. County	Salinas Valley	South County	Other Region
Transition Age Youth Program	22.0%	11.0%	47.0%	19.0%	1.0%
Avanza - FSP	17.0%	11.0%	55.0%	15.0%	1.0%
Peacock Acres - FSP	17.0%		83.0%		

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

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FY 2012-13		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Adults									
McHome (Homeless Services) - FSP	67	52%	48%	43	16.0%	19.0%	54.0%	4.0%	6.0%
Creating New Choices (CNC) - FSP	28	68%	32%	40	7.0%	36.0%	39.0%	7.0%	11.0%
Lupine Gardens - FSP	26	58	42	48	12%	19%	58%	8%	3%
Sunflower Gardens	29	55	45	45	7%	28%	52%	7%	6%
Co-occurring Dual Recovery Program	87	59%	41%	40	13%	30%	44%	7%	6%
Subtotal Adults	237								

		Region of Residence				
Adults	Coastal	No. County	Salinas Valley	South County	Other Region	
McHome (Homeless Services) - FSP	45%	3%	49%	1%		
Creating New Choices (CNC) - FSP	29%	11%	60%			
Lupine Gardens - FSP	8%	8%	73%		11%	
Sunflower Gardens	4%		93%		3%	
Co-occurring Dual Recovery Program	29%	10%	56%	2%	3%	

FY 2012-13		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Older Adults									
Older Adults - FSP	9	33%	67%	67			89.0%		11.0%
Drake House - FSP	27	26%	74%	69	11.0%	11.0%	63.0%	11.0%	4.0%
Subtotal Older Adults	36								

		Region of Residence				
Older Adults	Coastal	No. County	Salinas Valley	South County	Other Region	
Older Adults - FSP	55		45			
Drake House - FSP	74.0%		7.0%		19.0%	

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COMMUNITY SERVICES AND SUPPORTS (CSS) FY 2013-14

FY 2013-14		Gender			Race/Ethnicity				
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Access									
Access Promotores	60	22%	78%	39		100%			
Access to Treatment	1,526	49%	51%	29	3%	56%	20%	3%	18%
CHS Family Counseling	624	47%	53%	21	3%	63%	13%	2%	20%
HIV/AIDS Community Partnership	4	100%		32		50%	25%	25%	0%
The Village Project	39	46%	54%	25	59%	15%	15%		10%
Access MHSA Clinic Integration	60	15%	85%	46		98%			2%
Subtotal Access	2,313								
Region of Residence									
Access	Coastal	No. County	Salinas Valley	South County	Other Region				
Access Promotores	5%	3%	88%	3%	1%				
Access to Treatment	17%	12%	56%	14%	1%				
CHS Family Counseling	14%	12%	71%	3%	>1%				
HIV/AIDS Community Partnership	50%		50%						
The Village Project	77%	3%	15%	3%	3%				
Access MHSA Clinic Integration	0%	2%	95%	2%	2%				

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FY 2013-14	Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Children & Youth									
Adoption Preservation - FSP	7	14	86	10		86%	14%		
Kinship Center	157	50	50	8	4%	65%	20%	3%	9%
Early Childhood (McSTART)	141	62	38	4	7%	73%	13%	2%	4%
Family Preservation	3	100%		7		33%	33%		33%
Home Partners	9	67%	33%	5		56%	33%		11%
Family Reunification - FSP	27	52%	48%	6	4%	63%	15%	4%	15%
Community Action Linking Adolescents (CALA) - FSP	15	47%	53%	16		60%	33%		7%
CALA - SD	5	40%	60%	17		80%			20%
Integrated Co-occurring Treatment (ICT) - FSP	9	56%	44%	16	11%	67%	22%		
ICT- SD	57	63%	37%	16	4%	82%	7%	2%	5%
Subtotal Children & Youth	430								

		Region of Residence				
Children & Youth	Coastal	No. County	Salinas Valley	South County	Other Region	
Adoption Preservation - FSP		71%	29%			
Kinship Center	13%	13%	52%	18%	4%	
Early Childhood (McSTART)	13%	11%	57%	13%	5%	
Family Preservation	33%		67%			
Home Partners	11%		56%	33%		
Family Reunification - FSP	7%	7%	48%	11%	26%	
Community Action Linking Adolescents (CALA) - FSP	13%	27%	47%	7%	13%	
CALA - SD			100%			
Integrated Co-occurring Treatment (ICT) - FSP	22%		56%	22%		
ICT - SD	11%	18%	46%	25%	2%	

FY 2013-14	Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other
Transition Age Youth (TAY)									
Avanza - FSP	88	52%	48%	20	1%	73%	17%	5%	5%
Transition Age Youth Program	148	51%	49%	20	6%	72%	14%	5%	3%
Peacock Acres - FSP	5	100%		19		100%			
Subtotal TAY	241								

		Region of Residence				
Transition Age Youth (TAY)	Coastal	No. County	Salinas Valley	South County	Other Region	
Avanza - FSP	15%	8%	52%	25%		
Transition Age Youth Program	16%	7%	51%	25%	1%	
Peacock Acres - FSP			100%			

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FY 2013-14		Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Adults										
McHome (Homeless Services) - FSP	84	48%	52%	43	15%	19%	51%	7%	7%	
Creating New Choices (CNC) - FSP	31	65%	35%	41	6%	35%	39%	3%	16%	
Lupine Gardens - FSP	20	60%	40%	49	10%	15%	65%	5%	5%	
Sunflower Gardens	27	56%	44%	42	11%	37%	44%	4%	4%	
Co-occurring Dual Recovery Program	99	60%	40%	40	12%	36%	39%	6%	6%	
Subtotal Adults	261									
Region of Residence										
Adults	Coastal	No. County	Salinas Valley	South County	Other Region					
McHome (Homeless Services) - FSP	54%	6%	37%		4%					
Creating New Choices (CNC) - FSP	13%	10%	77%							
Lupine Gardens - FSP		10%	90%							
Sunflower Gardens	7%	4%	81%	4%	4%					
Co-occurring Dual Recovery Program	25%	6%	60%	8%	1%					

FY 2013-14		Gender			Race/Ethnicity					
Community Services & Supports	# Served	Male	Female	Average Age	African Amer.	Hispanic	White	Asian/P.I.	Other	
Older Adults										
Older Adults - FSP	11	36%	64%	66		9%	73%		18%	
Drake House - FSP	27	22%	78%	68	15%	7%	67%	7%	4%	
Subtotal Older Adults	38									
Region of Residence										
Older Adults	Coastal	No. County	Salinas Valley	South County	Other Region					
Older Adults - FSP	45%	9%	45%							
Drake House - FSP	81%		7%		11%					

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WORKFORCE EDUCATION & TRAINING (WE&T) FY 2012-13

Course Title	Date	Attendance
Crisis Intervention Training (CISM)	7/12/2012	26
Non-violent Crisis Intervention Training	7/19/2012	20
Circle of Security Parenting	7/21/2012	41
Prevention and Recovery in Early Psychosis (PREP)	9/28/2012	18
Mental Health and Aging	10/4/2012	9
Aggression Replacement Training (ART) - Initial	10/8-9/2012	32
SSI/SSDI Outreach, Access, and Recovery (SOAR)	11/1/2012	15
Multicultural Competence: Improving Strategies and Strengthening Approaches for Understanding the Whole Person	11/5/2012	159
SSI/SSDI Outreach, Access, and Recovery (SOAR)	12/3/2012	51
Group Crisis Intervention	12/6/2012	8
CISM Individual Crisis Intervention & Peer Support Training	12/11/2012	6
Providers' Cost Report Training	2/21/2013	50
5th Annual Embrace Wellness and Recovery Conference	4/9/2013	215
Individual and Group Crisis Intervention and Peer Support Training	4/10/2013	18
SSI/SSDI Outreach, Access, and Recovery (SOAR)	4/25/2013	4
DIMENSION: Tobacco Free Fundamentals Training	6/11/2013	11
Family Therapy Discussions	9/19/2013	16
Aggression Replacement Training (ART)	3/18-19/13	8
Clinical Supervision, The Foundation for Tomorrow's Professionals:	5/6-7/13	40
Mind-Body-Spirit	various	69
The Amazing Adolescent Brain: Opportunities and Vulnerabilities	various	86

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WORKFORCE EDUCATION & TRAINING (WE&T) FY 2013-14		
Course Title	Date	Attendance
Hypnosis Smoking Cessation	7/26/2013	35
Individual Crisis intervention & Peer Support	8/19-21/2013	17
Craving Change: Implementing Tobacco Free Policies in Behavioral Health	8/21/2013	4
Aggression Replacement Therapy	9/4-5/2013	15
Tobacco Free Fundamentals Program for Physicians, Psychiatrists, and Healthcare Providers:	10/24/2013	8
Individual Crisis intervention & Peer Support	11/13-15/13	29
Law& Ethics Clinical	11/21/2013	162
Law& Ethics non Clinical	11/22/2013	64
Cultural Competence California Brief Multicultural Competency Monterey County Foundational Training	11/21-22/2013	24
Aggression Replacement Therapy Booster	12/11/2013	6
Eliminating Barriers	1/30-31/2014	56
Individual Crisis intervention & Peer Support	2/10-12/2014	10
The Art Compassion: Building the Self Care Tool Kit	2/14/2014	24
Cultural Competence California Brief Multicultural Competency Santa Cruz County Foundational Training	2/24-25/2014	23
Aggression Replacement Therapy	3/4-5/2014	22
The Emerging "Peer" Role in Mental Health Services	4/9/2014	12
Why Try	4/30-31/2014	21
Aggression Replacement Therapy Booster	6/24/2014	2
Mind Body & Spirit	Various	151

Workforce Education & Training	Fiscal Year 2012-13	Fiscal Year 2013-14
Total Number of Trainings	21	19
Total Attendance at Trainings	902	685

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PREVENTION & EARLY INTERVENTION (PEI) FY 2012-13

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

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	171	White	637	English	1,826	LGBTQ	N/A
Transition Age Youth (16-25)	750	African American	65	Spanish	2,172	Veteran	N/A
Adult (26-59)	2,980	Asian/Pacific Islander	81	Other	605	Other	N/A
Older Adult (60+)	0	Native American	9	Unknown	0		
		Hispanic	3,085				
		Other	587				
Gender	# served	Unknown	20			Region of Residence	# served
Male	1,364					North County	68
Female	2,672					Salinas	2,704
Unknown	7,897					Monterey Peninsula/Big Sur	980
						South County	661
						Unknown or Out of County	30

Project Number/Name: 2/Trauma Exposed Individuals

Age Group	# served	Race and Ethnicity	# served	Primary Language	# served	Culture	# served
Child and Youth (0-15)	1,890	White	352	English	930	LGBTQ	N/A
Transition Age Youth (16-25)	75	African American	62	Spanish	969		N/A
Adult (26-59)	199	Asian/Pacific Islander	51	Other	70	Other	N/A
Older Adult (60+)	2	Native American	1				
Unknown	2	Hispanic	1,693				
		Other	10				
Gender	# served					Region of Residence	# served
Male	1,116					North County	91
Female	1,059					Salinas	1,251
						Monterey Peninsula/Big Sur	129
						South County	309
						Unknown or Out of County	395

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

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

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

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

N/A = data not available

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PREVENTION & EARLY INTERVENTION (PEI) FY 2013-14

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	382	White	3,428	English	11,516	LGBTQ	N/A
Transition Age Youth (16-25)	1,485	African American	568	Spanish	6,149	Veteran	N/A
Adult (26-59)	11,109	Asian/Pacific Islander	354	Other	75	Other	N/A
Older Adult (60+)	2,270	Native American	177	Unknown	9,049	Unknown	N/A
Unknown	11,543	Hispanic	9,784				
Gender	# of Individuals	Unknown	11,866			Region of Residence	# of Individuals
Male	5,526	Other	612			North County	918
Female	13,215					Salinas	12,118
Unknown	8,048					Monterey Peninsula/Big Sur	4,616
						South County	2,514
						Unknown or Out of County	6,623

* No demographic information was provided for the 214 individuals served under the Family Support Groups and the 7,737 individuals served under Center for Community Advocacy Promotores de Salud.

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Project Number/Name: 2/Trauma Exposed Individuals

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	3,218	White	1,052	English	2,552	LGBTQ	N/A
Transition Age Youth (16-25)	2,186	African American	239	Spanish	98	Veteran	N/A
Adult (26-59)	971	Asian/Pacific Islander	188	Other/Bilingual	3,940	Other	N/A
Older Adult (60+)	184	Native American	5	Unknown	0	Unknown	N/A
Unknown	16	Hispanic	5,076				
Gender	# of Individuals	Unknown	20			Region of Residence	# of Individuals
		Other	10			North County	282
Male	3,121		Salinas			4,502	
Female	3,445		Monterey Peninsula/Big Sur			447	
Unknown	38		South County			464	
			Unknown or Out of County			888	

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Project Number/Name: **3/ Children & Youth in Stressed Families**

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	154	White	32	English	120	LGBTQ	N/A
Transition Age Youth (16-25)	8	African American	7	Spanish	42	Veteran	N/A
Adult (26-59)	0	Asian/Pacific Islander	4	Other	0	Other	N/A
Older Adult (60+)	0	Native American	0	Unknown	0	Unknown	N/A
* Unknown	0	Hispanic	104				
Gender	# of Individuals	Unknown	0			Region of Residence	# of Individuals
Male	80	Other	15			North County	23
Female	82					Salinas	85
Unknown	0					Monterey Peninsula/Big Sur	20
						South County	28
						Unknown or Out of County	6

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

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-15)	41	White	8	English	46	LGBTQ	N/A
Transition Age Youth (16-25)	36	African American	4	Spanish	31	Veteran	N/A
Adult (26-59)	0	Asian/Pacific Islander	1	Other	0	Other	N/A
Older Adult (60+)	0	Native American	0	Unknown	0	Unknown	N/A
Unknown	0	Hispanic	62				
Gender	# of Individuals	Unknown	0			Region of Residence	# of Individuals
Male	24	Other	2			North County	6
Female	53					Salinas	40
Unknown	0					Monterey Peninsula/Big Sur	23
						South County	8
						Unknown or Out of County	0

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INNOVATIONS (INN) FY 2013-14

Program 1: Positive Behavioral Intervention Supports (“PBIS”)

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

Program 2: Juvenile Sex Offender Response Team (“JSORT”)

During FY 2013-14, the Juvenile Sex Offender Response Team (JSORT) Multi-Disciplinary team continued to meet regularly. The purpose for these meetings is to address concerns that affect the delivery of services. This information is documented. In addition, the use of the electronic medical record system allows for the service delivery information to be readily available for review and analysis. In the upcoming fiscal year, members of the project team will work to document a report highlighting the lessons learned in the development of the coordinated model. The goal is to make the report available to other counties who may be in need to addressing this often unserved population. During FY 2013-14, 43 youth were served by this program.

Program 3: Alternative Healing and Promotores de Salud

During FY 2013-14, the Promotores Collaborative continued to address the challenges of incorporating the Promotores de Salud community outreach and engagement strategies into Monterey County’s Behavioral Health’s delivery system. The Promotores Collaborative is comprised of Promotores, mental health providers, Service Manager, and the Staff Psychiatrist. At these meetings, the group members address concerns that have been encountered in the delivery of services. Another component of this project was the provision of medication support services by a staff Psychiatrist with training in natural remedies and alternatives to healing. This approach, which incorporates “Mind, Body and Spirit” has been very well-received by the community, in particular those who identify as Latino.

Program 4 : TAY Housing: A New Approach

This project called for the study of the Transition Age Youth (TAY) residing in the new TAY Permanent Supportive Home. The goals of the project are to test the effectiveness with having Behavioral Health (BH) staff provide relevant TAY services to youth living in the home; study the application of the Transition to Independence Model (TIP) in the service delivery to tenants; and develop a guide for other counties and agencies to use in providing services to TAY in a shared home environment. The housing project was opened to TAY tenants in December 2011. During FY’s 2011-2012 and 2012-2013, Behavioral Health TAY clients were referred to the housing program with some clients successfully moving in as tenants. During this time period, we were successful in providing services to youth who were previously underserved, however we encountered major challenges with successful implementation of the proposed model.

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

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

For additional CSS, PEI & INN Program Data, please refer to the following reports which accompany this document:

APPENDIX A: "D3: Data Driven Decisions FY 12-13" (extract)

APPENDIX B: "D3: Data Driven Decisions FY 13-14" (extract)

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: “Access to Treatment”

PROGRAM DESCRIPTION FOR FY 2014-15

Access to Treatment

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

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

The Access Team ensures that callers/visitors to the clinics are immediately connected to psychiatric social workers who provide mental health assessments, counseling and referrals to all cultures represented in Monterey County's population. “Walk-in Wednesdays”, or “Open Clinics” with no appointment required are available in each of the regional offices on Wednesdays between 1:00 and 3:30 PM. This has been extended to all day on Wednesdays in the Salinas office.

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

In FY 2014-15, additional Psychiatric Social Worker IIs are being added to implement integrated Mental Health and Substance Abuse assessments as well as to further integrate behavioral health services into primary care clinic settings. See pages 10, 28 & 56 of the Behavioral Health Strategic Plan for additional information.

This strategy also includes several contract service providers. The programs serve as primary entry points for eligible County residents seeking mental health services. The funding for the Access strategy is included in the Children & Youth and Adults CSS Programs, as described in Monterey County's approved initial CSS Three-Year Plan.

Total estimated number of individuals to be served by this program during FY 2014-15: 2,200

Program Number/Name: 1-Children & Youth

PROGRAM DESCRIPTION FOR FY 2014-15

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Adoption Preservation (Kinship Center) (FSP)

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

Kinship Center

Outpatient mental health services consisting of individual, family and group therapy and interventions as well as medication support. The focus of the program is permanency for children who have been adopted or are being raised

COMMUNITY SERVICES AND SUPPORTS

by a relative caregiver. These services are being expanded to South County, effective FY 2014-15.

Early Childhood, Secure Families (0-5 yrs.)

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

Family Preservation

The Family Preservation and Home Partners teams are components of an intensive, short-term, in-home crisis intervention and family education program. It is designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions or psychiatric facilities. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities.

Family Reunification Partnership (FSP)

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

Juvenile Justice: Mental Health Court (FSP)

The “Community Action Linking Adolescents” or “CALA” program provides intensive mental health services & case management for youth in the juvenile justice system. A multidisciplinary team consisting of Probation, Juvenile Court and Behavioral Health provides supervision and support to youth and their families.

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

Integrated treatment for youth with co-occurring mental illness & alcohol/other drug abuse. ICT is designed to prevent youth from having to be placed out of the home. It is offered to youth ages 12 -18, who meet the co-occurring criteria and are at risk of out of home placement. This team provides individual and family therapy, as well as peer mentor support.

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment in a residential setting.

Santa Lucia (Door to Hope)

A residential treatment program for adolescent females with co-occurring disorders, providing a nine-month, intensive treatment program to at-risk adolescent females with substance abuse issues and mental health challenges. Youth are placed by the Monterey County Probation and Social Services Departments.

The estimated number of individuals to be served by this program during FY 2014-15:

Age Group	# of individuals FSP	# of individuals GSD
	Full Service Partnership Services	General System Development Services
Child and Youth (0-15)	165	350

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

PROGRAM DESCRIPTION FOR FY 2014-15

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Avanza (FSP)

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

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

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

B. List the estimated number of individuals to be served by this program during FY 2014-15.

Age Group	# of individuals FSP	# of individuals GSD
	Full Service Partnership Services	General System Development Services
TAY (16-25)	100	150

Program Number/Name: 3-Adults

PROGRAM DESCRIPTION FOR FY 2014-15

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

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

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

HIV/AIDS Community Partnership (Community Human Services)

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

Mental Health Court (FSP)

MHSA funds have sustained the “Creating New Choices” Program, which provides mental health services, case

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management and supportive housing to non-violent offenders in collaboration with the Probation Dept., District Attorney, Public Defender, the Court and community based agencies, including Interim, Inc.

Co-Occurring Integrated Care (Interim, Inc.)

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

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

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

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment to women in a residential setting.

B. List the estimated number of individuals to be served by this program during FY 2014-15

Age Group	# of individuals FSP	# of individuals GSD
	Full Service Partnership Services	General System Development Services
Adults (26 – 59)	120	175

Program Number/Name: 4-Older Adults

PROGRAM DESCRIPTION FOR FY 2014-15

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Integrated Care/Older Adults FSP

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

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

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

B. List the estimated number of individuals to be served by this program during FY 2014-15.

Age Group	# of individuals FSP
	Full Service Partnership Services
Older Adults (60+)	40

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PROGRAM DESCRIPTION FOR FY 2015-16

Access to Treatment

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

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

The Access Team ensures that callers/visitors to the clinics are immediately connected to psychiatric social workers who provide mental health assessments, counseling and referrals to all cultures represented in Monterey County's population. "Walk-in Wednesdays", or "Open Clinics" with no appointment required are available in each of the regional offices on Wednesdays between 1:00 and 3:30 PM. This has been extended to all day on Wednesdays in the Salinas office.

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

During FY 2014-15, additional Psychiatric Social Worker IIs were hired to implement integrated Mental Health and Substance Abuse assessments as well as to further integrate behavioral health services into primary care clinic settings.

FY 2015-16, in response to input received during our planning process, the Access Team will be augmented by "Services Navigators" who are individuals with lived experience. These individuals will help community groups in all age groups access County operated services, community based resources and benefits. See page 10 of the Behavioral Health Strategic Plan.

This strategy also includes several contract service providers. The programs serve as primary entry points for eligible County residents seeking mental health services. The funding for the Access strategy is included in the Children & Youth and Adults CSS Programs, as described in Monterey County's approved initial CSS Three-Year Plan.

Total estimated number of individuals to be served by this program during FY 2015-16: 2,200

Program Number/Name: 1-Children & Youth

PROGRAM DESCRIPTION FOR FY 2015-16

(FSP= Full Service Partnership Program, a "whatever it takes" approach to treatment.)

Adoption Preservation (Kinship Center) (FSP)

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

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Kinship Center

Outpatient mental health services consisting of individual, family and group therapy and interventions as well as medication support. The focus of the program is permanency for children who have been adopted or are being raised by a relative caregiver. These services were expanded to South County, effective FY 2014-15.

Early Childhood Secure Families (0-5 yrs.)

Counseling services for children in childcare and Head Start programs. This is a collaborative effort with First 5 Monterey County, providing Developmental Screens, Assessment and Dyadic Therapy and case management. Mental health consultation is also provided to Family Resource Centers, Head Start Centers, and Salinas Adult School. During FY 15-16, services will be expanded to South County. And in a response to another unmet need identified during our planning process, a collaborative

Family Preservation

The Family Preservation and Home Partners teams are components of an intensive, short-term, in-home crisis intervention and family education program. It is designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions or psychiatric facilities. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities.

Family Reunification Partnership (FSP)

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

Juvenile Justice: Mental Health Court (FSP)

The "Community Action Linking Adolescents" or "CALA" program provides intensive mental health services & case management for youth in the juvenile justice system. A multidisciplinary team consisting of Probation, Juvenile Court and Behavioral Health provides supervision and support to youth and their families.

Co-Occurring Disorders "ICT" (Door to Hope) (FSP)

Integrated treatment for youth with co-occurring mental illness & alcohol/other drug abuse. ICT is designed to prevent youth from having to be placed out of the home. Youth who meet the co-occurring criteria and are at risk of out of home placement are referred to this program. The team provides individual and family therapy, as well as peer mentor support. During FY 2015-16, the age group offered these program services will be expanded, from the current 12 yrs. to 18 yrs., to include Transition Age Youth (defined by the MHSA as 16 yrs. to 25 yrs.) See page 42 of the Behavioral Health Strategic Plan.

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment in a residential setting.

Santa Lucia (Door to Hope)

A residential treatment program for adolescent females with co-occurring disorders, providing a nine-month, intensive treatment program to at-risk adolescent females with substance abuse issues and mental health challenges. Youth

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are placed by the Monterey County Probation and Social Services Departments.		
Total estimated number of individuals to be served by this program during FY 2015-16:		
Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services
Child and Youth (0-15)	165	350

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

PROGRAM DESCRIPTION FOR FY 2015-16

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Avanza (FSP)

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

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

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

Total estimated number of individuals to be served by this program during FY 2015-16:		
Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services
TAY (16-25)	100	150

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: 3-Adults

PROGRAM DESCRIPTION FOR FY 2015-16

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

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

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

HIV/AIDS Community Partnership (Community Human Services)

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

Mental Health Court (FSP)

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

Co-Occurring Integrated Care (Interim, Inc.)

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

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

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

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment to women in a residential setting.

Total estimated number of individuals to be served by this program during FY 2015-16:

Age Group	# of individuals FSP Full Service Partnership Services	# of individuals GSD General System Development Services
Adults (26 – 59)	120	175

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Program Number/Name: 4-Older Adults

PROGRAM DESCRIPTION FOR FY 2015-16

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Integrated Care/Older Adults FSP

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

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

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

Total estimated number of individuals to be served by this program during FY 2015-16:

Age Group	# of individuals	
	FSP	Full Service Partnership Services
Older Adults (60+)	40	

PROGRAM DESCRIPTION FOR FY 2016-17

Access to Treatment

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

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

The Access Team ensures that callers/visitors to the clinics are immediately connected to psychiatric social workers who provide mental health assessments, counseling and referrals to all cultures represented in Monterey County's population. “Walk-in Wednesdays”, or “Open Clinics” with no appointment required are available in each of the regional offices on Wednesdays between 1:00 and 3:30 PM. This has been extended to all day on Wednesdays in the Salinas office.

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

In FY 2014-15, additional Psychiatric Social Worker IIs were added to implement integrated Mental Health and Substance Abuse assessments as well as to further integrate behavioral health services into primary care clinic

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settings. In FY 2015-16, in response to input received during our planning process, the Access Team will be augmented by “Services Navigators” who are individuals with lived experience. These individuals will help community groups in all age groups access County operated services, community based resources and benefits. See page 10 of the Behavioral Health Strategic Plan

This strategy also includes several contract service providers. The programs serve as primary entry points for eligible County residents seeking mental health services. The funding for the Access strategy is included in the Children & Youth and Adults CSS Programs, as described in Monterey County’s approved initial CSS Three-Year Plan.

Total estimated number of individuals to be served by this program during FY 2016-17: 2,200

Program Number/Name: 1-Children & Youth

PROGRAM DESCRIPTION FOR FY 2016-17

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Adoption Preservation (Kinship Center) (FSP)

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

Kinship Center

Outpatient mental health services consisting of individual, family and group therapy and interventions as well as medication support. The focus of the program is permanency for children who have been adopted or are being raised by a relative caregiver. These services were expanded to South County, effective FY 2014-15.

Early Childhood Secure Families (0-5 yrs.)

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

Family Preservation (FSP)

The Family Preservation and Home Partners teams are components of an intensive, short-term, in-home crisis intervention and family education program. It is designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions or psychiatric facilities. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities.

Family Reunification Partnership (FSP)

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

COMMUNITY SERVICES AND SUPPORTS

Juvenile Justice: Mental Health Court (FSP)

The “Community Action Linking Adolescents” or “CALA” program provides intensive mental health services & case management for youth in the juvenile justice system. A multidisciplinary team consisting of Probation, Juvenile Court and Behavioral Health provides supervision and support to youth and their families.

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

Integrated treatment for youth with co-occurring mental illness & alcohol/other drug abuse. ICT is designed to prevent youth from having to be placed out of the home. It is offered to youth ages 12 -18, who meet the co-occurring criteria and are at risk of out of home placement. This team provides individual and family therapy, as well as peer mentor support.

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment in a residential setting.

Santa Lucia (Door to Hope)

A residential treatment program for adolescent females with co-occurring disorders, providing a nine-month, intensive treatment program to at-risk adolescent females with substance abuse issues and mental health challenges. Youth are placed by the Monterey County Probation and Social Services Departments.

Total estimated number of individuals to be served by this program during FY 2016-17:

Age Group	# of individuals FSP	# of individuals GSD
	Full Service Partnership Services	General System Development Services
Child and Youth (0-15)	165	350

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

PROGRAM DESCRIPTION FOR FY 2016-17

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Avanza (FSP)

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

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

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

COMMUNITY SERVICES AND SUPPORTS

Total estimated number of individuals to be served by this program during FY 2016-17.			
Age Group	# of individuals FSP		# of individuals GSD
	Full Service Partnership Services		General System Development Services
TAY (16-25)	100		150

Program Number/Name: 3-Adults

PROGRAM DESCRIPTION FOR FY 2016-17

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

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

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

HIV/AIDS Community Partnership (Community Human Services)

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

Mental Health Court (FSP)

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

Co-Occurring Integrated Care (Interim, Inc.)

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

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

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

Nueva Esperanza (Door to Hope)

A recovery program for pregnant and parenting women with young children, providing integrated mental health and substance abuse treatment to women in a residential setting.

Total estimated number of individuals to be served by this program during FY 2016-17:			
Age Group	# of individuals FSP		# of individuals GSD
	Full Service Partnership Services		General System Development Services
Adults (26 – 59)	120		175

COMMUNITY SERVICES AND SUPPORTS

Program Number/Name: 4-Older Adults

PROGRAM DESCRIPTION FOR FY 2016-17

(FSP= Full Service Partnership Program, a “whatever it takes” approach to treatment.)

Integrated Care/Older Adults FSP

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

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

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

Total estimated number of individuals to be served by this program during FY 2016-17.

Age Group	# of individuals FSP Full Service Partnership Services
Older Adults (60+)	40

PROGRAM DESCRIPTION FOR FY 2014-15

A. Staff Development and Training Support

Objectives:

1. Provide annual trainings and ongoing consultations to develop staff competencies in effective models for dialectical behavior therapy, trauma assessment and treatment, treatment of consumers with co-occurring disorders, use of evidence based practices, as well as recovery and resiliency principles.
2. Incorporate into trainings specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse population of the County.
3. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
4. Provide orientation to all new Behavioral Health Bureau staff, including an overview of the public mental health system, customer service, the recovery oriented philosophy and the services needs of a multicultural and diverse community.
5. Coordinate all training efforts with state-sponsored training and with other counties in the region to reduce duplication.
6. Coordinate internships within the public mental health system.
7. Ensure that translation and interpretation services are available whenever necessary.

B. Consumer and Family Member Training

Objectives:

1. Provide training that incorporates the principles of wellness, recovery and resilience.
2. Provide training that motivates and empowers consumers and family members to participate in youth guided, consumer informed and family driven systems.

C. Workforce Development Specialist (Interim, Inc.)

Objectives:

1. Provide two (2) support groups per month for vocational support of consumers and family members who are employed in the public mental health system.
2. Provide individual job support to thirty (30) consumers. Services to be offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.

D. California State University Monterey Bay Master of Social Work (MSW) Program

Objectives:

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

E. Stipends and Incentives

Objective:

1. Partner with Health Professions Education Foundation to increase local applicants for the Mental Health Loan Assumption Program and the Licensed Mental Health Service Provider Education Program.

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

Objectives:

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

PROGRAM DESCRIPTION FOR FY 2015-16

A. Staff Development and Training Support

Objectives:

1. Provide annual trainings and ongoing consultations to develop staff competencies in effective models for dialectical behavior therapy, trauma assessment and treatment, treatment of consumers with co-occurring disorders, use of evidence based practices, as well as recovery and resiliency principles.
2. Incorporate into trainings specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse population of the County.
3. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
4. Provide orientation to all new Behavioral Health Bureau staff, including an overview of the public mental health system, customer service, the recovery oriented philosophy and the services needs of a multicultural and diverse community.
5. Coordinate all training efforts with state-sponsored training and with other counties in the region to reduce duplication.
6. Coordinate internships within the public mental health system.
7. Ensure that translation and interpretation services are available whenever necessary.

B. Consumer and Family Member Training

Objectives:

1. Provide training that incorporates the principles of wellness, recovery and resilience.
2. Provide training that motivates and empowers consumers and family members to participate in youth guided, consumer informed and family driven systems.

C. Workforce Development Specialist (Interim, Inc.)

Objectives:

1. Provide two (2) support groups per month for vocational support of consumers and family members who are employed in the public mental health system.
2. Provide individual job support to thirty (30) consumers. Services to be offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.

D. California State University Monterey Bay Master of Social Work (MSW) Program

Objectives:

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

E. Stipends and Incentives

Objective:

1. Partner with Health Professions Education Foundation to increase local applicants for the Mental Health Loan Assumption Program and the Licensed Mental Health Service Provider Education Program.

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

Objectives:

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

PROGRAM DESCRIPTION FOR FY 2016-17

A. Staff Development and Training Support

Objectives:

1. Provide annual trainings and ongoing consultations to develop staff competencies in effective models for dialectical behavior therapy, trauma assessment and treatment, treatment of consumers with co-occurring disorders, use of evidence based practices, as well as recovery and resiliency principles.
2. Incorporate into trainings specific cultural, gender, economic and spiritual issues which need to be addressed to better serve the diverse population of the County.
3. Provide translation and interpretation services for non-English speaking trainees who are direct service providers.
4. Provide orientation to all new Behavioral Health Bureau staff, including an overview of the public mental health system, customer service, the recovery oriented philosophy and the services needs of a multicultural and diverse community.
5. Coordinate all training efforts with state-sponsored training and with other counties in the region to reduce duplication.
6. Coordinate internships within the public mental health system.
7. Ensure that translation and interpretation services are available whenever necessary.

B. Consumer and Family Member Training

Objectives:

1. Provide training that incorporates the principles of wellness, recovery and resilience.
2. Provide training that motivates and empowers consumers and family members to participate in youth guided, consumer informed and family driven systems.

C. Workforce Development Specialist (Interim, Inc.)

Objectives:

1. Provide two (2) support groups per month for vocational support of consumers and family members who are employed in the public mental health system.
2. Provide individual job support to thirty (30) consumers. Services to be offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.

D. California State University Monterey Bay Master of Social Work (MSW) Program

Objectives:

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

E. Stipends and Incentives

Objective:

1. Partner with Health Professions Education Foundation to increase local applicants for the Mental Health Loan Assumption Program and the Licensed Mental Health Service Provider Education Program.

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

Objectives:

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

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

PROGRAM DESCRIPTION FOR FY 2014-15

McSTART (Door to Hope)

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

Mental Health Screening for Children ages 5-8

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

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

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

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

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

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

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

LGBTQ Outreach and Counseling (Community Human Services)

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

School Based Counseling (Pajaro Valley Prevention and Student Assistance)

This program provides funding for school-based counseling services to students not eligible for Medi-Cal reimbursable mental health services.

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

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

Family Support Groups

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

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groups include: making connections, improving coping skills, getting motivated and finding hope.

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

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

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

Senior peer counselors are individuals who volunteer their time in supporting their peers in meeting the challenges of aging, e.g. dealing with depression, grief, loss, isolation and other stressors. Senior peer counselors go through an intensive training program and are supervised by professionals. The program also serves as a link for participants to access a variety of other support groups and services in the community. Expansion has enhanced efforts to reach Latino seniors in the Salinas Valley region.

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

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

Health Promotion/Addressing Disparities

In collaboration with community partners, use various communication strategies including newspapers articles, air time, radio shows, social media, digital stories, outreach events, etc. to raise awareness among high need populations of mental health issues and mental health services available in Monterey County. Provide at least one cultural competence training per year for all staff (County and contract providers) that engages and is relevant to the various racial/ethnic groups' languages and cultures. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 20-21 of the Behavioral Health Strategic Plan.

Chinatown Learning Center (Interim, Inc. and CSU Monterey Bay)

Community-based wellness and recovery services for adults who are currently homeless and who may also have serious mental illness and/or substance abuse disorder.

Family Self-Help Support and Advocacy

NAMI Monterey County provides individual and group support, outreach services, family to family education courses for family members and care providers of adults living with mental illness, "provider education" presentations to mental health professionals, and anti-stigma campaigns throughout the County. Additional PEI funds aim to expand these services to residents who live in South County.

Epicenter/Voices

The youth-led community center provides resources and counseling for youth ages 16-24, especially those who are transitioning out of foster care. Services include information, referral and linkage, coaching and mentoring, training, healthy eating and lifestyle education, outreach and relationship building with system partners, development and sustainability of local volunteers, and development, partnership, and support around various ILP related special events and experiences, emphasizing employment and education opportunities. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 42-43 of the Behavioral Health Strategic Plan.

PEI Funds to CalMHSA for Statewide PEI Projects

The Behavioral Health Bureau will continue to partner with CalMHSA to implement statewide the initiatives Each Mind Matters, Know The Signs, Walk In Our Shoes, and Direct Change to reduce stigma and discrimination, improve student mental health, and prevent suicide. Education and public health messages to take action to prevent suicide, link Monterey County residents with key information about how to seek help. As a result of our planning process, PEI funds will be utilized to support these services. Please see page 17 of the Behavioral Health Strategic Plan.

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Total estimated number of individuals to be served by this prevention and early intervention project in FY 2014-15:		
Program	Prevention	Early Intervention
McSTART		50
Mental Health Screening for Children ages 5-8	25	25
African American Community Partnership	25	25
Latino Community Partnership aka Promotores	10,895	0
Multi-Lingual Parenting – Parent Education Partnership	300	0
LGBTQ Community Partnership		20
PVPSA School-based Counseling Services	0	50
Peer to Peer Counseling (Our Friends, Our Voices)	0	300
Family Support Groups	25	25
Adult Wellness Center (OMNI Resource Center)	0	1,028
Senior Peer Counseling & Senior Companion Programs	304	122
Toll-free, 24/7 Telephone Referral System (2-1-1)	13,000	
Health Promotion/Addressing Disparities	800	
Chinatown Learning Center		250
Family Self-Help Support and Advocacy	700	
Epicenter/Voices		250
Total (Estimated):	26,074	2,145

Project Number/Name: 2/Trauma Exposed Individuals

PROGRAM DESCRIPTION FOR FY 2014-15

Child Advocacy Program (Monterey County Probation Department)

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

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

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

Critical Incident Debriefing

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

Suicide Prevention (Family Service Agency of the Central Coast)

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

Mental Health Services for the Archer Child Advocacy Center

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

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Resolving Trauma Services for Children (Kinship Center)		
The focus of these mental health services is to resolve trauma experiences for infants and children ages 0 through 5 years, by addressing the impact of trauma on a child and his/her family, as well as the impact of trauma on children who are being raised by a relative caregiver. Such services will help reduce the possibilities of future residential care, periodic inpatient hospitalization, placement at out-of-home facilities, or placement in a juvenile detention facility. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 26, 40-41 of the Behavioral Health Strategic Plan.		
Total estimated number of individuals to be served by this prevention and early intervention project in FY 2014-15.		
Program	Prevention	Early Intervention
Child Advocacy Program		243
School-Based Domestic Violence Counseling		55
Critical Incident Debriefing		286
Suicide Prevention		1,678
Mental Health Services for the Archer Child Advocacy Center		206
Resolving Trauma Services for Children		200
Total (Estimated):		2,668

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

PROGRAM DESCRIPTION FOR FY 2014-15

Kinship Center

This program provides outpatient mental health services to children and their families referred by the Department of Social Services, other Behavioral Health programs and the community. Mental health services are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. As a result of our planning process, PEI funds will be utilized to support the expansion of these services in South County. Please see pages 33 of the Behavioral Health Strategic Plan.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2014-15.

Program	Prevention	Early Intervention
Kinship Center		50

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

PROGRAM DESCRIPTION FOR FY 2014-15

Youth Diversion

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

Silver Star Resource Center

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

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2014-15:

Program	Prevention	Early Intervention
Youth Diversion Program		62

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Silver Star Resource Center		62
Total (Estimated):		124

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

PROGRAM DESCRIPTION FOR FY 2015-16

McSTART (Door to Hope)

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

Mental Health Screening for Children ages 5-8

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

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

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

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

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

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

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

LGBTQ Outreach and Counseling (Community Human Services)

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

School Based Counseling (Pajaro Valley Prevention and Student Assistance)

This program provides funding for school-based counseling services to students not eligible for Medi-Cal reimbursable mental health services.

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

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

Family Support Groups

Support groups are offered to families of individuals with mental illness so that they can be part of a stable community of persons living with similar problems and concerns. The Family Support Groups provide families a greater understanding of the signs and symptoms of mental illness. The groups are offered in English and Spanish, monthly or bi-monthly, in all three

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regional offices, in early evening and facilitated by a trained mental health professional. Benefits of participation in the support groups include: making connections, improving coping skills, getting motivated and finding hope.

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

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

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

Senior peer counselors are individuals who volunteer their time in supporting their peers in meeting the challenges of aging, e.g. dealing with depression, grief, loss, isolation and other stressors. Senior peer counselors go through an intensive training program and are supervised by professionals. The program also serves as a link for participants to access a variety of other support groups and services in the community. Expansion has enhanced efforts to reach Latino seniors in the Salinas Valley region.

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

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

Health Promotion/Addressing Disparities

In collaboration with community partners, use various communication strategies including newspapers articles, air time, radio shows, social media, digital stories, outreach events, etc. to raise awareness among high need populations of mental health issues and mental health services available in Monterey County. Provide at least one cultural competence training per year for all staff (County and contract providers) that engages and is relevant to the various racial/ethnic groups' languages and cultures. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 20-21 of the Behavioral Health Strategic Plan.

LGBTQ Services

Increase access to culturally and linguistically sensitive mental Health Services for the LGBTQ Community by conducting annual staff/provider training to decrease stigma and to increase awareness and comfort level on LGBTQ issues, data collection on the LGBTQ community, ongoing outreach and education to be inclusive of the LGBTQ community, and partnerships with LGBTQ advocacy organizations. As a result of our planning process, PEI funds will be utilized to support these services. Please see page 27 of the Behavioral Health Strategic Plan.

Chinatown Learning Center (Interim, Inc. and CSU Monterey Bay)

Community-based wellness and recovery services for adults who are currently homeless and who may also have serious mental illness and/or substance abuse disorders.

Family Self-Help Support and Advocacy

NAMI Monterey County provides individual and group support, outreach services, family to family education courses for family members and care providers of adults living with mental illness, "provider education" presentations to mental health professionals, and anti-stigma campaigns throughout the County. Additional PEI funds aim to expand these services to residents who live in South County.

Epicenter/Voices

The youth-led community center provides resources and counseling for youth ages 16-24, especially those who are transitioning out of foster care. Services include information, referral and linkage, coaching and mentoring, training, healthy eating and lifestyle education, outreach and relationship building with system partners, development and sustainability of local volunteers, and development, partnership, and support around various ILP related special events and experiences, emphasizing employment and education opportunities. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 42-43 of the Behavioral Health Strategic Plan.

PEI Funds to CalMHSA for Statewide PEI Projects

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PREVENTION AND EARLY INTERVENTION

The Behavioral Health Bureau will continue to partner with CalMHSA to implement statewide the initiatives Each Mind Matters, Know The Signs, Walk In Our Shoes, and Direct Change to reduce stigma and discrimination, improve student mental health, and prevent suicide. Education and public health messages to take action to prevent suicide, link Monterey County residents with key information about how to seek help. As a result of our planning process, PEI funds will be utilized to support these services. Please see page 17 of the Behavioral Health Strategic Plan.

Prevention and Recovery in Early Psychosis (Felton Institute)

PREP Monterey County serves individuals between the ages of 14-35, with first onset of Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, or Psychosis NOS, within the past two years. The Goals of PREP Services are 1) Remission: fewer hospitalizations, a remission of psychotic symptoms, and return to a normal life of school, work, family, and friends, 2) Rehabilitation: provide early psychosis clients with the tools that they need to continue to keep their illness under control for the long term, 3) Recovery: restores clients to a normal productive life and 3) Respect: all treatment planning will include participation and consent by the client, and his/her family (as defined by the client). As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 30 & 46 of the Behavioral Health Strategic Plan.

Mental Health First Aid

In collaboration with the Monterey County Office of Education (MCOE), the Behavioral Health Bureau is offering Mental Health First Aid courses. Mental Health First Aid teaches a 5-step action plan to offer initial help to people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. The 8-hour Mental Health First Aid course is available for anyone 18 years and older who wants to learn how to help a person who may be experiencing a mental health crisis or problem and/or who works with young people, ages 12-18 — teachers, coaches, leaders of faith communities, social workers, and other caring citizens. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 16 & 37 of the Behavioral Health Strategic Plan.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2015-16:

Program	Prevention	Early Intervention
McSTART		50
Mental Health Screening for Children ages 5-8	25	25
African American Community Partnership	25	25
Latino Community Partnership aka Promotores	10,895	0
Multi-Lingual Parenting – Parent Education Partnership	300	0
LGBTQ Community Partnership		20
School-based Counseling Services		50
Peer to Peer Counseling (Our Friends, Our Voices)		300
Family Support Groups	25	25
Adult Wellness Center (OMNI Resource Center)		1,028
Senior Peer Counseling & Senior Companion Programs	304	122
Toll-free, 24/7 Telephone Referral System (2-1-1)	13,000	
Health Promotion/Addressing Disparities	800	
Chinatown Learning Center		250
Family Self-Help Support and Advocacy	700	
Epicenter/Voices		250
Prevention and Recovery in Early Psychosis		42
Mental Health First Aid	300	
Total (Estimated):	26,074	2,145

Project Number/Name: 2/Trauma Exposed Individuals

PROGRAM DESCRIPTION FOR FY 2015-16

Child Advocacy Program (Monterey County Probation Department)

This program is a collaborative of 13 community partners. It provides community-based prevention and intervention services to

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families with children under the age of five who have witnessed or been subjected to domestic violence. Services include: home visits, social and emotional development screening, information and referrals to community services and emergency assistance.

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

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

Critical Incident Debriefing

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

Suicide Prevention (Family Service Agency of the Central Coast)

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

Mental Health Services for the Archer Child Advocacy Center

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

Resolving Trauma Services for Children (Kinship Center)

The focus of these mental health services is to resolve trauma experiences for infants and children ages 0 through 5 years, by addressing the impact of trauma on a child and his/her family, as well as the impact of trauma on children who are being raised by a relative caregiver. Such services will help reduce the possibilities of future residential care, periodic inpatient hospitalization, placement at out-of-home facilities, or placement in a juvenile detention facility. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 26, 40-41 of the Behavioral Health Strategic Plan.

Veterans Reintegration Transition Program (VRTP)

The Veterans Transition Center (VTC), Salvation Army (SA), Department of Social Services (DSS) faith based organizations, law enforcement, training and job placement agencies partner to assist Veterans reintegrate into their community after they are released from service. The Military Veterans Affairs Office's Veteran Reintegration Transition Program Veterans Service Representative (VTRP VSR) communicates regularly with non-profit and veteran organizations within the community to provide support and services to Veterans. They can also assist the program by acting as mentors for our returning service members providing their experience and guidance to assist returning service members from today's major conflicts. VTRP VSRs also reach out Veterans who are in shelters, on the street, or in local correctional facilities to render assistance with mental health, healthcare and social service referrals. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 26 & 48 of the Behavioral Health Strategic Plan.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2015-16.

Program	Prevention	Early Intervention
Child Advocacy Program		243
School-Based Domestic Violence Counseling		55
Critical Incident Debriefing		286
Suicide Prevention		1,678
Mental Health Services for the Archer Child Advocacy Center		206
Resolving Trauma Services for Children		200
Veterans Reintegration Transition Program		25
Total (Estimated):		2,693

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

PROGRAM DESCRIPTION FOR FY 2015-16

Kinship Center

This program provides outpatient mental health services to children and their families referred by the Department of Social Services, other Behavioral Health programs and the community. Mental health services are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2015-16.

Program	Prevention	Early Intervention
Kinship Center		50

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

PROGRAM DESCRIPTION FOR FY 2015-16

Youth Diversion

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

Silver Star Resource Center

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

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2015-16:

Program	Prevention	Early Intervention
Youth Diversion Program		62
Silver Star Resource Center		62
Total (Estimated):		124

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

PROGRAM DESCRIPTION FOR FY 2016-17

McSTART (Door to Hope)

This program ensures that children under 5 have access to developmental screening and appropriate referral for services to foster positive physical, emotional and cognitive development. Therapists work with school faculty by providing mental health

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consultation in preschool classrooms, observations and dialogue with school staff. By identifying problems with self-regulation and providing low-intensity brief therapy before elementary school, fewer children will need treatment later and academic performance will improve.

Mental Health Screening for Children ages 5-8

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

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

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

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

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

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

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

LGBTQ Outreach and Counseling (Community Human Services)

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

School Based Counseling (Pajaro Valley Prevention and Student Assistance)

This program provides funding for school-based counseling services to students not eligible for Medi-Cal reimbursable mental health services.

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

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

Family Support Groups

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

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

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

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

Senior peer counselors are individuals who volunteer their time in supporting their peers in meeting the challenges of aging, e.g.

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dealing with depression, grief, loss, isolation and other stressors. Senior peer counselors go through an intensive training program and are supervised by professionals. The program also serves as a link for participants to access a variety of other support groups and services in the community. Expansion has enhanced efforts to reach Latino seniors in the Salinas Valley region.

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

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

Health Promotion/Addressing Disparities

In collaboration with community partners, use various communication strategies including newspapers articles, air time, radio shows, social media, digital stories, outreach events, etc. to raise awareness among high need populations of mental health issues and mental health services available in Monterey County. Provide at least one cultural competence training per year for all staff (County and contract providers) that engages and is relevant to the various racial/ethnic groups' languages and cultures. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 20-21 of the Behavioral Health Strategic Plan.

LGBTQ Services

Increase access to culturally and linguistically sensitive mental Health Services for the LGBTQ Community by conducting annual staff/provider training to decrease stigma and to increase awareness and comfort level on LGBTQ issues, data collection on the LGBTQ community, ongoing outreach and education to be inclusive of the LGBTQ community, and partnerships with LGBTQ advocacy organizations. As a result of our planning process, PEI funds will be utilized to support these services. Please see page 27 of the Behavioral Health Strategic Plan.

Chinatown Learning Center (Interim, Inc. and CSU Monterey Bay)

Community-based wellness and recovery services for adults who are currently homeless and who may also have serious mental illness and/or substance abuse disorders.

Family Self-Help Support and Advocacy

NAMI Monterey County provides individual and group support, outreach services, family to family education courses for family members and care providers of adults living with mental illness, "provider education" presentations to mental health professionals, and anti-stigma campaigns throughout the County. Additional PEI funds aim to expand these services to residents who live in South County.

Epicenter/Voices

The youth-led community center provides resources and counseling for youth ages 16-24, especially those who are transitioning out of foster care. Services include information, referral and linkage, coaching and mentoring, training, healthy eating and lifestyle education, outreach and relationship building with system partners, development and sustainability of local volunteers, and development, partnership, and support around various ILP related special events and experiences, emphasizing employment and education opportunities. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 42-43 of the Behavioral Health Strategic Plan.

PEI Funds to CalMHSA for Statewide PEI Projects

The Behavioral Health Bureau will continue to partner with CalMHSA to implement statewide the initiatives Each Mind Matters, Know The Signs, Walk In Our Shoes, and Direct Change to reduce stigma and discrimination, improve student mental health, and prevent suicide. Education and public health messages to take action to prevent suicide, link Monterey County residents with key information about how to seek help. As a result of our planning process, PEI funds will be utilized to support these services. Please see page 17 of the Behavioral Health Strategic Plan.

Prevention and Recovery in Early Psychosis (Felton Institute)

PREP Monterey County serves individuals between the ages of 14-35, with first onset of Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, or Psychosis NOS, within the past two years. The Goals of PREP Services are 1) Remission: fewer hospitalizations, a remission of psychotic symptoms, and return to a normal life of school, work, family, and

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friends, 2) Rehabilitation: provide early psychosis clients with the tools that they need to continue to keep their illness under control for the long term, 3) Recovery: restores clients to a normal productive life and 3) Respect: all treatment planning will include participation and consent by the client, and his/her family (as defined by the client). As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 30 & 46 of the Behavioral Health Strategic Plan.

Mental Health First Aid

In collaboration with the Monterey County Office of Education (MCOE), the Behavioral Health Bureau is offering Mental Health First Aid courses. Mental Health First Aid teaches a 5-step action plan to offer initial help to people showing signs of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. The 8-hour Mental Health First Aid course is available for anyone 18 years and older who wants to learn how to help a person who may be experiencing a mental health crisis or problem and/or who works with young people, ages 12-18 — teachers, coaches, leaders of faith communities, social workers, and other caring citizens. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 16 & 37 of the Behavioral Health Strategic Plan.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2016-17:

Program	Prevention	Early Intervention
McSTART		50
Mental Health Screening for Children ages 5-8	25	25
African American Community Partnership	25	25
Latino Community Partnership aka Promotores	10,895	0
Multi-Lingual Parenting – Parent Education Partnership	300	0
LGBTQ Community Partnership		20
School-based Counseling Services		50
Peer to Peer Counseling (Our Friends, Our Voices)		300
Family Support Groups	25	25
Adult Wellness Center (OMNI Resource Center)		1,028
Senior Peer Counseling & Senior Companion Programs	304	122
Toll-free, 24/7 Telephone Referral System (2-1-1)	13,000	
Health Promotion/Addressing Disparities	800	
Chinatown Learning Center		250
Family Self-Help Support and Advocacy	700	
Epicenter/Voices		250
Prevention and Recovery in Early Psychosis		42
Mental Health First Aid	300	
Total (Estimated):	26,074	2,145

Project Number/Name: 2/Trauma Exposed Individuals

PROGRAM DESCRIPTION FOR FY 2016-17

Child Advocacy Program (Monterey County Probation Department)

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

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

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

Critical Incident Debriefing

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

Suicide Prevention (Family Service Agency of the Central Coast)

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

Mental Health Services for the Archer Child Advocacy Center

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

Resolving Trauma Services for Children (Kinship Center)

The focus of these mental health services is to resolve trauma experiences for infants and children ages 0 through 5 years, by addressing the impact of trauma on a child and his/her family, as well as the impact of trauma on children who are being raised by a relative caregiver. Such services will help reduce the possibilities of future residential care, periodic inpatient hospitalization, placement at out-of-home facilities, or placement in a juvenile detention facility. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 26, 40-41 of the Behavioral Health Strategic Plan.

Veterans Reintegration Transition Program (VRTP)

The Veterans Transition Center (VTC), Salvation Army (SA), Department of Social Services (DSS) faith based organizations, law enforcement, training and job placement agencies partner to assist Veterans reintegrate into their community after they are released from service. The Military Veterans Affairs Office's Veteran Reintegration Transition Program Veterans Service Representative (VTRP VSR) communicates regularly with non-profit and veteran organizations within the community to provide support and services to Veterans. They can also assist the program by acting as mentors for our returning service members providing their experience and guidance to assist returning service members from today's major conflicts. VTRP VSRs also reach out Veterans who are in shelters, on the street, or in local correctional facilities to render assistance with mental health, healthcare and social service referrals. As a result of our planning process, PEI funds will be utilized to support these services. Please see pages 26 & 48 of the Behavioral Health Strategic Plan.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2016-17.

Program	Prevention	Early Intervention
Child Advocacy Program		243
School-Based Domestic Violence Counseling		55
Critical Incident Debriefing		286
Suicide Prevention		1,678
Mental Health Services for the Archer Child Advocacy Center		206
Resolving Trauma Services for Children		200
Veterans Reintegration Transition Program		25
Total (Estimated):		2,693

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

PROGRAM DESCRIPTION FOR FY 2016-17

Kinship Center

This program provides outpatient mental health services to children and their families referred by the Department of Social Services, other Behavioral Health programs and the community. Mental health services are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2016-17.

Program	Prevention	Early Intervention
Kinship Center		50

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

PROGRAM DESCRIPTION FOR FY 2016-17

Youth Diversion

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

Silver Star Resource Center

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

Total estimated number of individuals to be served by this prevention and early intervention project in FY 2016-17:

Program	Prevention	Early Intervention
Youth Diversion Program		62
Silver Star Resource Center		62
Total (Estimated):		124

PROJECT DESCRIPTION FOR FY 2014-15

Project 1: Positive Behavioral Intervention Supports (PBIS)

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

In FY 2014-15, Monterey County Behavioral Health continues to participate on the PBIS Leadership team. PBIS was initially chosen as an Innovation project because it is an evidence-based practice that is well-researched with positive outcomes. We did not presume we would replicate that research; instead, we have worked on fidelity to the model in implementation. The bottom line result is that after the initial implementation in several selected schools, additional schools requested assistance to implement the program, as well as the County Office of Education has received funds to eventually implement the program countywide.

In addition to significant federal grant funds obtained by the schools and other partners, Monterey County Behavioral Health will continue to support implementation and evaluation of PBIS with MHSA funds.

PROJECT DESCRIPTION FOR FY 2014-15

Project 2: Juvenile Sex Offender Response Team (JSORT)

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

According to the California State's Attorney's office, no counties in California have developed a countywide, fully collaborative and coordinated approach to responding to this target population. Monterey County's Juvenile Sex Offender Response Team project (JSORT) has negotiated and developed a Memorandum of Cooperation, created and is utilizing standardized collaborative protocols, comprehensive procedures and a community supported Multidisciplinary Team.

During FY 2014-15, the JSORT project hopes to continue to effectively marshal the cooperation, resources and expertise of all county and community agencies that respond to or are involved with JSO's. This will include, though will not be limited to: Monterey County Behavioral Health; Community based mental health providers; private mental health practitioners; Juvenile Probation; victim advocates; all 19 local Law Enforcement jurisdictions within Monterey County; Child Welfare; the District Attorney's office; the County Office of Education; the Public Defender's office; and the Juvenile Court.

INNOVATIONS

PROJECT DESCRIPTION FOR FY 2014-15

Project 3: Alternative Healing and Promotores de Salud

The goal of this program is to develop a coordinated effort that purposely addresses the mental health needs of individuals of Latino descent. This project consists of the provision of medication support services by a staff Psychiatrist with training in natural remedies and alternatives to healing. This approach, which incorporates “Mind, Body and Spirit” has been very well-received by the community, in particular those who are Latino. The Psychiatrist is supported by a bi-lingual, bi-cultural Psychiatric Social Worker whose primary role is to receive direct referrals for assessment and treatment from Promotores de Salud, community members trained to provide health outreach and engagement in their local communities. The Promotores are provided by the Center for Community Advocacy and Central Coast Citizenship Project. These contract services are included in our Prevention & Early Intervention component in the Underserved/Unerved Cultural Populations project.

During FY 2014-15, a steering committee comprised of consumers and family members will continue to collaborate with a licensed clinical social worker, the community based Promotores and a Psychiatrist knowledgeable about holistic medicine and alternatives to standard psychiatric care to develop a curriculum that provides education and awareness of emotional and mental distress and their symptoms specifically for the Latino community. This curriculum will serve as the guide for the work that Promotores do so well when conducting outreach and education and similarly guide clinical staff who will be caring for those referred who require a higher level of care.

PROJECT DESCRIPTION FOR FY 2015-16

Project 1: Positive Behavioral Intervention Supports (PBIS)

The Monterey County Office of Education (MCOE) will continue to support Positive Behavioral Intervention and Supports (PBIS) as the county wide model to improve school climate. During FY 2015-16, Monterey County Behavioral Health will continue to assist in the training and support of PBIS as it is implemented in all school districts. MCOE will provide funding to support one-half the cost of Full Time Equivalent position, with the remaining funded by the Innovation funds.

PROJECT DESCRIPTION FOR FY 2015-16

Project 2: Juvenile Sex Offender Response Team (JSORT)

During FY 2015-16, the JSORT project will continue to collaborate with the County and community agencies that respond to or are involved with Juvenile Sex Offenders. The goals of the JSORT project are: Reduction of violence and trauma in the community; provide youth and families with safety plans when they are in the community; reduce or eliminate recidivism; assist with ensuring that victims are also receiving treatment (from somewhere else); and assist with youth’s positive and adaptive development of prosocial skills.

PROJECT DESCRIPTION FOR FY 2015-16

Project 3: Alternative Healing and Promotores de Salud

During FY 2015-16, a steering committee comprised of consumers and family members will continue to collaborate with a licensed clinical social worker, the community based Promotores and a Psychiatrist knowledgeable about holistic medicine and alternatives to standard psychiatric care will review the curriculum developed during FY 2014-15 and make recommendations for modifications as needed.

INNOVATIONS

PROJECT DESCRIPTION FOR FY 2016-17

Project 1: Positive Behavioral Intervention Supports (PBIS)

The Monterey County Office of Education (MCOE) will continue to support Positive Behavioral Intervention and Supports (PBIS) as the county wide model to improve school climate.

During FY 2016-17, Monterey County Behavioral Health will continue to assist in the training and support of PBIS as it is implemented in all school districts. The project lead will review project outcomes such as: lower dropout rate, higher college enrollment, less drug use, lower teen pregnancy rate, less bullying, less suicidal ideation and will make recommendations regarding project sustainability for the next fiscal year.

PROJECT DESCRIPTION FOR FY 2016-17

Project 2: Juvenile Sex Offender Response Team (JSORT)

During FY 2016-17, the JSORT project will continue to collaborate with the county and community agencies that respond to or are involved with Juvenile Sex Offenders. The JSORT project team will review project outcomes and make recommendations regarding project sustainability for the next fiscal year.

PROJECT DESCRIPTION FOR FY 2016-17

Project 3: Alternative Healing and Promotores de Salud

During FY 2016-17, the steering committee, which is comprised of consumers and family members, a licensed clinical social worker, the community based Promotores and a Psychiatrist knowledgeable about holistic medicine and alternatives to standard psychiatric care, will review project outcomes and develop recommendations regarding project sustainability for the next fiscal year.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: Monterey

Date: 3/18/15

	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 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,275,302	1,433,352	2,773,337			
2. Estimated New FY2014/15 Funding	14,101,513	3,487,404	924,965			
3. Transfer in FY2014/15 ^{a/}	0					
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	15,376,815	4,920,756	3,698,302	0	0	
B. Estimated FY2014/15 MHSA Expenditures	18,915,364	3,679,635	399,544	0	0	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(3,538,548)	1,241,121	3,298,757	0	0	
2. Estimated New FY2015/16 Funding	14,319,441	3,541,300	939,259			
3. Transfer in FY2015/16 ^{a/}	0					
4. Access Local Prudent Reserve in FY2015/16	3,057,537					(3,057,537)
5. Estimated Available Funding for FY2015/16	13,838,430	4,782,421	4,238,016	0	0	
D. Estimated FY2015/16 Expenditures	19,669,545	5,727,091	507,084	0	0	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(5,831,115)	(944,670)	3,730,932	0	0	
2. Estimated New FY2016/17 Funding	14,319,441	3,541,300	939,259			
3. Transfer in FY2016/17 ^{a/}	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	8,488,326	2,596,630	4,670,191	0	0	
F. Estimated FY2016/17 Expenditures	19,923,057	5,830,291	507,084	0	0	
G. Estimated FY2016/17 Unspent Fund Balance	(11,434,731)	(3,233,661)	4,163,107	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	3,057,537
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	3,057,537
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	(3,057,537)
7. Estimated Local Prudent Reserve Balance on June 30, 2016	0
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	0

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

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Youth	1,434,447	1,434,447				
2. Transition Age Youth	1,032,873	1,032,873				
3. Adults	1,976,661	1,976,661				
4. Older Adults	559,038	279,519	279,519			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Youth	3,483,825	2,120,632	1,268,677		2,265	92,251
2. Transition Age Youth	1,030,368	220,357	735,935		74,076	
3. Adults	15,076,649	8,640,649	6,027,434	154,479	142,200	111,888
4. Older Adults	743,004	743,004				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,467,221	2,467,221				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	27,804,087	18,915,364	8,311,565	154,479	218,541	204,139
FSP Programs as Percent of Total	26.4%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Youth	1,949,367	\$ 1,949,367				
2. Transition Age Youth	1,168,873	1,168,873				
3. Adults	2,147,926	2,147,926				
4. Older Adults	598,171	299,086	299,085			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Youth	3,922,372	2,521,118	1,306,738		2,265	92,251
2. Transition Age Youth	1,171,929	337,633	758,013		76,283	
3. Adults	14,988,866	7,869,329	6,364,797	349,913	289,913	114,914
4. Older Adults	810,621	810,621				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,565,593	2,565,593				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	29,323,717	19,669,545	8,728,633	349,913	368,461	207,165
FSP Programs as Percent of Total	29.8%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Child & Youth	1,980,225	1,980,225				
2. Transition Age Youth	1,178,019	1,178,019				
3. Adults	2,197,704	2,197,704				
4. Older Adults	622,097	311,049	311,048			
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. Child & Youth	4,012,511	2,611,189	1,306,738		2,333	92,251
2. Transition Age Youth	1,178,095	343,799	758,013		76,283	
3. Adults	15,022,243	7,865,543	6,401,960	349,913	289,913	114,914
4. Older Adults	836,870	836,870				
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	2,598,660	2,598,660				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	29,626,423	19,923,057	8,777,759	349,913	368,529	207,165
FSP Programs as Percent of Total	30.0%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Cultural Populations	910,809	910,809				
2. Trauma Exposed Individuals	653,839	382,799	150,578		120,462	
3. Children & Youth in Stressed Families	1,143,223	114,322	571,611		457,289	
4. Children & Youth at Risk of Juvenile Justice Involvement	211,686	157,602	40,339		13,745	
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Cultural Populations	3,111,654	1,634,151	810,195		650,658	16,650
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	479,952	479,952				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	6,511,163	3,679,635	1,572,724	0	1,242,154	16,650

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Cultural Populations	1,737,522	1,737,522				
2. Trauma Exposed Individuals	769,787	487,826	156,645		125,316	
3. Children & Youth in Stressed Families	1,189,281	118,928	594,640		475,712	
4. Children & Youth at Risk of Juvenile Justice Involvement	218,037	131,954	63,765		22,318	
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Cultural Populations	4,449,810	2,503,850	1,071,072		858,239	16,650
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	747,012	747,012				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,111,448	5,727,091	1,886,122	0	1,481,585	16,650

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: Monterey

Date: 3/18/2015

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Cultural Populations	1,757,355	1,757,355				
2. Trauma Exposed Individuals	786,110	492,870	162,911		130,329	
3. Children & Youth in Stressed Families	1,236,852	123,685	618,426		494,741	
4. Children & Youth at Risk of Juvenile Justice Involvement	218,037	131,954	63,765		22,318	
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Cultural Populations	4,597,220	2,563,954	1,099,972		916,644	16,650
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	760,473	760,473				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	9,356,046	5,830,291	1,945,074	0	1,564,031	16,650

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Monterey

Date: 3/18/15

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Positive Behavior Intervention Supports	35,000	35,000				
2. Juvenile Sex Offender Reduction Team	221,797	140,403	81,394			
3. Alternative Healing and Promotores de Salud	172,027	172,027				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	52,114	52,114				
Total INN Program Estimated Expenditures	480,938	399,544	81,394	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Monterey

Date: 3/18/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Positive Behavior Intervention Supports	100,000	100,000				
2. Juvenile Sex Offender Reduction Team	263,932	168,916	95,016			
3. Alternative Healing and Promotores de Salud	172,027	172,027				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	66,141	66,141				
Total INN Program Estimated Expenditures	602,100	507,084	95,016	0	0	0

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: Monterey

Date: 3/18/15

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Positive Behavior Intervention Supports	100,000	100,000				
2. Juvenile Sex Offender Reduction Team	263,932	168,916	95,016			
3. Alternative Healing and Promotores de Salu	172,027	172,027				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	66,141	66,141				
Total INN Program Estimated Expenditures	602,100	507,084	95,016	0	0	0

**MONTEREY COUNTY
MENTAL HEALTH SERVICES ACT
FISCAL YEAR 2014-15 THROUGH FY 2016-17
THREE-YEAR PROGRAM AND EXPENDITURE PLAN**

APPENDICES

APPENDIX A: “D3: Data Driven Decisions FY 2012-13”
(CSS, PEI & INN programs extracted)

This report includes service data from the following fiscal years:
FY 2009-10, FY 2010-11, FY 2011-12 and FY 2012-13

APPENDIX B: “D3: Data Driven Decisions FY 2013-14”
(CSS, PEI & INN programs extracted)

This report includes service data from the following fiscal years:
FY 2009-10, FY 2010-11, FY 2011-12, FY 2012-13 and FY 13-14

APPENDIX C: “MENTAL HEALTH SERVICES ACT PROGRAM DATA SHEETS”

D³

DATA DRIVEN DECISIONS

MONTEREY COUNTY
BEHAVIORAL HEALTH
QUALITY IMPROVEMENT

Fiscal Year 12/13

Data Descriptions

Number of Clients Served:	7,267
Total Service Value:	\$52,458,600.21
Average Service Value per Client:	\$11,036.16
Average Age:	28
Number of New Clients:	2,629
Number of Clients Discharged:	3,144

Number of Clients Served:	7,267
Total Service Value:	\$52,458,600.21
Average Service Value per Client:	\$11,036.16
Average Age:	28
Number of New Clients:	2,629
Number of Clients Discharged:	3,144

Number of Clients Served:	7,267
Total Service Value:	\$52,458,600.21
Average Service Value per Client:	\$11,036.16
Average Age:	28
Number of New Clients:	2,629
Number of Clients Discharged:	3,144

Number of Clients Served:	7,267
Total Service Value:	\$52,458,600.21
Average Service Value per Client:	\$11,036.16
Average Age:	28
Number of New Clients:	2,629
Number of Clients Discharged:	3,144

Number of Clients Served:	7,267
Total Service Value:	\$52,458,600.21
Average Service Value per Client:	\$11,036.16
Average Age:	28
Number of New Clients:	2,629
Number of Clients Discharged:	3,144

Total Service Value:

This represents the sum of all services based on the current established per minute rates. This does not indicate the total program revenue, as the data includes clients without insurance or a method of payment.

Average Service Value per client:

This is the total service value (displayed above) divided by the number of clients served.

Average Age:

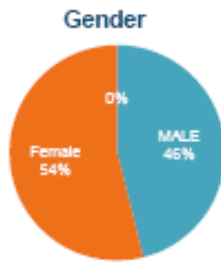
This is the average age of clients served during this fiscal year.

Number of New Clients:

This number represents the clients that are new to the functional group or service area that our Electronic Health Record indicate that these clients have not been previously served in this service area or program group.

Number of Clients Discharged:

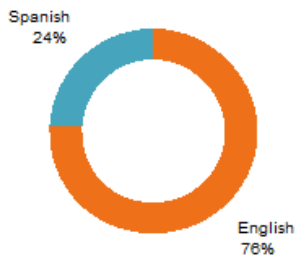
This number represents clients that no longer have an open episode and have been completely discharged from this service area or program group.



Gender Pie Chart:

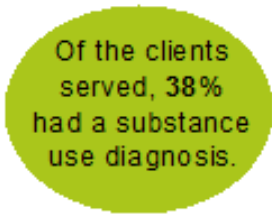
This chart shows the gender breakdown of the clients served in the fiscal year.

Language of Preference



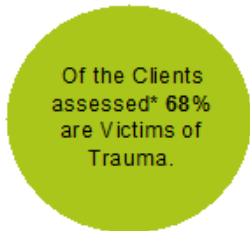
Language of Preference

This chart displays the Percent of clients that prefer Spanish, English or other language



Substance Use:

Displays the Percent of clients who have a substance abuse diagnosis anywhere within the last three years, within this service area or program group.



Victims of Trauma:

This data is derived from the psychosocial assessment. The percentage displayed represents the percent of clients from this service area or program group who had a psychosocial assessment indicating they were victims of trauma.

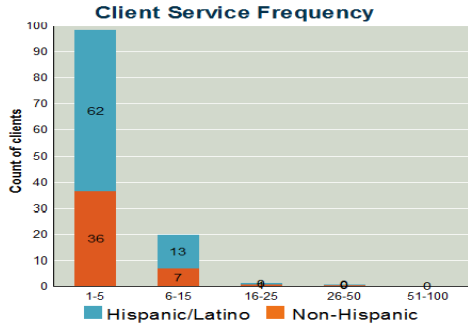
**3,834 clients assessed*

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	16 %
Psychotic	15 %
Bipolar / Mood Disorders	14 %
Substance Related Disorders	13 %
Anxiety Disorders	10 %

Top 5 Primary diagnoses:

This data pulls the top 5 diagnosis categories. If 5 categories are unutilized it will only display those in use.



Client Service Frequency Chart

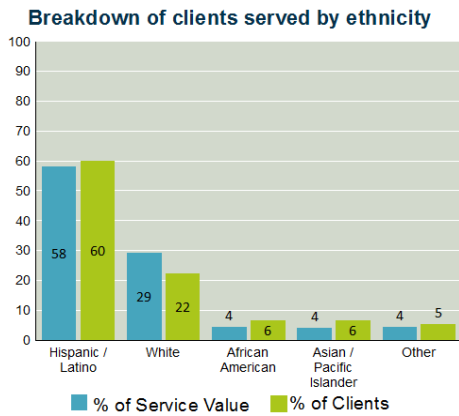
This chart displays a count of clients and count of visits/encounters by client grouped by the amount of visits.

Breakdown of Services Provided

	Number of Services	Percent of Total Service Minutes	Percent of Clients
Linkage/Brokerage	14	57 %	50%
Medication Support	5	37 %	25%
Other	2	6 %	50%
Total	21	100%	100%

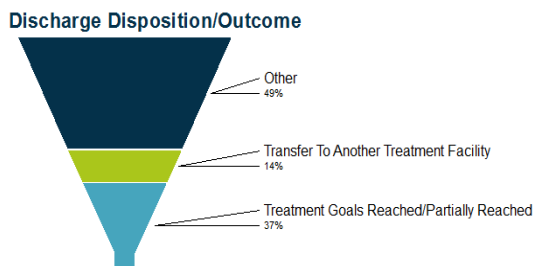
Breakdown of Services Provided

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



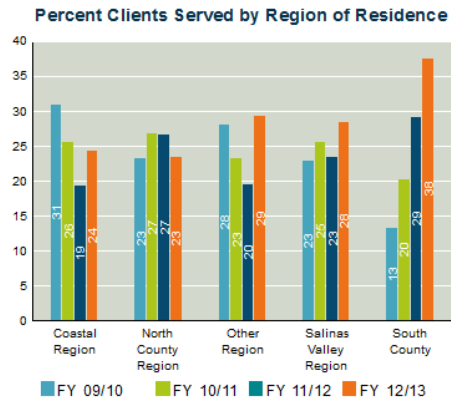
Breakdown of clients served by ethnicity

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



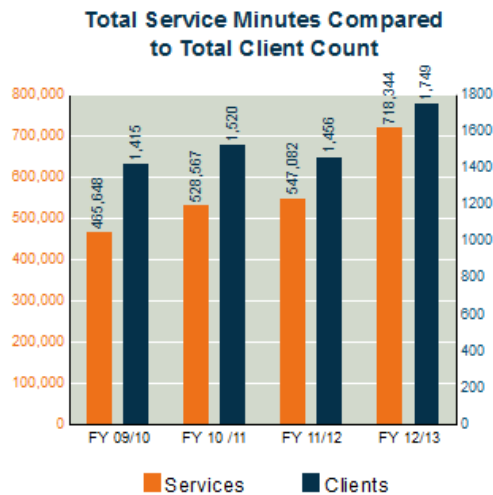
Client Discharge Disposition

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



Percent of Clients Served by Region of Residence:

This chart displays the percentages of the count of clients served in each region for each fiscal year.



Total Service Minutes Compared to Total Client Count

This chart displays the total amount of service minutes and the total amount of clients served for the last three fiscal years for each program or functional group.

Outcome Measurement Data (CANS/ANSA)

39%	: of clients demonstrated symptoms of anxiety
37%	: of the clients assessed needed treatment for depression
36%	: of the clients assessed needed treatment for family problems
26%	: of the clients assessed need support around making friends or developing relationships with peers
24%	: of the clients assessed need support relating to interpersonal problems including social isolation
24%	: of the clients assessed have needs relating to developing positive recreational activities
23%	: of clients demonstrated an inability to identify and manage their anger when frustrated
23%	: of the clients assessed presented with needs relating to impulsivity and hyperactivity
21%	: of the individuals assessed have challenges relating to sleep
17%	: of the individuals assessed have legal problems

Outcomes for CANS/ANSA:

This data pulls from the most recently completed psychosocial assessment within this fiscal year, for a client from this service area or program group.

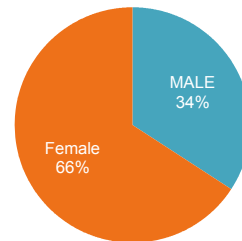


Service Area - Access Promotores

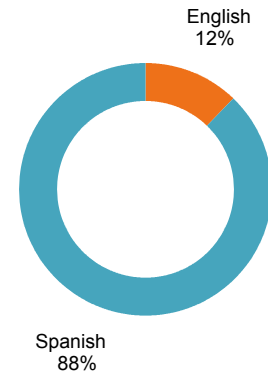
Promotores are individuals who provide health education and support to community members, provide their services in the community, and are generally from the community they serve. Because of the relationship they have with their community, they are particularly effective at reaching Latinos and other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

Number of Clients Served:	82
Total Service Value:	\$109,230.82
Average Service Value per Client:	\$1,332.08
Average Age:	32
Number of New Clients:	47
Number of Clients Discharged:	58

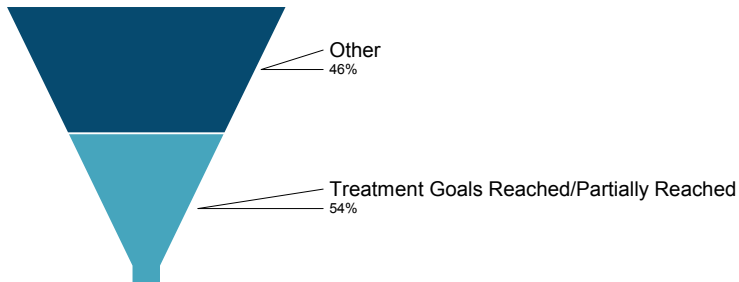
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **68%** are victims of trauma.

*56 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	33%
Adjustment Disorders	32%
Anxiety Disorders	26%
Psychotic	2%
Disruptive Behavior Disorder	2%

Breakdown of Services Provided

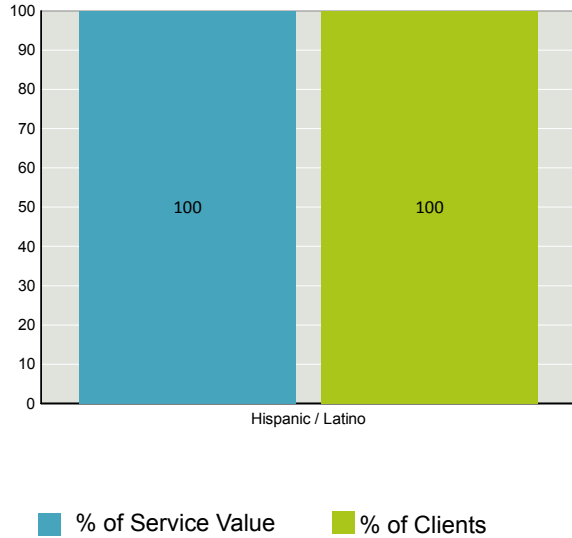
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	103	27%	67%
Collateral	10	2%	6%
Group Counseling	97	18%	34%
Linkage/Brokerage	189	15%	81%
Medication Support	36	5%	4%
Mental Health Counseling	115	27%	36%
Other	148	8%	71%
Total	698	100%	100%

Outcome Measurement Data (CANS/ANSA)

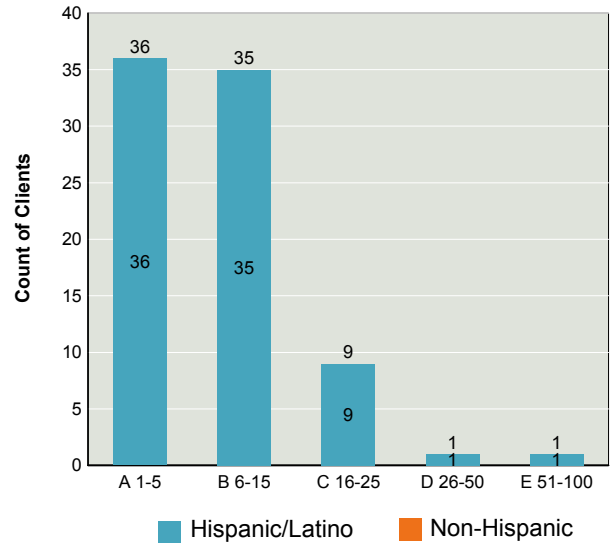
- 52% : of the clients assessed need support because language acts as a barrier to accessing services
- 45% : of clients demonstrated symptoms of anxiety
- 36% : of the clients assessed needed treatment for depression
- 28% : of the individuals assessed have challenges relating to sleep
- 13% : of the clients assessed have needs relating to developing positive recreational activities
- 10% : of the clients assessed have needs relating to medical problems
- 10% : of the clients assessed have needs relating to physical disability
- 8% : of the clients assessed indicated a need relating to cultural difficulties
- 6% : of the clients assessed needed treatment for family problems
- 4% : of the individuals assessed need support to maintain their substance abuse recovery goals

Health Equities

Breakdown of Clients Served by Ethnicity

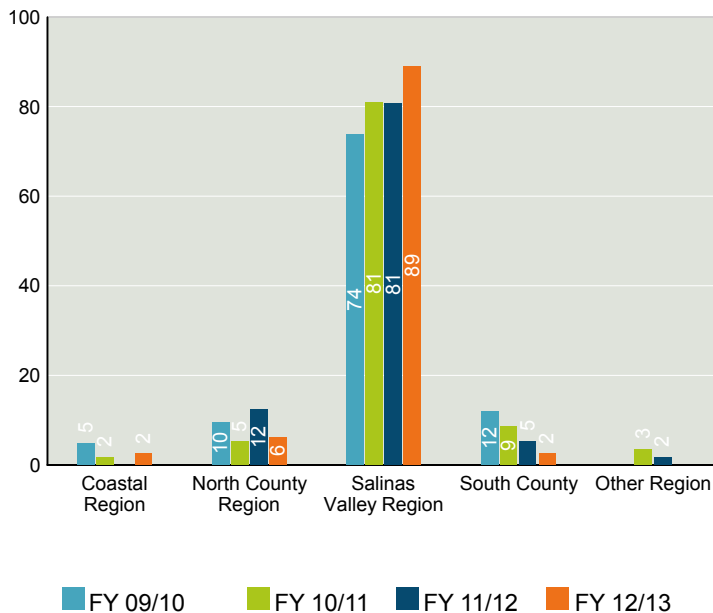


Client Service Frequency

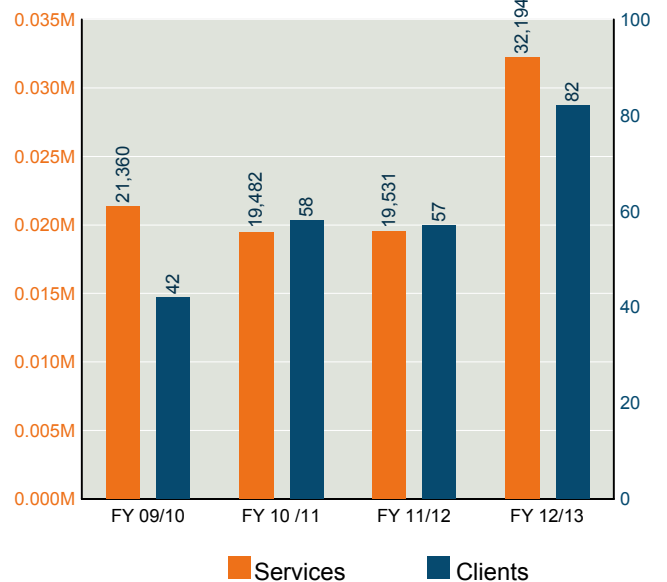


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

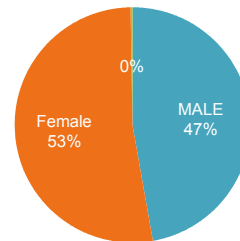


Service Area - Access to Treatment

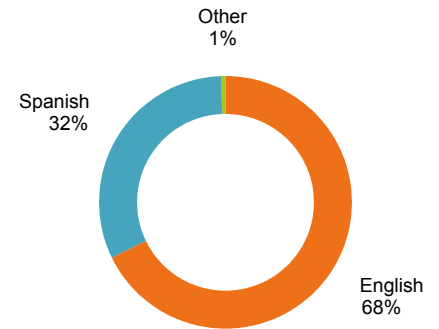
Access to Treatment programs are primary entry point for eligible county residents of Monterey County seeking mental health services. After an initial assessment, treatment services are typically provided in group settings and/or individual counseling sessions that focus on skill-building and support.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

Number of Clients Served:	1,426
Total Service Value:	\$1,816,985.41
Average Service Value per Client:	\$1,274.18
Average Age:	27
Number of New Clients:	1,014
Number of Clients Discharged:	1,150

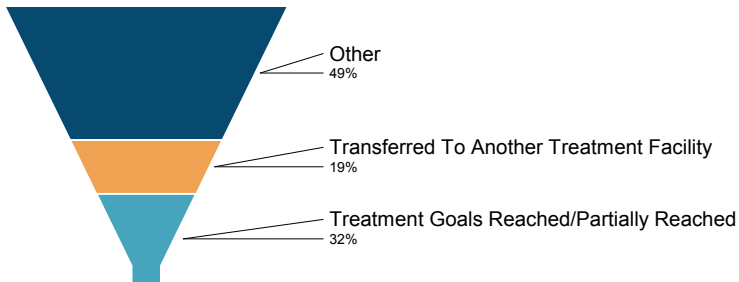
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **21 %** had a substance use diagnosis.

Of the Clients assessed* **68%** are victims of trauma.

*1,077 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	22%
Adjustment Disorders	20%
Anxiety Disorders	14%
Bipolar / Mood Disorders	14%
Disruptive Behavior Disorder	8%

Breakdown of Services Provided

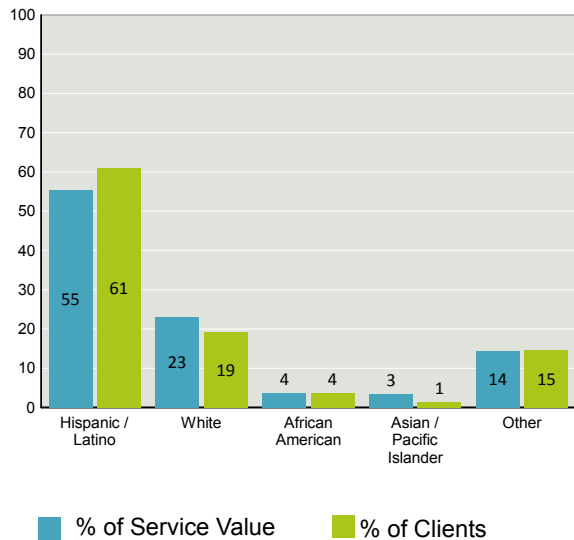
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	1,887	46%	75%
Collateral	139	1%	5%
Crisis Intervention	10	0%	0%
Group Counseling	685	8%	8%
Linkage/Brokerage	2,894	21%	77%
Medication Support	702	6%	10%
Mental Health Counseling	833	12%	12%
Other	969	5%	33%
Total	8,119	100%	100%

Outcome Measurement Data (CANS/ANSA)

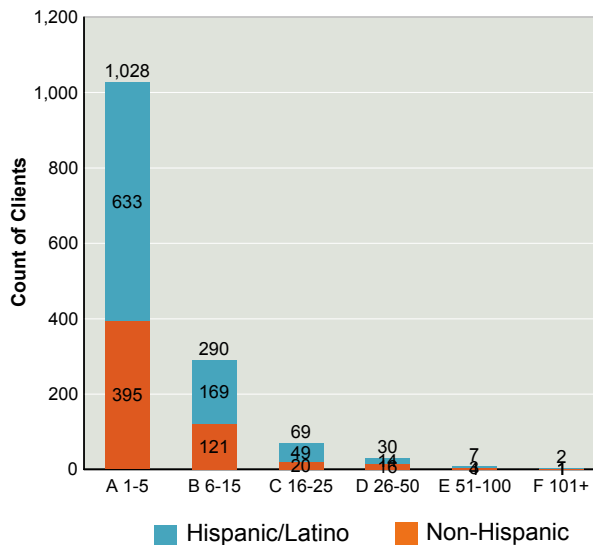
- 43% : of clients demonstrated symptoms of anxiety
- 43% : of the clients assessed needed treatment for depression
- 32% : of the individuals assessed have challenges relating to sleep
- 32% : of the clients assessed needed treatment for family problems
- 27% : of the clients assessed need support relating to interpersonal problems including social isolation
- 23% : of the clients assessed have needs relating to developing positive recreational activities
- 23% : of the clients assessed need support around making friends or developing relationships with peers
- 21% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 21% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 14% : of the clients assessed have a need for treatment for substance abuse disorders

Health Equities

Breakdown of Clients Served by Ethnicity

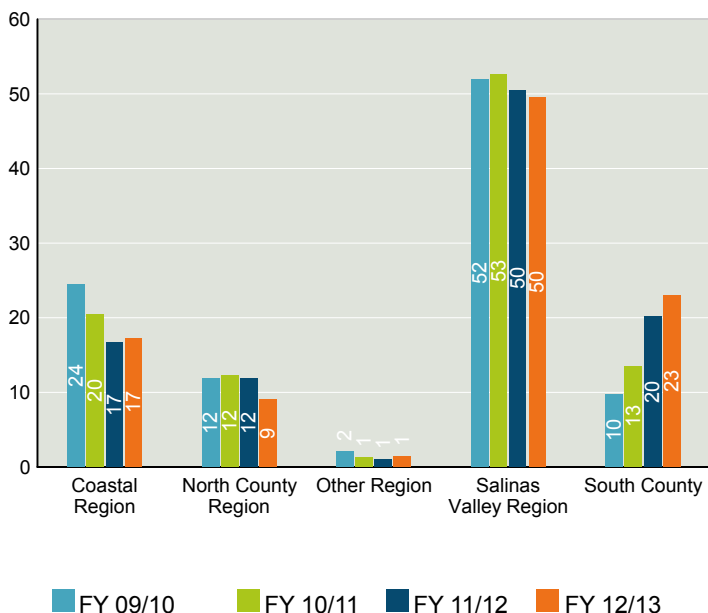


Client Service Frequency

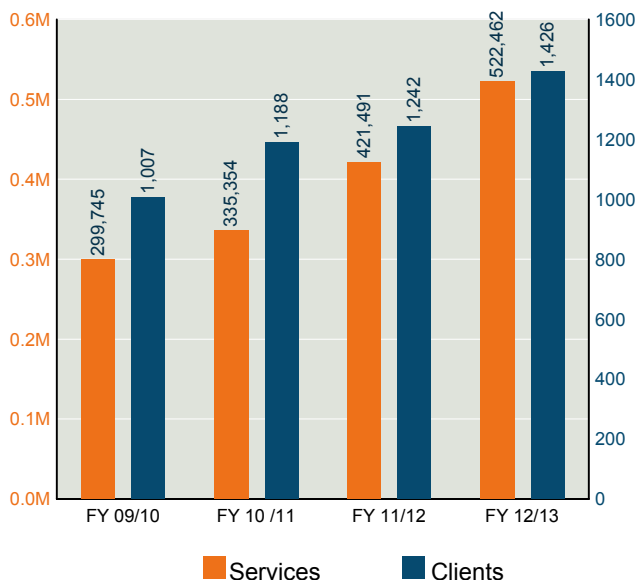


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

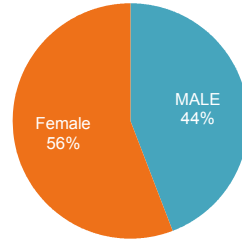


Service Area - CHS Family Counseling Center

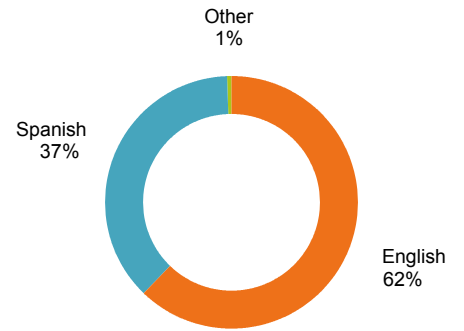
Community Human Services will provide outpatient mental health services to Monterey County Medi-Cal beneficiaries as authorized by the Monterey County Health Department, Behavioral Health Division

Number of Clients Served:	396
Total Service Value:	\$267,294.60
Average Service Value per Client:	\$674.99
Average Age:	19
Number of New Clients:	384
Number of Clients Discharged:	322

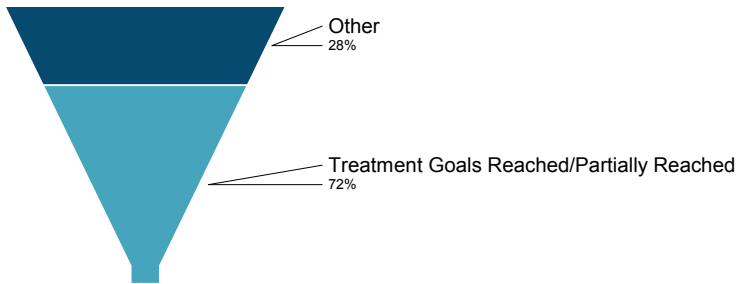
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **3 %** had a substance use diagnosis.

Of the Clients assessed* **74%** are victims of trauma.

*306 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	31%
Anxiety Disorders	24%
Adjustment Disorders	22%
Disruptive Behavior Disorder	13%
Bipolar / Mood Disorders	7%

Breakdown of Services Provided

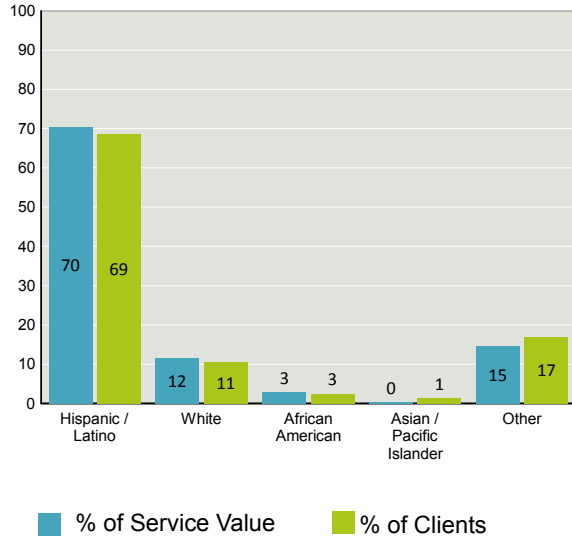
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	338	16%	81%
Linkage/Brokerage	29	1%	6%
Mental Health Counseling	1,710	83%	88%
Total	2,077	100%	100%

Outcome Measurement Data (CANS/ANSA)

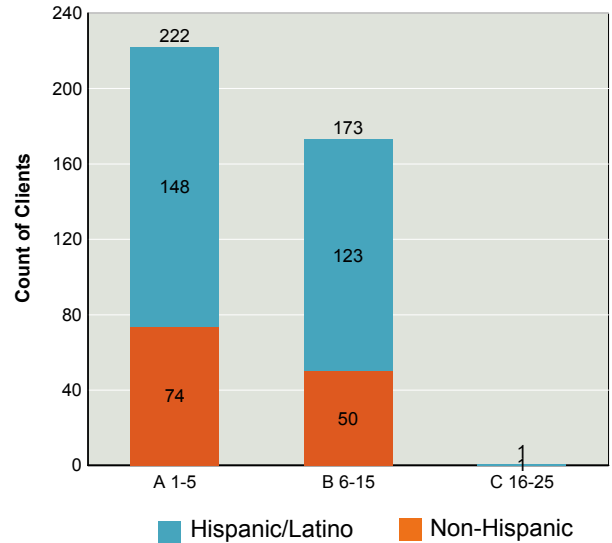
- 39% : of the clients assessed needed treatment for depression
- 38% : of clients demonstrated symptoms of anxiety
- 32% : of the individuals assessed have challenges relating to sleep
- 20% : of the clients assessed needed treatment for family problems
- 19% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 16% : of the clients assessed need support relating to interpersonal problems including social isolation
- 13% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 12% : of the clients assessed need support around making friends or developing relationships with peers
- 10% : of the clients assessed have needs relating to developing positive recreational activities
- 9% : of the individuals assessed have a need for treatment relating to school achievement

Health Equities

Breakdown of Clients Served by Ethnicity

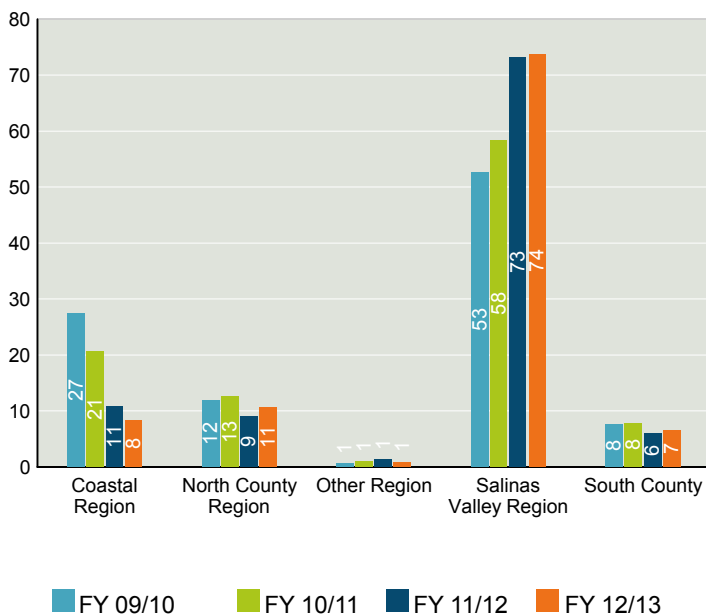


Client Service Frequency

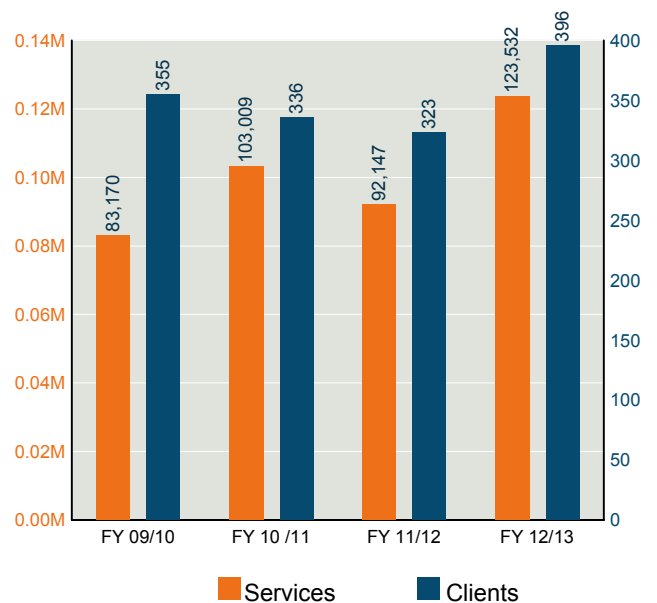


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

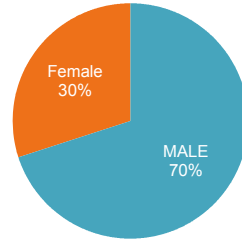


Service Area - CHS HIV/AIDS Community Partnership

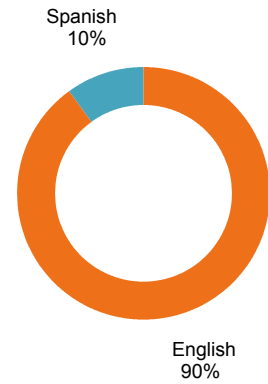
C.A.T.S., or Counseling and Therapy Services, aims to provide a supportive space in which individuals and their families can talk confidentially with an LGBT-friendly staff and LGBT-identified professionals. C.A.T.S. provides the HIV/AIDS and LGBT communities in Monterey County with priority services for individuals and groups

Number of Clients Served:	10
Total Service Value:	\$8,332.80
Average Service Value per Client:	\$833.28
Average Age:	37
Number of New Clients:	6
Number of Clients Discharged:	10

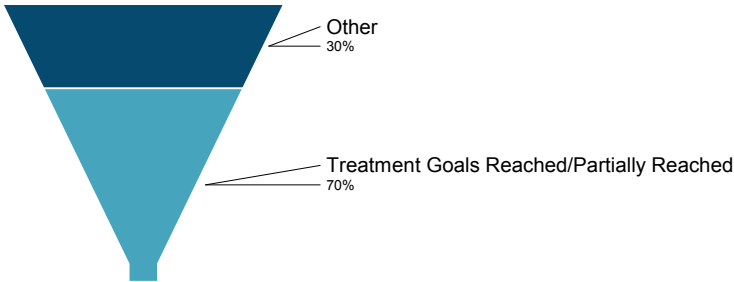
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **10 %** had a substance use diagnosis.

Of the Clients assessed* **100%** are victims of trauma.

*1 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Anxiety Disorders	40%
Adjustment Disorders	40%
Depressive Disorders	20%

Breakdown of Services Provided

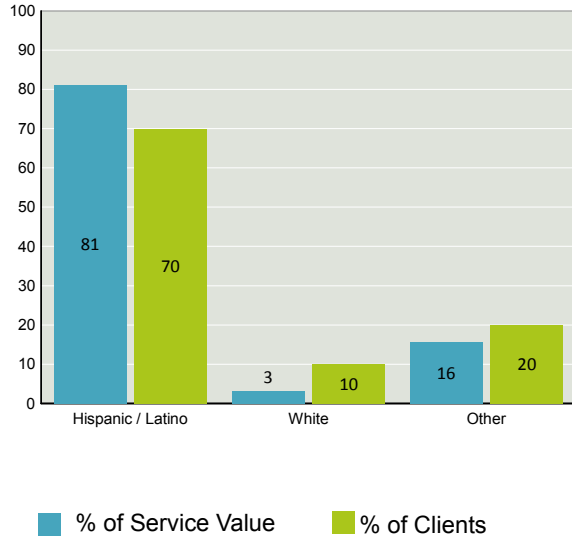
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	10	16%	60%
Mental Health Counseling	54	84%	80%
Total	64	100%	100%

Outcome Measurement Data (CANS/ANSA)

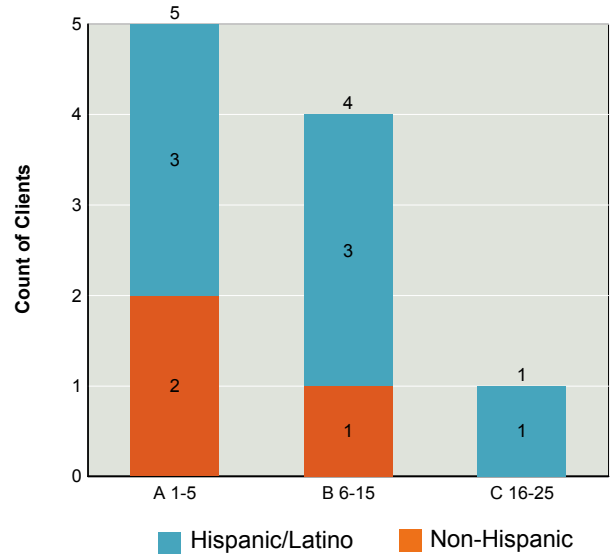
- 100% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 100% : of the clients assessed have a need for treatment for substance abuse disorders
- 100% : of the clients assessed needed treatment for depression
- 100% : of the clients assessed needed support relating to their employment or job functioning
- 100% : of the clients assessed needed treatment for family problems
- 100% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 100% : of the clients assessed need support relating to interpersonal problems including social isolation
- 100% : of the clients assessed have needs relating to developing positive recreational activities
- 100% : of the individuals need treatment relating to sexuality
- 0% :

Health Equities

Breakdown of Clients Served by Ethnicity

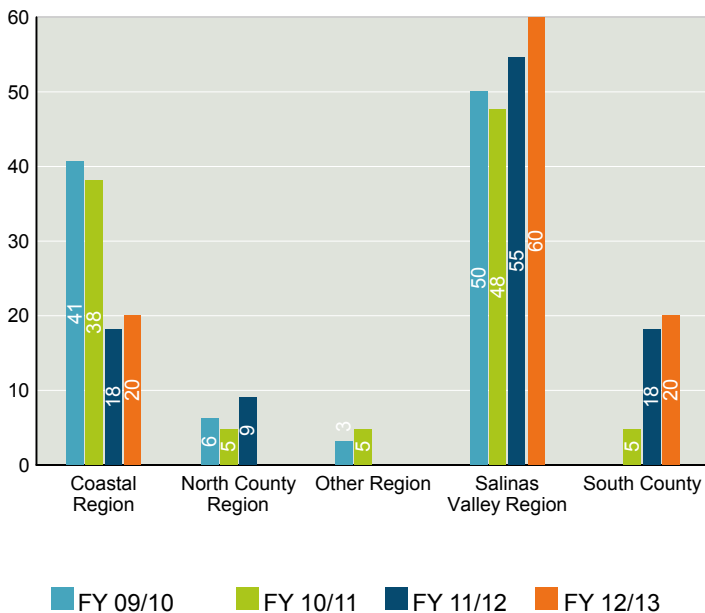


Client Service Frequency

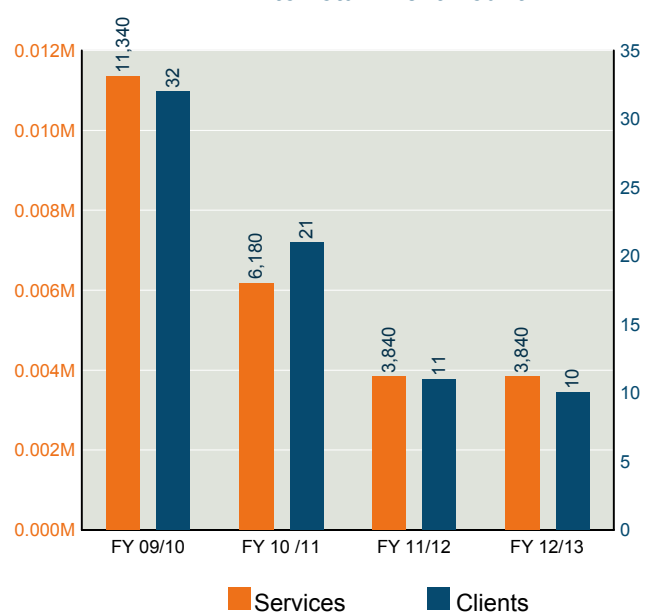


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

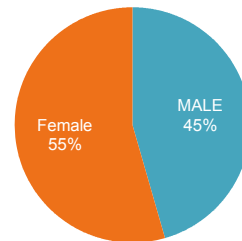


Service Area - The Village Project, Inc.

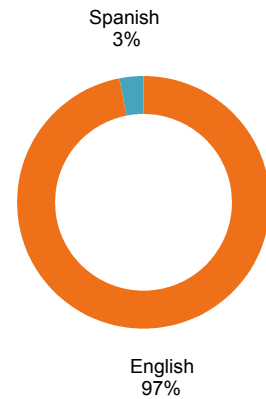
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families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

Number of Clients Served:	33
Total Service Value:	\$46,862.55
Average Service Value per Client:	\$1,420.08
Average Age:	27
Number of New Clients:	20
Number of Clients Discharged:	7

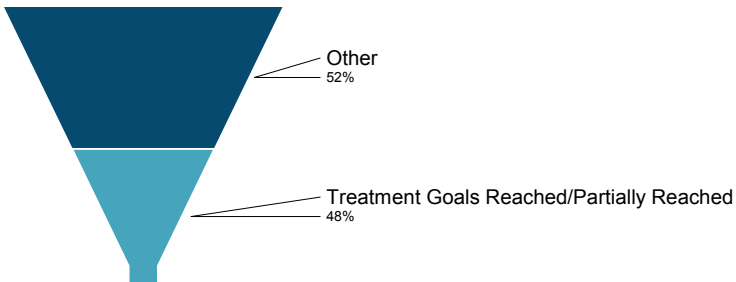
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **3 %** had a substance use diagnosis.

Of the Clients assessed* **60%** are victims of trauma.

*5 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Adjustment Disorders	30%
Depressive Disorders	27%
Anxiety Disorders	18%
Disruptive Behavior Disorder	9%
Bipolar / Mood Disorders	3%

Breakdown of Services Provided

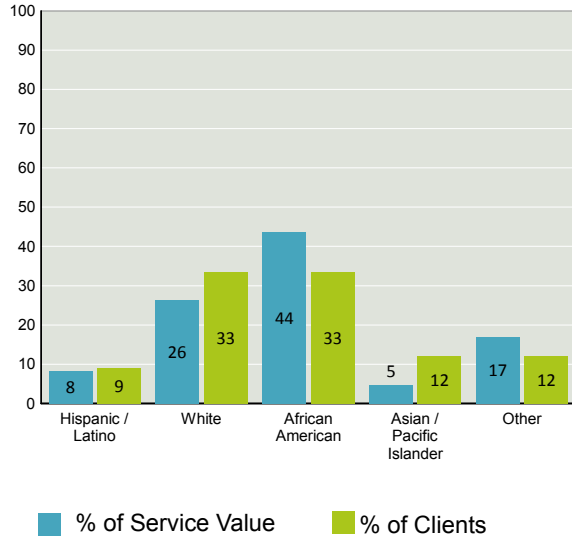
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	13	4%	30%
Collateral	26	10%	21%
Mental Health Counseling	254	86%	100%
Total	293	100%	100%

Outcome Measurement Data (CANS/ANSA)

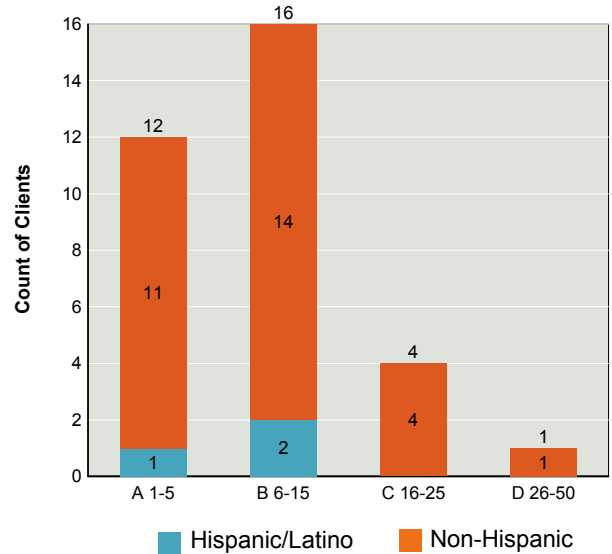
- 80% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 60% : of clients demonstrated symptoms of anxiety
- 60% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 40% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 40% : of the clients assessed needed treatment for presenting as a danger to others
- 40% : of the clients assessed presented as needing treatment because they were a danger to themselves
- 40% : of the clients assessed needed treatment for depression
- 40% : of the clients assessed needed treatment relating to experiences of victimization
- 40% : of the clients assessed needed treatment for family problems
- 40% : of the individuals assessed needed support relating to self-harming behaviors

Health Equities

Breakdown of Clients Served by Ethnicity

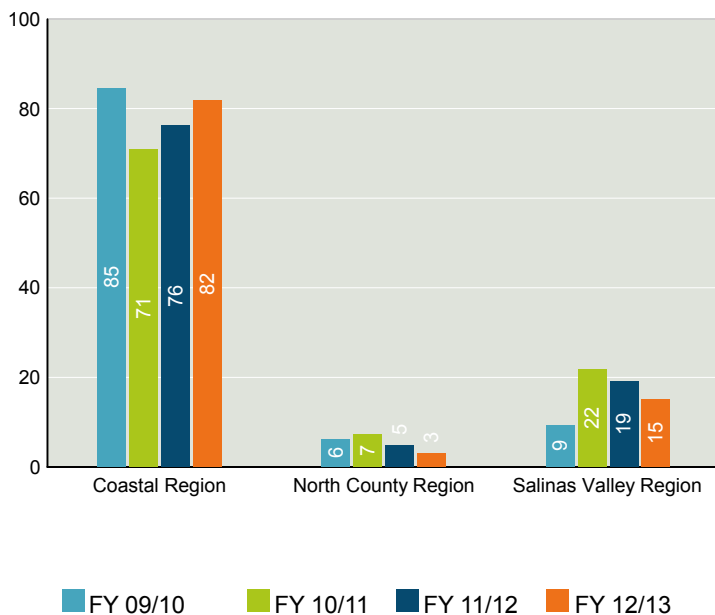


Client Service Frequency

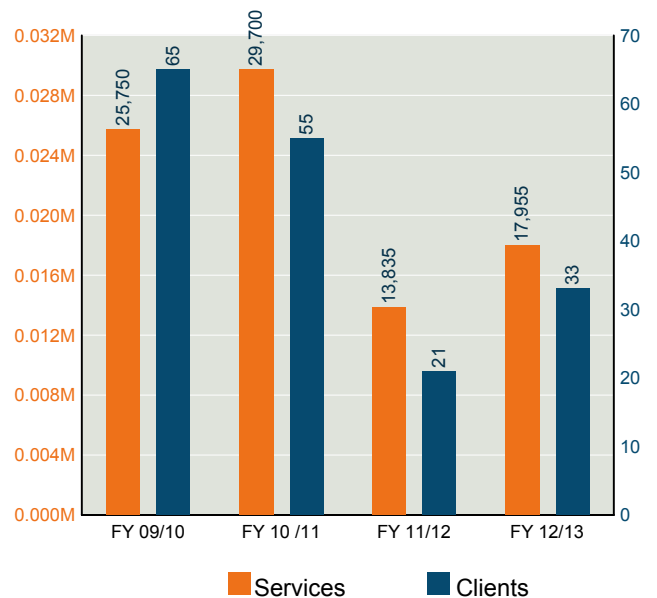


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

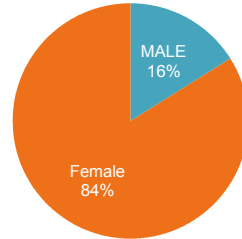


Service Area - Access MHSA Clinic Integration

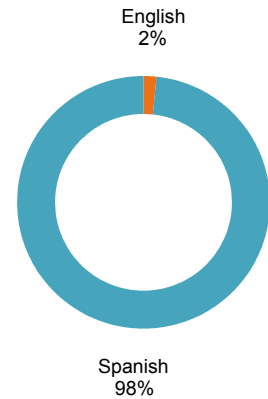
This program provides mental health services in the Health Department Primary Care Clinics

Number of Clients Served:	62
Total Service Value:	\$71,387.68
Average Service Value per Client:	\$1,151.41
Average Age:	49
Number of New Clients:	39
Number of Clients Discharged:	46

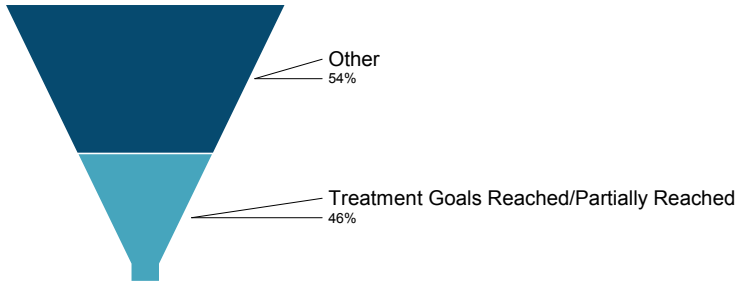
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **63%** are victims of trauma.

*41 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	61%
Anxiety Disorders	24%
Adjustment Disorders	6%
Bipolar / Mood Disorders	2%

Breakdown of Services Provided

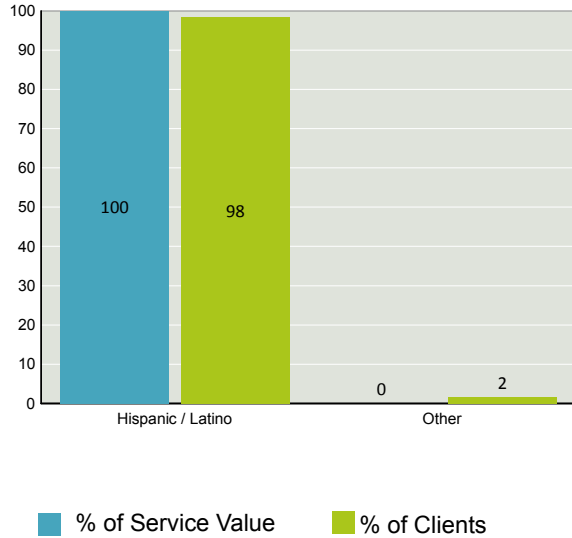
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	74	29%	58%
Crisis Intervention	1	0%	1%
Group Counseling	221	50%	62%
Linkage/Brokerage	116	12%	79%
Medication Support	3	1%	1%
Mental Health Counseling	2	1%	1%
Other	109	8%	70%
Total	526	100%	100%

Outcome Measurement Data (CANS/ANSA)

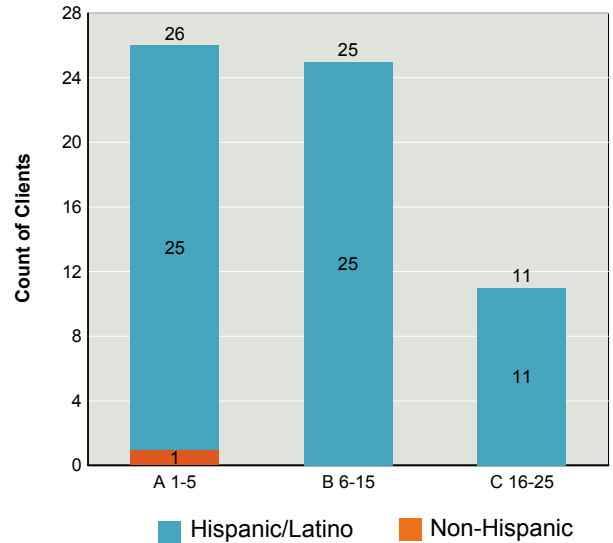
- 71% : of the clients assessed needed treatment for depression
- 68% : of clients demonstrated symptoms of anxiety
- 42% : of the clients assessed need support because language acts as a barrier to accessing services
- 37% : of the clients assessed have needs relating to medical problems
- 34% : of the individuals assessed have challenges relating to sleep
- 31% : of the clients assessed have needs relating to physical disability
- 25% : of the clients assessed have needs relating to developing positive recreational activities
- 5% : of the clients assessed indicated a need relating to cultural difficulties
- 5% : of the clients assessed needed treatment for family problems
- 2% : of clients demonstrated an inability to identify and manage their anger when frustrated

Health Equities

Breakdown of Clients Served by Ethnicity

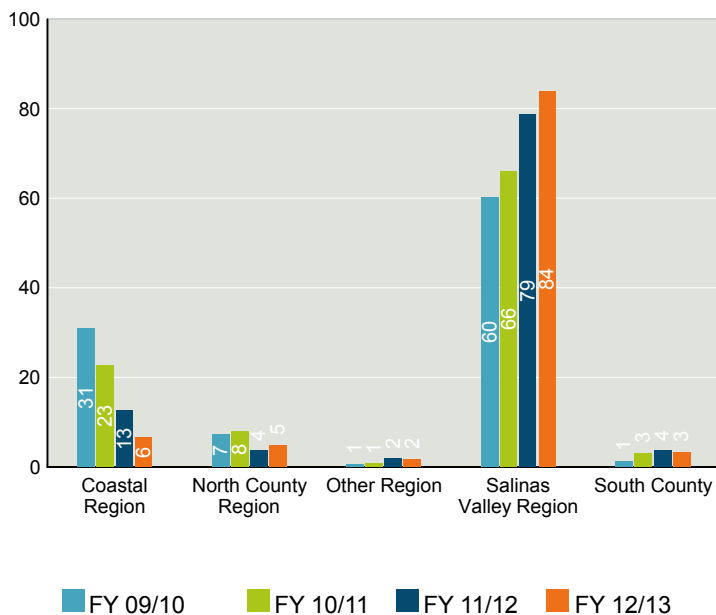


Client Service Frequency

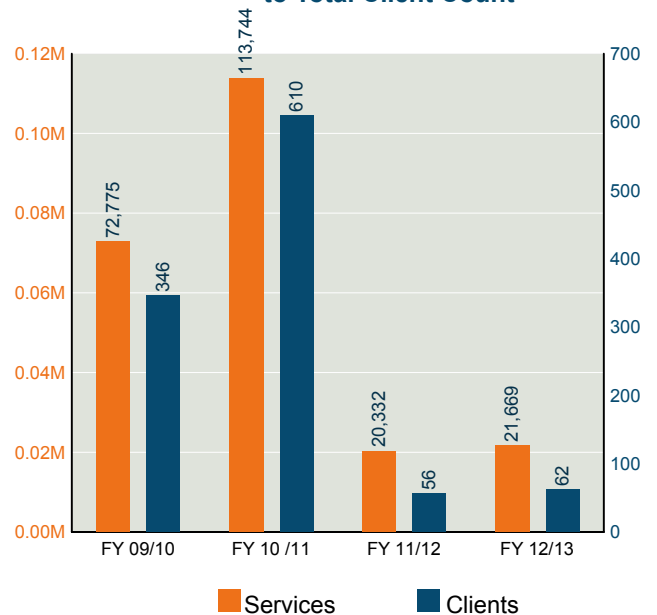


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

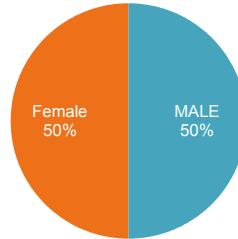


Service Area - Kinship Adoption Preservation FSP

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

Number of Clients Served:	12
Total Service Value:	\$143,045.02
Average Service Value per Client:	\$11,920.42
Average Age:	10
Number of New Clients:	1
Number of Clients Discharged:	6

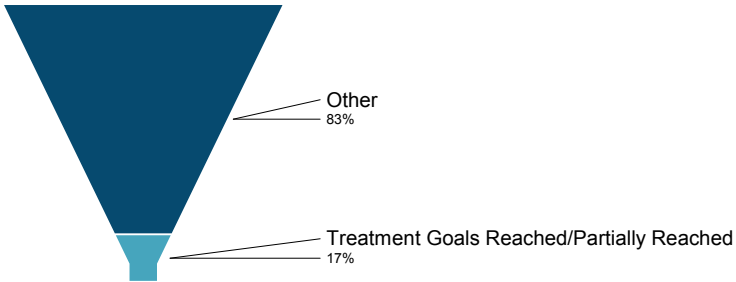
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0 %** had a substance use diagnosis.

Of the Clients assessed* **100%** are victims of trauma.

*4 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Anxiety Disorders	58%
Disruptive Behavior Disorder	17%
Adjustment Disorders	8%
Bipolar / Mood Disorders	8%
Infancy / Childhood / Adolescent	8%

Breakdown of Services Provided

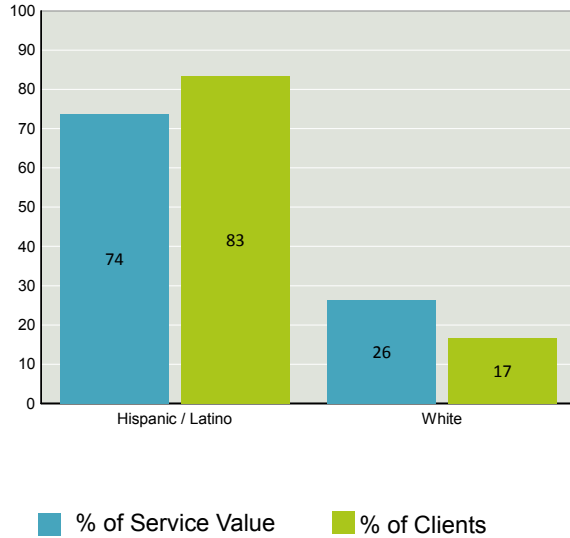
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	85	10%	75%
Collateral	81	10%	75%
Group Counseling	61	5%	25%
Linkage/Brokerage	115	10%	91%
Medication Support	33	5%	33%
Mental Health Counseling	327	61%	83%
Total	702	100%	100%

Outcome Measurement Data (CANS/ANSA)

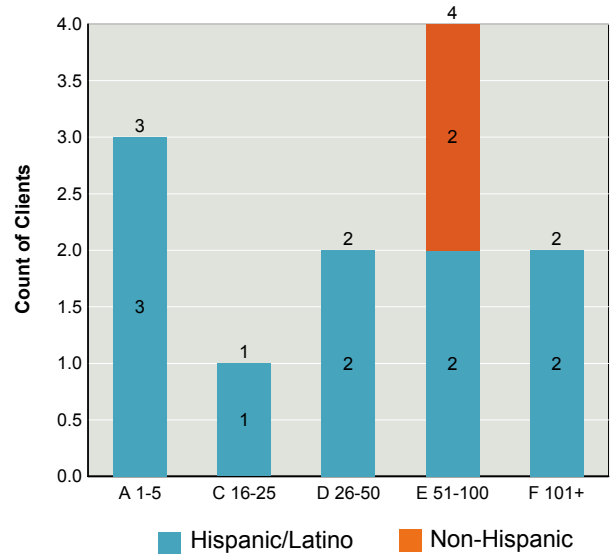
- 100% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 100% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 100% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 66% : of the clients assessed needed treatment for presenting as a danger to others
- 66% : of the clients assessed needed treatment relating to experiences of victimization
- 66% : of the clients assessed needed treatment for family problems
- 66% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 66% : of the clients assessed have a need for treatment relating to school behavior
- 66% : of the clients assessed have problems with socially inappropriate behaviors
- 33% : of clients demonstrated symptoms of anxiety

Health Equities

Breakdown of Clients Served by Ethnicity

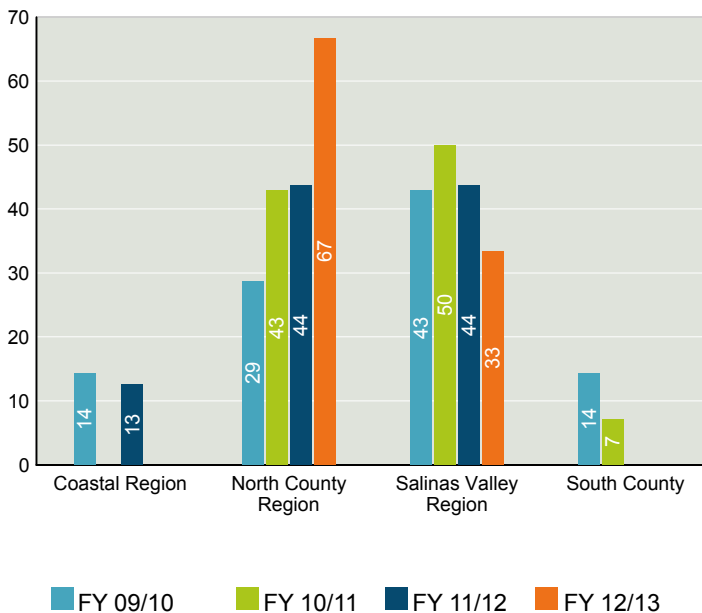


Client Service Frequency

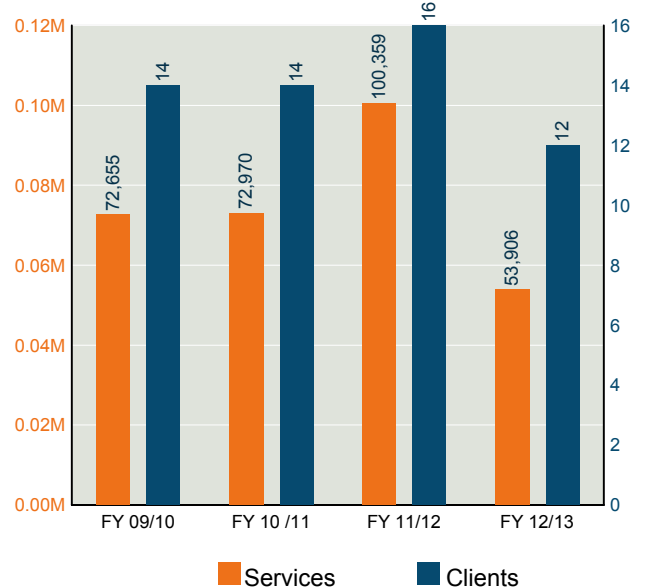


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

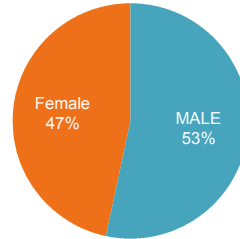


Service Area - Kinship Center

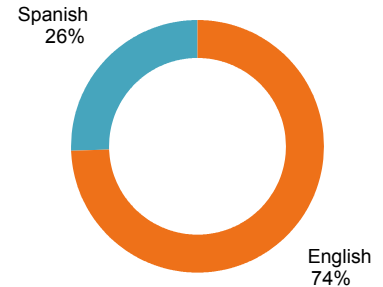
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will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

Number of Clients Served:	144
Total Service Value:	\$1,030,740.92
Average Service Value per Client:	\$7,157.92
Average Age:	8
Number of New Clients:	45
Number of Clients Discharged:	63

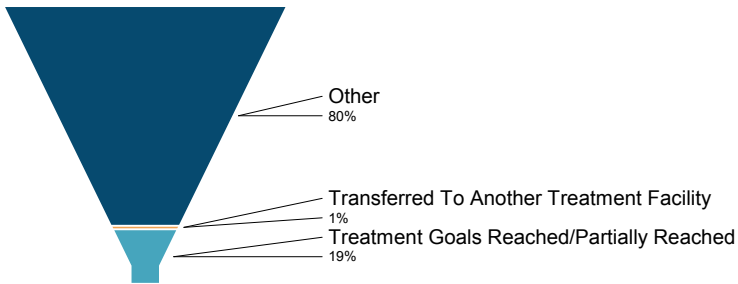
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **77%** are victims of trauma.

*31 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Anxiety Disorders	40%
Infancy / Childhood / Adolescent	20%
Disruptive Behavior Disorder	17%
Adjustment Disorders	7%
Depressive Disorders	7%

Breakdown of Services Provided

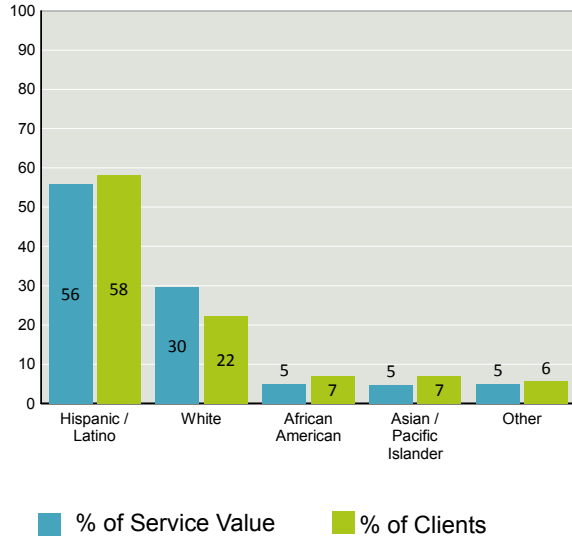
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	1,362	22%	88%
Collateral	841	13%	73%
Group Counseling	562	7%	22%
Linkage/Brokerage	764	8%	85%
Medication Support	111	2%	17%
Mental Health Counseling	2,262	48%	84%
Total	5,902	100%	100%

Outcome Measurement Data (CANS/ANSA)

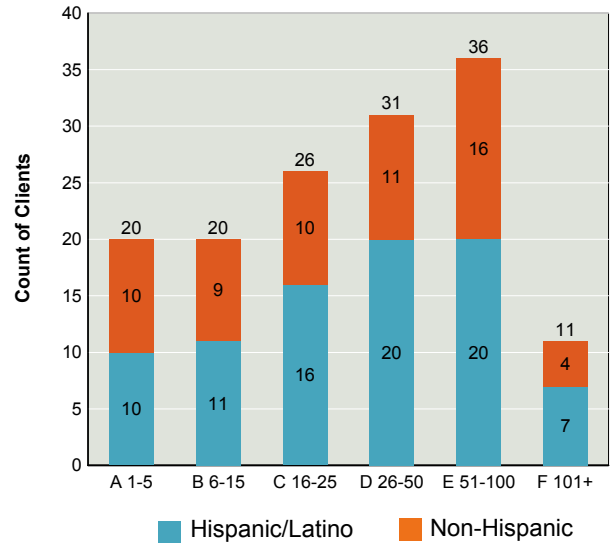
- 52% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 39% : of the clients assessed have a need for treatment relating to school behavior
- 34% : of clients demonstrated symptoms of anxiety
- 34% : of the clients assessed needed treatment for family problems
- 26% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 26% : of the clients assessed need support around making friends or developing relationships with peers
- 21% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 21% : of the individuals assessed have a need for treatment relating to school achievement
- 17% : of the clients assessed needed treatment for depression
- 17% : of the clients assessed need support relating to interpersonal problems including social isolation

Health Equities

Breakdown of Clients Served by Ethnicity

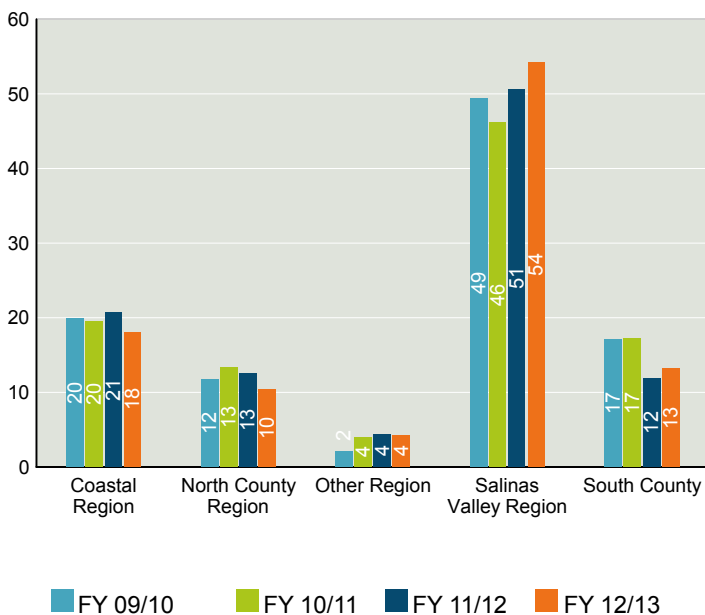


Client Service Frequency

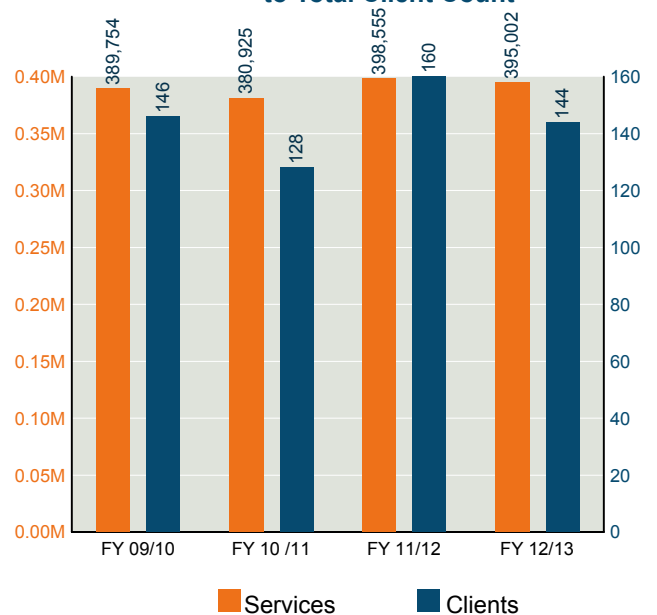


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

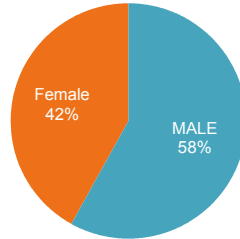


Service Area - CS MCSTART

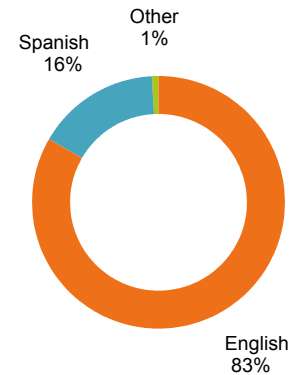
This is a collaborative program with Door To Hope as lead agency, Salinas Adult School, Department of Social & Employment Services (DSES) and First 5 Monterey County. Children 0-5 throughout Monterey County who have been prenatally exposed to alcohol or other drugs, or at high risk for developmental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

Number of Clients Served:	126
Total Service Value:	\$1,183,554.66
Average Service Value per Client:	\$9,393.29
Average Age:	4
Number of New Clients:	59
Number of Clients Discharged:	52

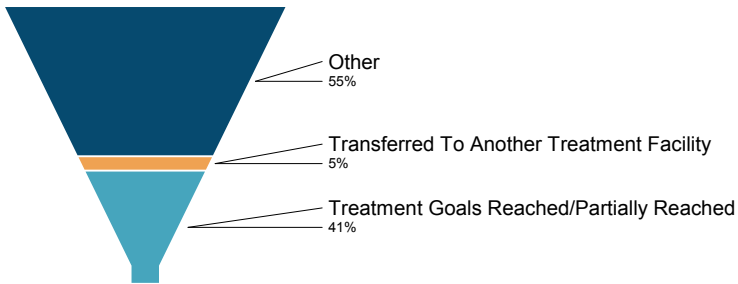
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **82%** are victims of trauma.

*115 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Infancy / Childhood / Adolescent	51%
Anxiety Disorders	22%
Adjustment Disorders	8%
OTHER	7%
Bipolar / Mood Disorders	6%

Breakdown of Services Provided

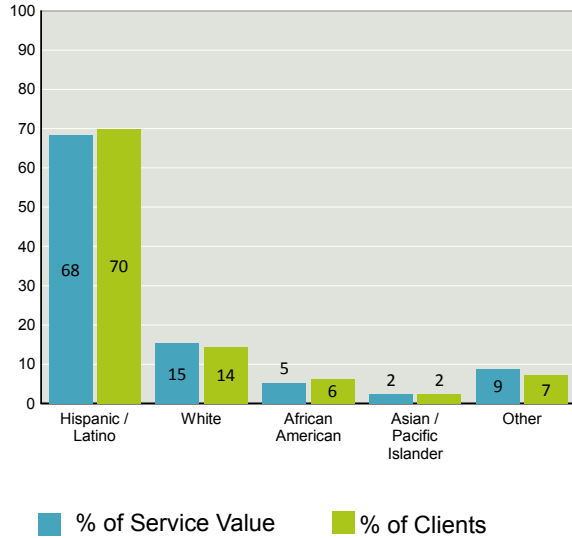
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	1,262	42%	94%
Collateral	825	14%	65%
Crisis Intervention	1	0%	0%
Group Counseling	65	2%	10%
Linkage/Brokerage	2,004	21%	97%
Mental Health Counseling	786	20%	49%
Other	69	0%	20%
Total	5,012	100%	100%

Outcome Measurement Data (CANS/ANSA)

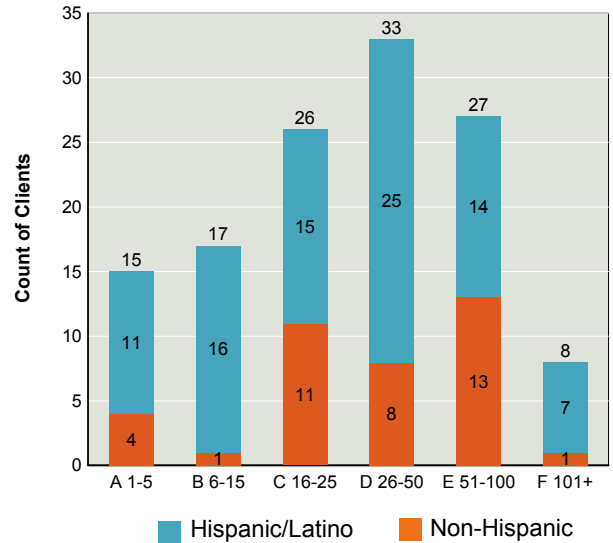
- 45% : of the clients assessed needed treatment for family problems
- 33% : of clients demonstrated symptoms of anxiety
- 33% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 19% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 19% : of the individuals assessed have a need for treatment relating to school achievement
- 14% : of the clients assessed need support relating to interpersonal problems including social isolation
- 14% : of the clients assessed need support around making friends or developing relationships with peers
- 13% : of the individuals assessed have challenges relating to their living situation
- 13% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 12% : of the clients assessed have a need for treatment relating to school behavior

Health Equities

Breakdown of Clients Served by Ethnicity

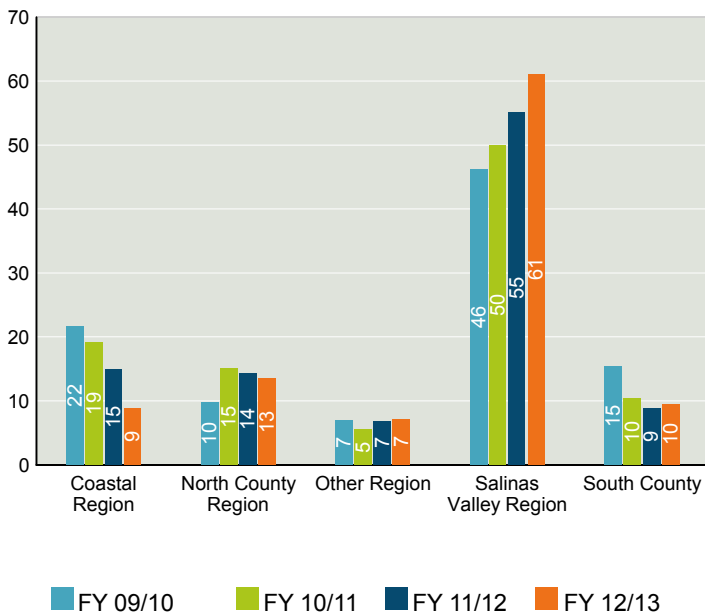


Client Service Frequency

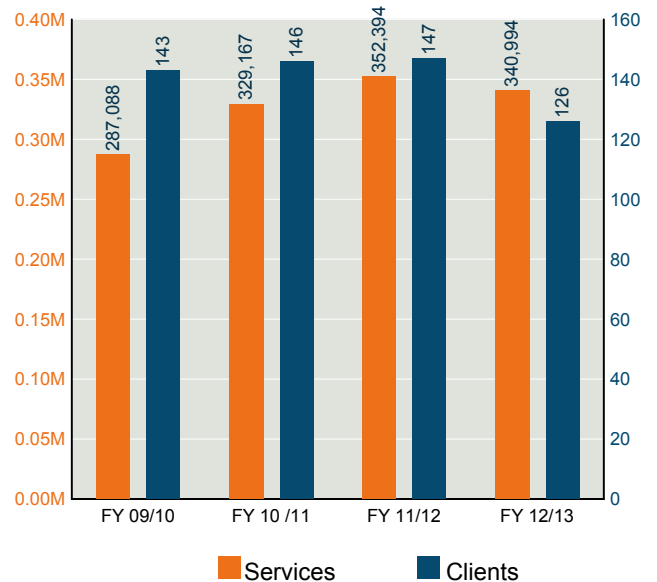


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

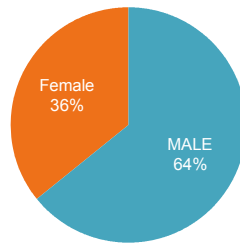


Service Area - CS School Readiness

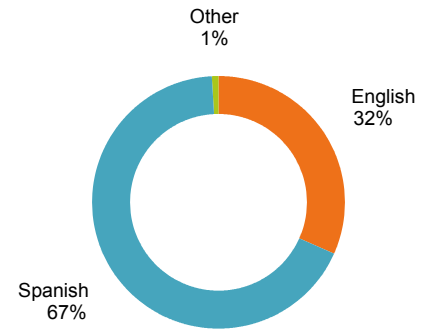
The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive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

Number of Clients Served:	123
Total Service Value:	\$579,826.78
Average Service Value per Client:	\$4,714.04
Average Age:	4
Number of New Clients:	71
Number of Clients Discharged:	72

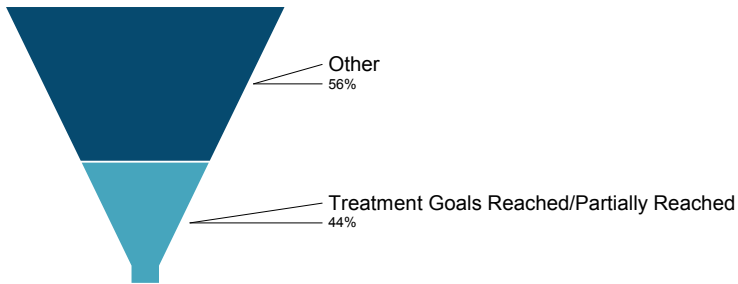
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, 0% had a substance use diagnosis.

Of the Clients assessed* 45% are victims of trauma.

*82 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Infancy / Childhood / Adolescent	67%
Anxiety Disorders	14%
Adjustment Disorders	11%
Disruptive Behavior Disorder	4%
OTHER	3%

Breakdown of Services Provided

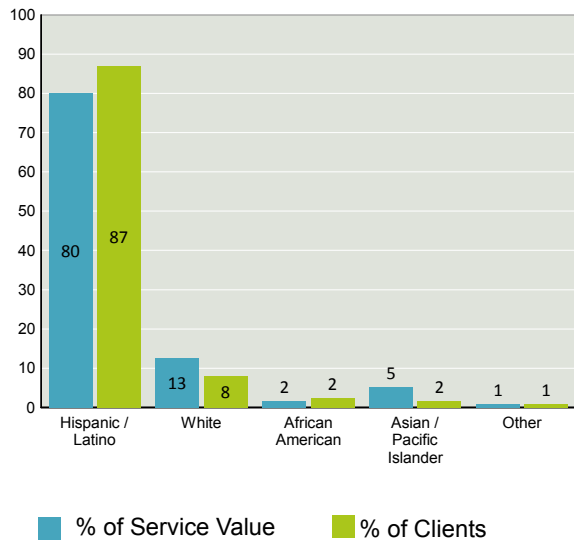
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	485	25%	83%
Collateral	403	17%	63%
Crisis Intervention	2	0%	0%
Group Counseling	14	1%	1%
Linkage/Brokerage	651	17%	87%
Medication Support	6	0%	0%
Mental Health Counseling	685	37%	73%
Other	135	2%	43%
Total	2,381	100%	100%

Outcome Measurement Data (CANS/ANSA)

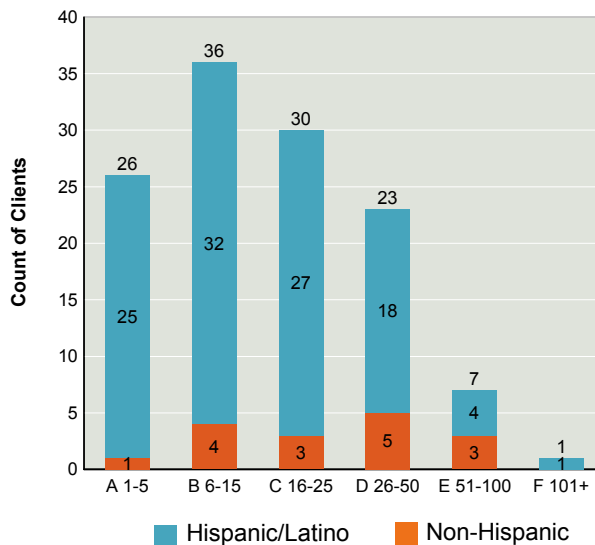
- 26% : of clients demonstrated symptoms of anxiety
- 26% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 23% : of the clients assessed needed treatment for family problems
- 19% : of the clients assessed need support around making friends or developing relationships with peers
- 17% : of the clients assessed have a need for treatment relating to school behavior
- 16% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 10% : of the individuals assessed have challenges relating to sleep
- 8% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 7% : of the clients assessed indicated a need relating to cultural difficulties
- 7% : of the clients assessed need support relating to interpersonal problems including social isolation

Health Equities

Breakdown of Clients Served by Ethnicity

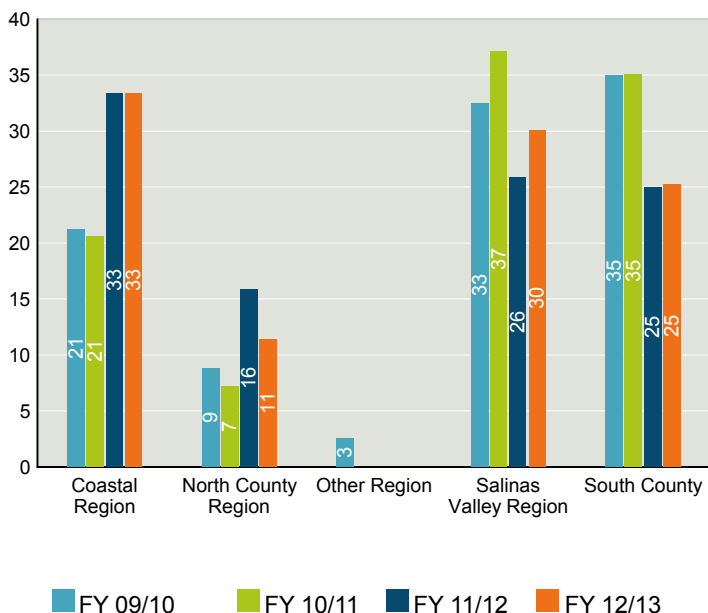


Client Service Frequency

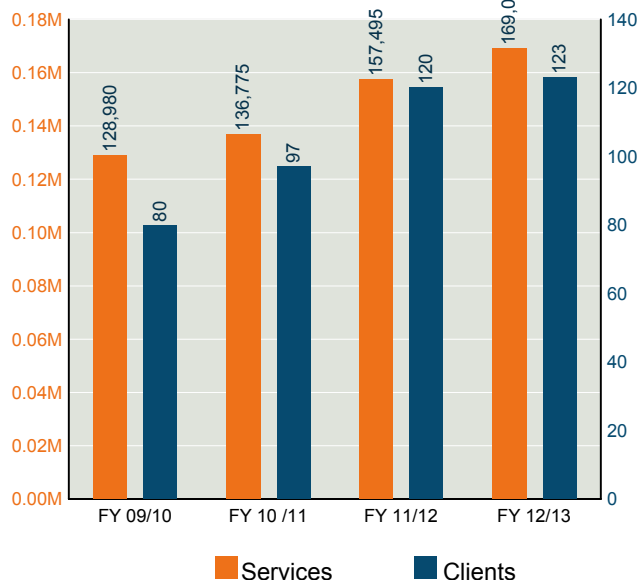


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

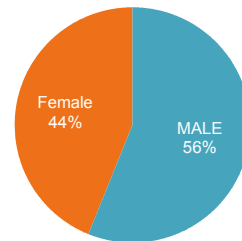


Service Area - DTH MCSTART

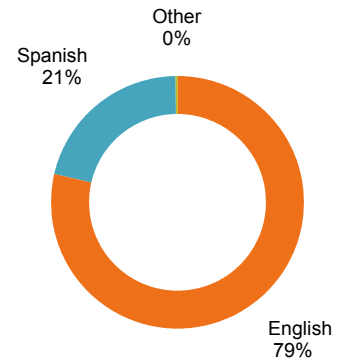
Provides Mental Health Services and Medication Support to eligible infants and children who require early intervention services. The primary focus of the program will be to identify, assess, refer, and treat children affected by the broad spectrum of developmental, social/emotional, and neurobehavioral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

Number of Clients Served:	523
Total Service Value:	\$1,605,947.65
Average Service Value per Client:	\$3,070.65
Average Age:	3
Number of New Clients:	213
Number of Clients Discharged:	191

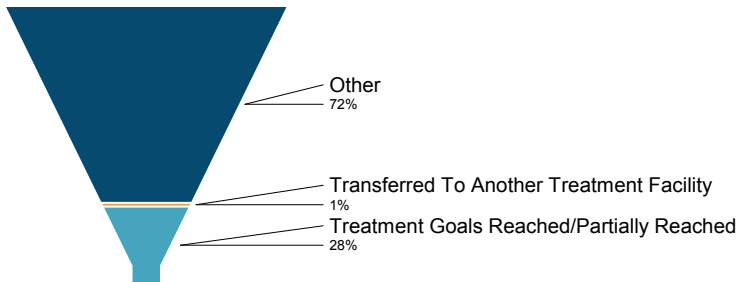
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **76%** are victims of trauma.

*349 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Infancy / Childhood / Adolescent	88%
Disruptive Behavior Disorder	7%
Anxiety Disorders	2%
OTHER	2%
Bipolar / Mood Disorders	1%

Breakdown of Services Provided

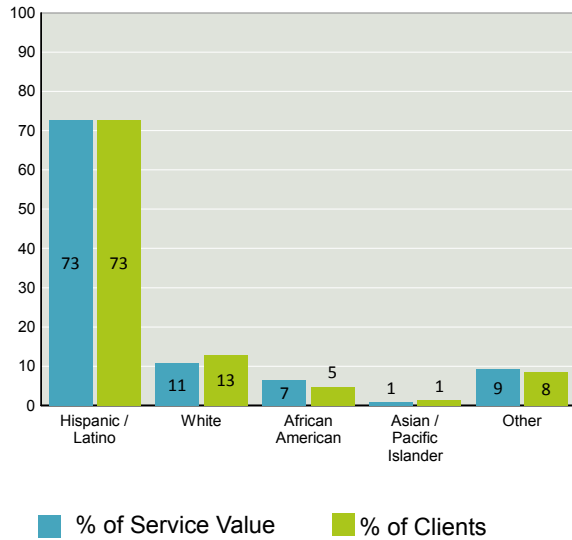
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	772	9%	66%
Collateral	30	0%	4%
Group Counseling	33	0%	1%
Linkage/Brokerage	4,197	39%	90%
Medication Support	1,025	12%	61%
Mental Health Counseling	2,084	39%	42%
Other	9	0%	1%
Total	8,150	100%	100%

Outcome Measurement Data (CANS/ANSA)

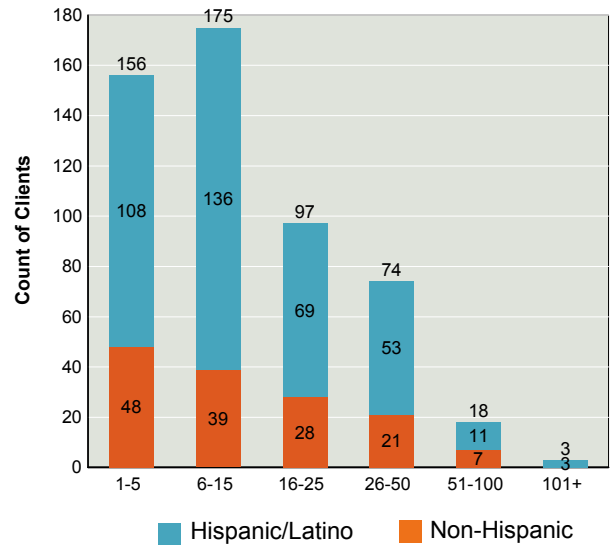
- 41% : of the clients assessed needed treatment for family problems
- 22% : of clients demonstrated symptoms of anxiety
- 21% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 14% : of the individuals assessed have challenges relating to their living situation
- 12% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 12% : of the clients assessed need support around making friends or developing relationships with peers
- 10% : of the individuals assessed have a need for treatment relating to school achievement
- 10% : of the clients assessed have a need for treatment relating to school behavior
- 10% : of the individuals assessed have challenges relating to sleep
- 9% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors

Health Equities

Breakdown of Clients Served by Ethnicity

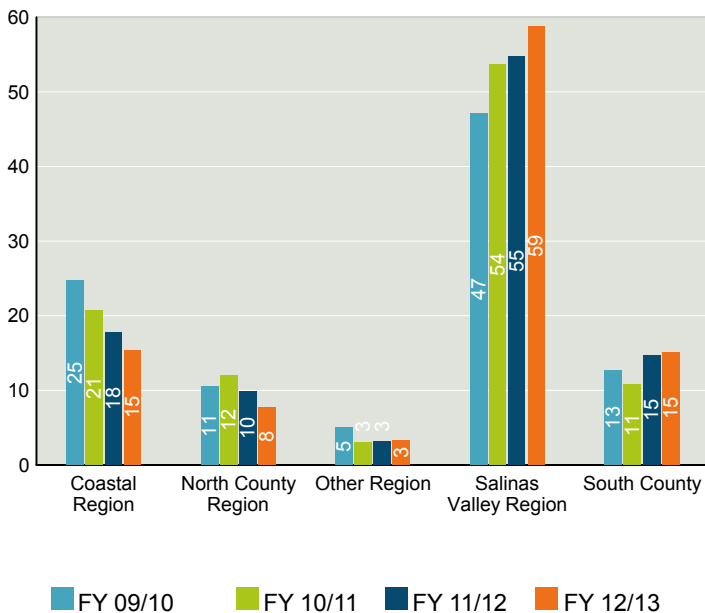


Client Service Frequency

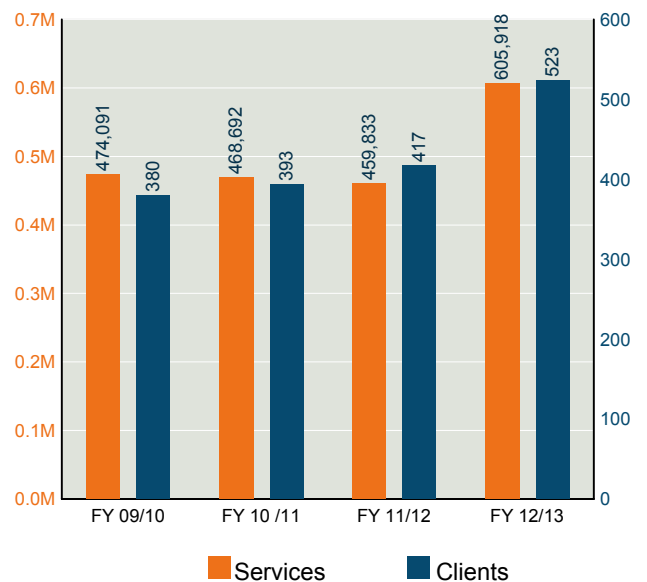


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

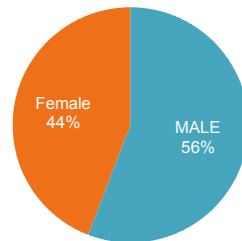


Service Area - Pajaro Vly Prevention + Student Assist

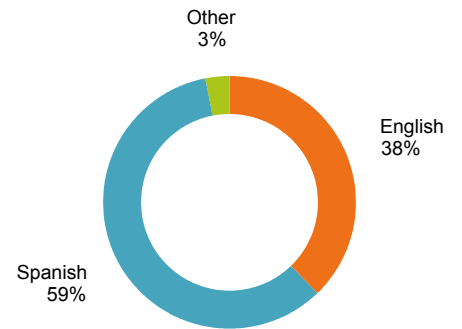
Provider will provide mental health services to North Monterey County children attending schools in the Pajaro/Las Lomas area and their family members who are Medi-Cal or Non-Medi-Cal eligible and who suffer from a broad range of mental health needs

Number of Clients Served:	95
Total Service Value:	\$298,692.41
Average Service Value per Client:	\$3,144.13
Average Age:	10
Number of New Clients:	59
Number of Clients Discharged:	16

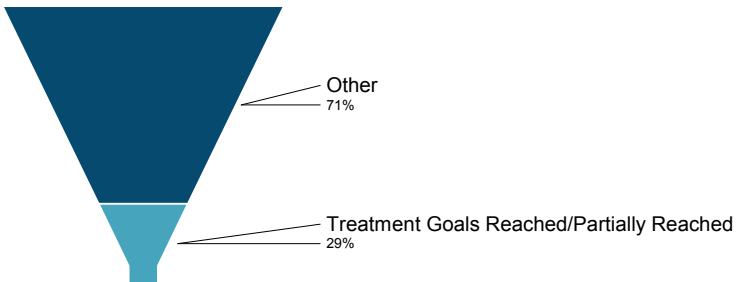
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, 1 % had a substance use diagnosis.

Of the Clients assessed* 100% are victims of trauma.

*3 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Adjustment Disorders	44%
Anxiety Disorders	26%
Disruptive Behavior Disorder	18%
OTHER	5%
Depressive Disorders	1%

Breakdown of Services Provided

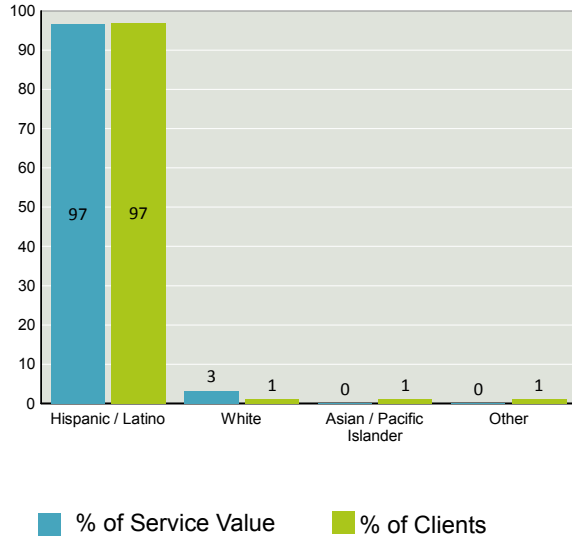
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	153	13%	63%
Collateral	96	5%	36%
Group Counseling	211	9%	20%
Linkage/Brokerage	15	0%	8%
Mental Health Counseling	1,197	74%	87%
Total	1,672	100%	100%

Outcome Measurement Data (CANS/ANSA)

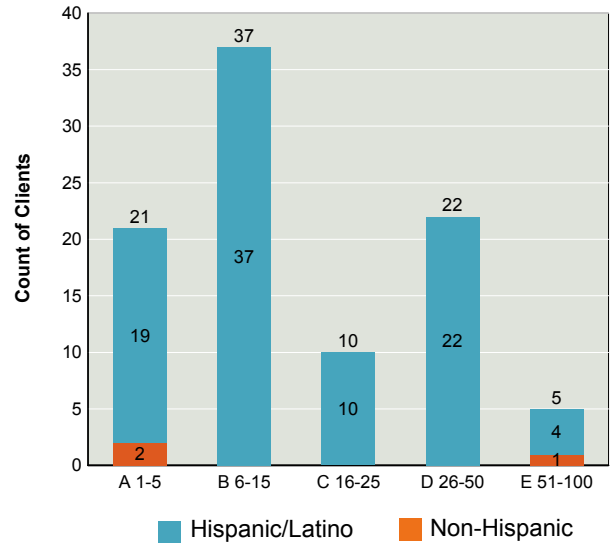
- 66% : of clients demonstrated symptoms of anxiety
- 66% : of the clients assessed needed treatment for family problems
- 33% : of the client assessed indicated a need relating to criminal behavior
- 33% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 33% : of the clients assessed have a need for treatment for substance abuse disorders
- 33% : of the clients assessed need transportation support
- 33% : of the clients assessed presented as needing treatment because they were a danger to themselves
- 33% : of the clients assessed needed treatment for depression
- 33% : of the clients assessed need support relating to cultural identity development
- 33% : of the individuals assessed have legal problems

Health Equities

Breakdown of Clients Served by Ethnicity

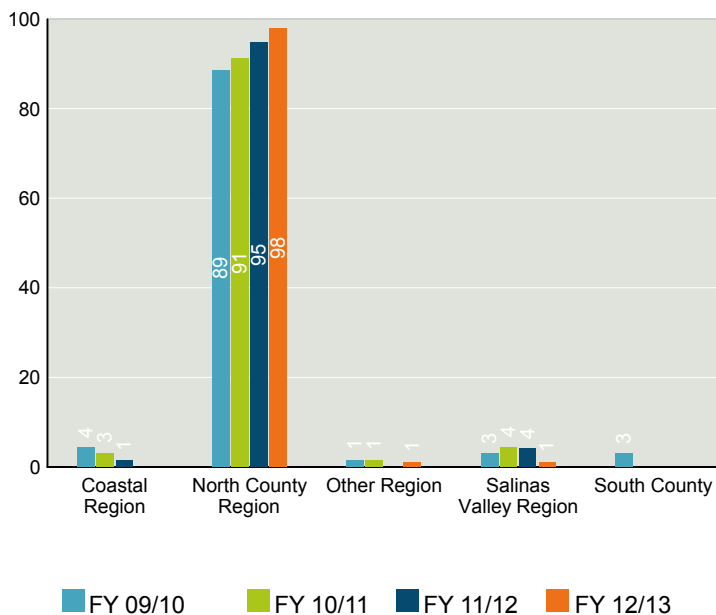


Client Service Frequency

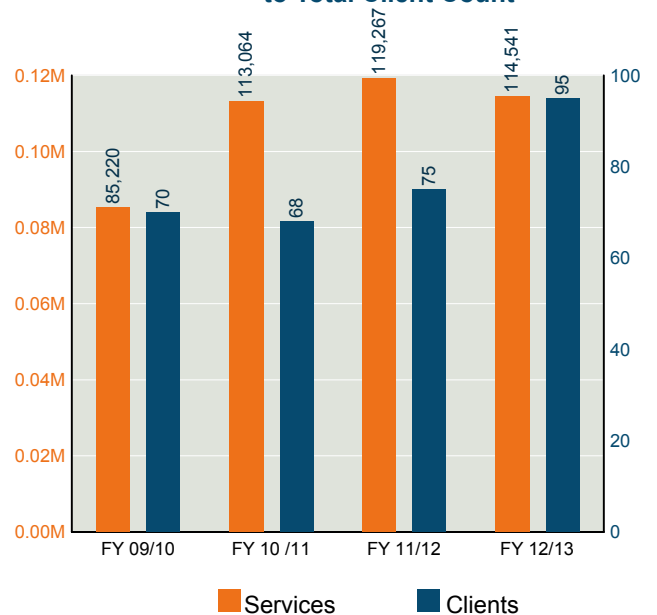


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

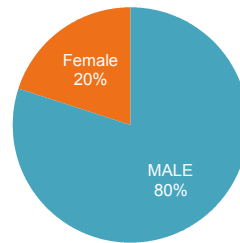


Service Area - CS Family Preservation

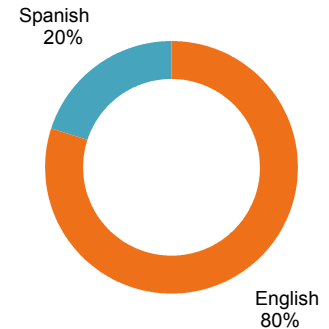
This program provides intensive short term family based treatment in circumstances or situations where children are at eminent risk of removal from home. This program is designed to predominantly serve Spanish speaking families.

Number of Clients Served:	5
Total Service Value:	\$165,845.58
Average Service Value per Client:	\$33,169.12
Average Age:	9
Number of New Clients:	3
Number of Clients Discharged:	4

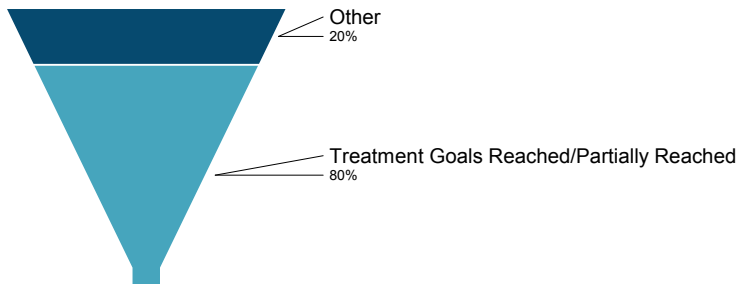
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, 0% had a substance use diagnosis.

Of the Clients assessed* 67% are victims of trauma.

*3 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Anxiety Disorders	40%
Bipolar / Mood Disorders	40%
Disruptive Behavior Disorder	20%

Breakdown of Services Provided

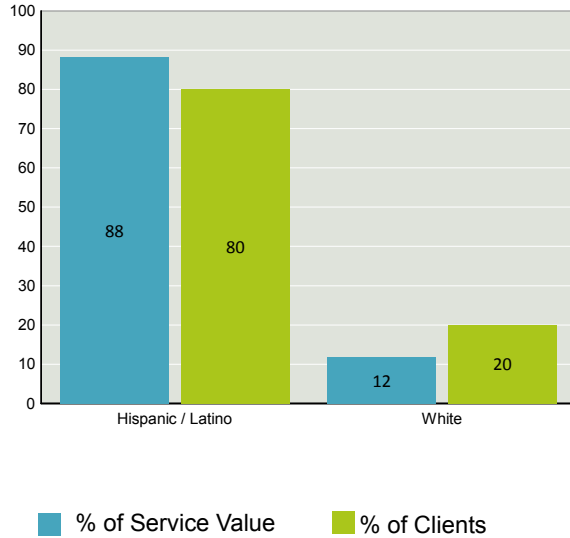
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	5	1%	80%
Collateral	71	25%	100%
Linkage/Brokerage	59	13%	100%
Mental Health Counseling	112	61%	100%
Other	1	0%	20%
Total	248	100%	100%

Outcome Measurement Data (CANS/ANSA)

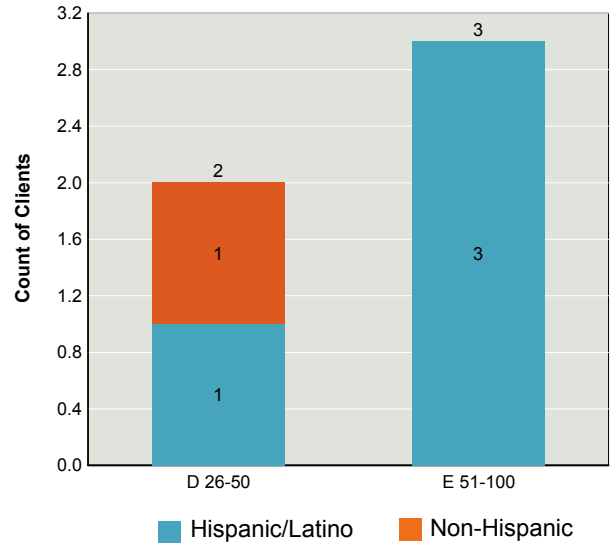
- 100% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 66% : of the clients assessed needed treatment for family problems
- 66% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 66% : of the clients assessed need support around making friends or developing relationships with peers
- 33% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior
- 33% : of the clients assessed need support relating to interpersonal problems including social isolation
- 33% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 33% : of the individuals assessed have a need for treatment relating to school achievement
- 33% : of the individuals assessed need treatment for sexually inappropriate behaviors
- 33% : of the clients assessed have problems with socially inappropriate behaviors

Health Equities

Breakdown of Clients Served by Ethnicity

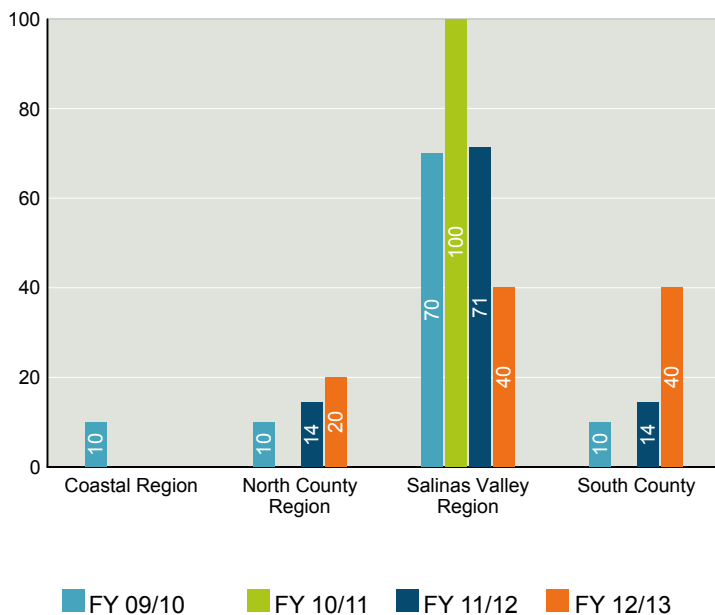


Client Service Frequency

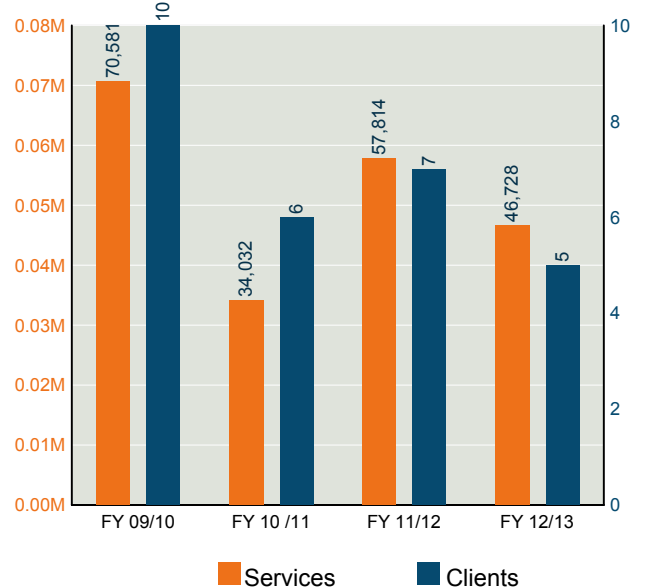


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

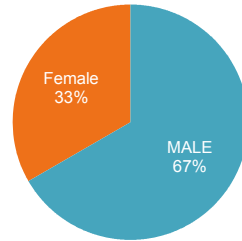


Service Area - CS Family Reunification FSP

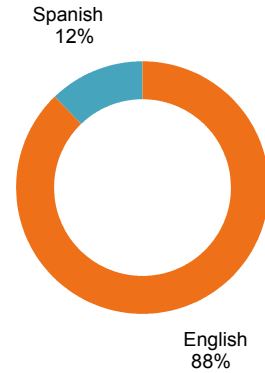
Family Reunification Program is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSES) social workers into one cohesive service unit. The full FRP staff is co-located, co-supervised, and cross-trained to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

Number of Clients Served:	33
Total Service Value:	\$332,138.88
Average Service Value per Client:	\$10,064.81
Average Age:	8
Number of New Clients:	8
Number of Clients Discharged:	25

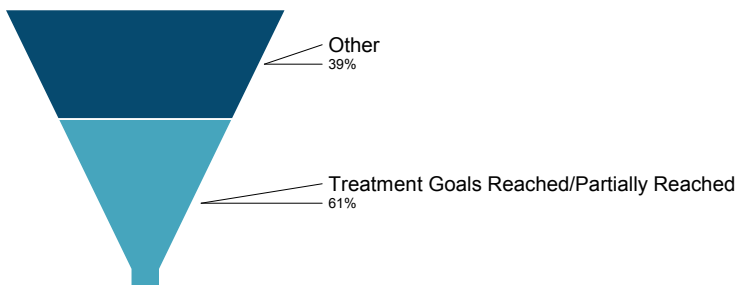
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **94%** are victims of trauma.

*31 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Adjustment Disorders	52%
Anxiety Disorders	33%
Infancy / Childhood / Adolescent	15%

Breakdown of Services Provided

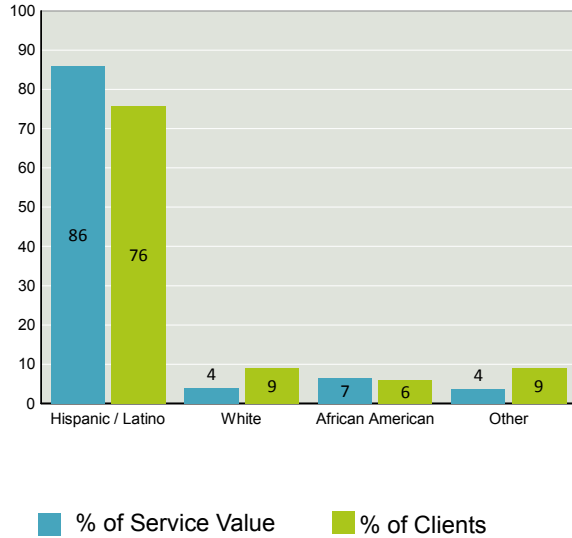
Service Type	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	139	10%	90%
Collateral	391	37%	90%
Group Counseling	19	1%	6%
Linkage/Brokerage	993	43%	93%
Mental Health Counseling	96	9%	72%
Other	4	0%	9%
Total	1,642	100%	100%

Outcome Measurement Data (CANS/ANSA)

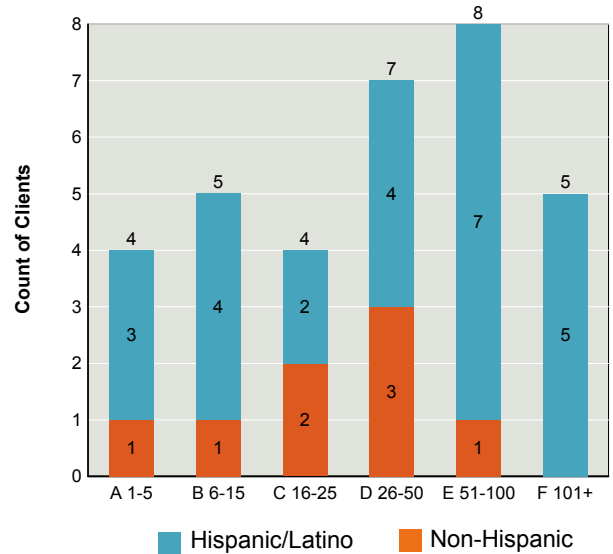
- 57% : of the clients assessed needed treatment for family problems
- 46% : of clients demonstrated symptoms of anxiety
- 39% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 39% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 32% : of the clients assessed needed treatment relating to experiences of victimization
- 32% : of the individuals assessed have a need for treatment relating to school achievement
- 28% : of the clients assessed needed treatment for depression
- 28% : of the clients assessed need support around making friends or developing relationships with peers
- 21% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 17% : of the clients assessed indicated a need relating to cultural difficulties

Health Equities

Breakdown of Clients Served by Ethnicity

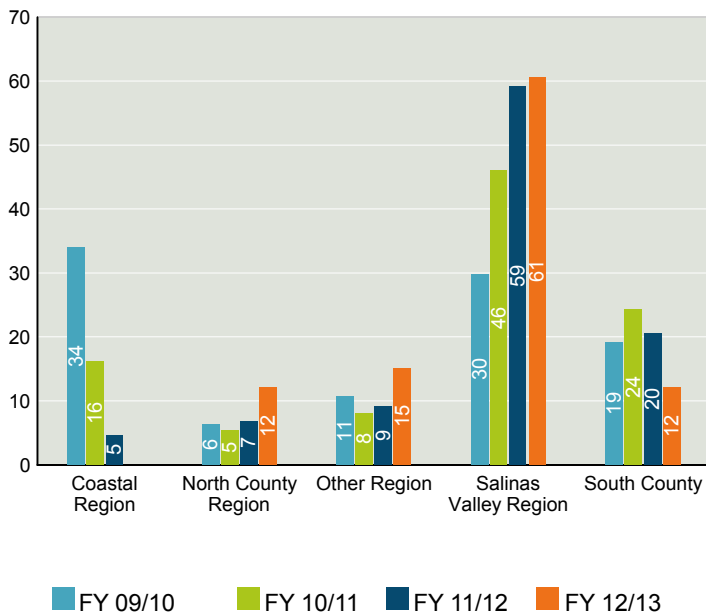


Client Service Frequency

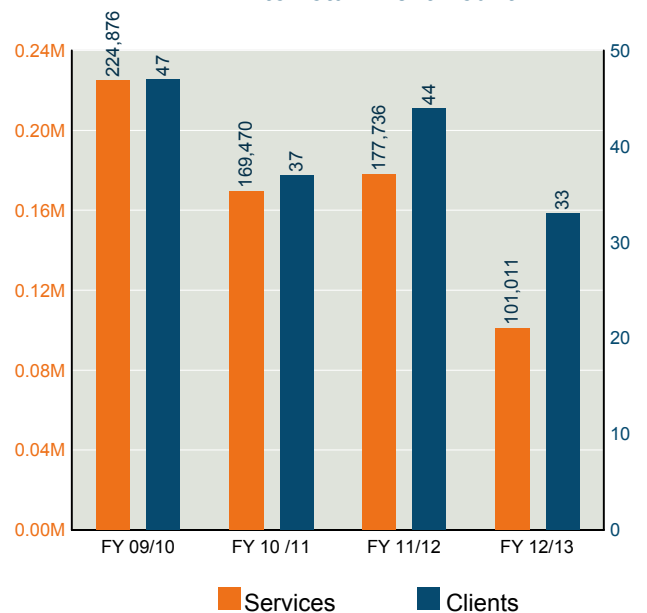


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

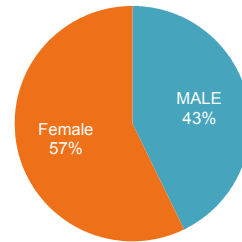


Service Area - CS Salinas Home Partners

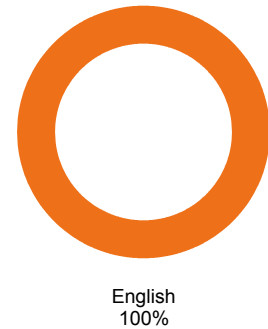
The Home Partners Program is an intensive, short-term, in-home crisis intervention and family education program. It is designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as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

Number of Clients Served:	7
Total Service Value:	\$290,733.42
Average Service Value per Client:	\$41,533.35
Average Age:	7
Number of New Clients:	7
Number of Clients Discharged:	5

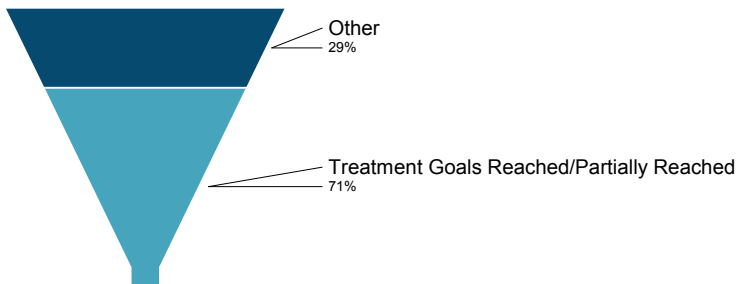
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **86%** are victims of trauma.

*7 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Infancy / Childhood / Adolescent	43%
Adjustment Disorders	29%
Anxiety Disorders	14%
Bipolar / Mood Disorders	14%

Breakdown of Services Provided

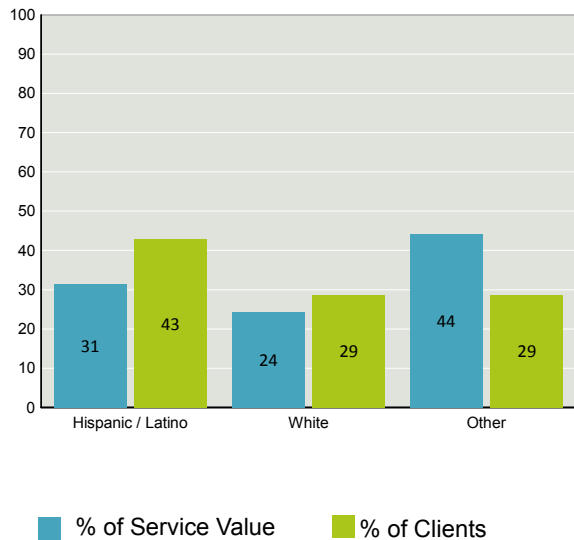
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	6	1%	71%
Collateral	209	76%	100%
Linkage/Brokerage	154	20%	100%
Mental Health Counseling	8	3%	57%
Other	1	0%	14%
Total	378	100%	100%

Outcome Measurement Data (CANS/ANSA)

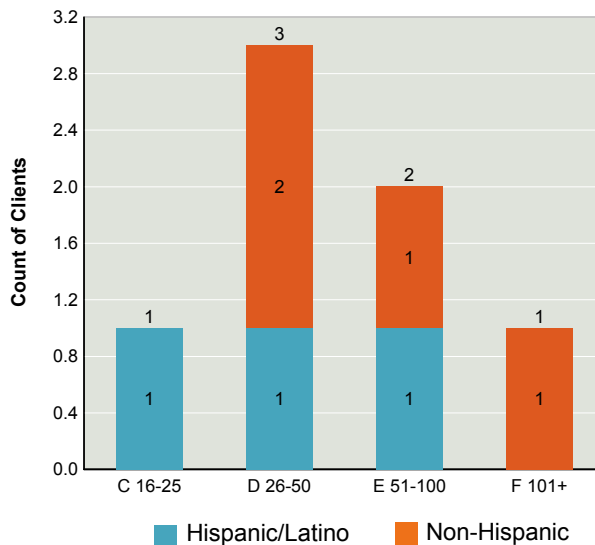
- 85% : of the clients assessed needed treatment for family problems
- 57% : of the individuals assessed have challenges relating to their living situation
- 28% : of clients demonstrated symptoms of anxiety
- 28% : of the clients assessed needed treatment for presenting as a danger to others
- 28% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 28% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 28% : of the clients assessed have needs relating to developing positive recreational activities
- 28% : of the clients assessed have problems with school attendance
- 28% : of the individuals assessed have a need for treatment relating to school achievement
- 14% : of clients demonstrated an inability to identify and manage their anger when frustrated

Health Equities

Breakdown of Clients Served by Ethnicity

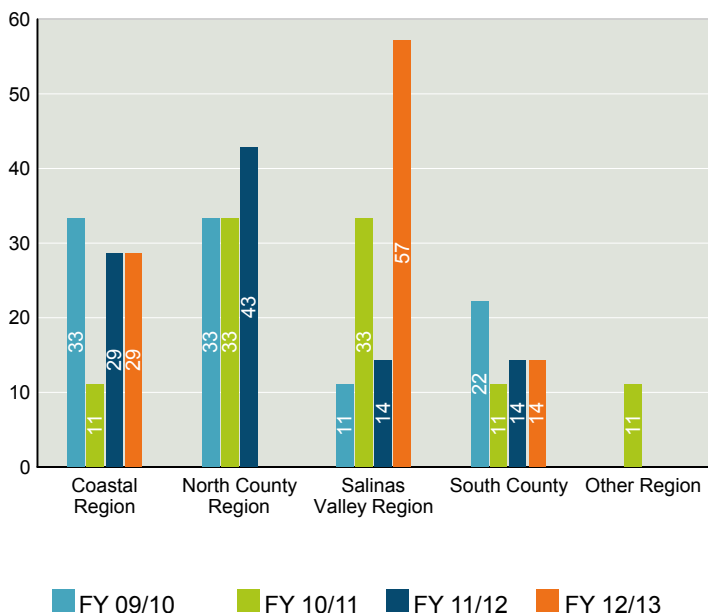


Client Service Frequency

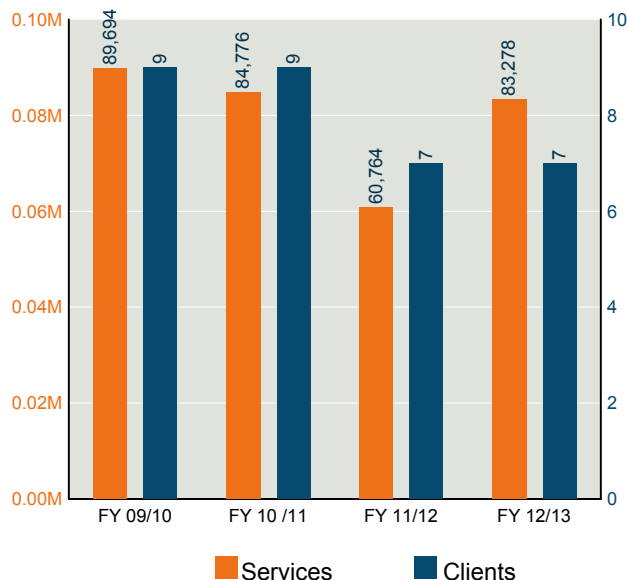


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

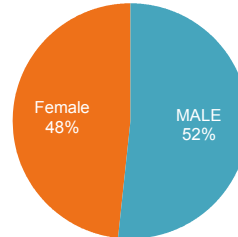


Service Area - CS MHSA TIP AVANZA FSP

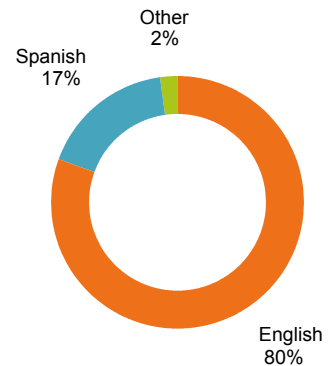
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental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

Number of Clients Served:	87
Total Service Value:	\$698,652.04
Average Service Value per Client:	\$8,030.48
Average Age:	20
Number of New Clients:	37
Number of Clients Discharged:	32

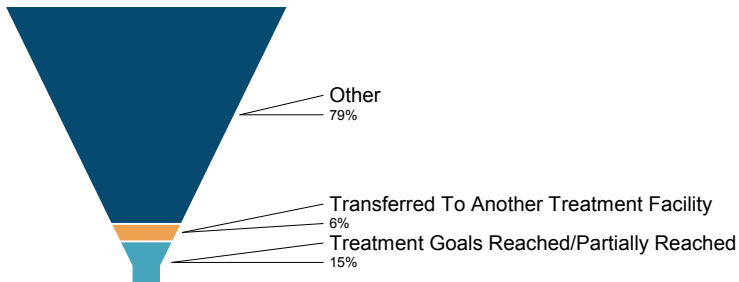
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **30 %** had a substance use diagnosis.

Of the Clients assessed* **68%** are victims of trauma.

*116 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	28%
Psychotic	22%
Bipolar / Mood Disorders	22%
Anxiety Disorders	18%
Adjustment Disorders	3%

Breakdown of Services Provided

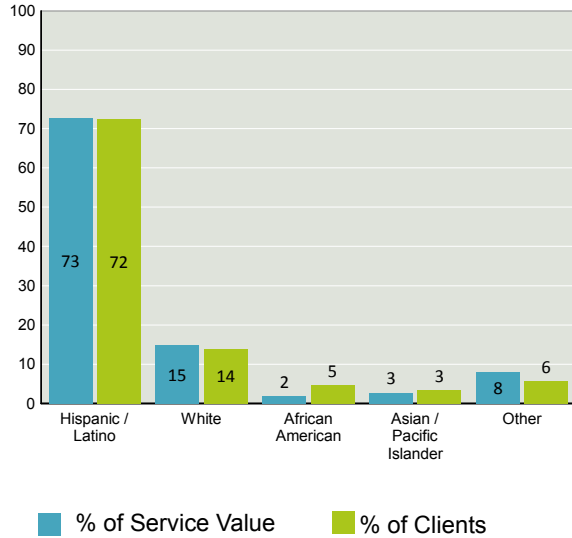
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	194	7%	73%
Collateral	52	1%	24%
Group Counseling	598	25%	41%
Linkage/Brokerage	1,040	20%	91%
Medication Support	169	3%	47%
Mental Health Counseling	595	25%	77%
Other	249	19%	77%
Total	2,897	100%	100%

Outcome Measurement Data (CANS/ANSA)

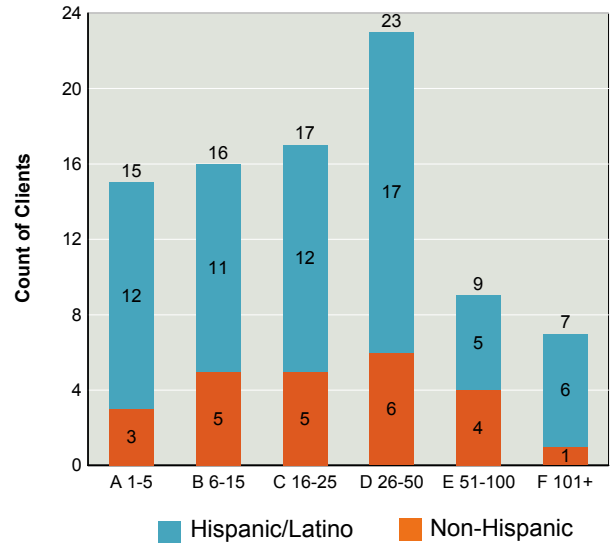
- 61% : of the clients assessed needed treatment for depression
- 50% : of clients demonstrated symptoms of anxiety
- 43% : of the clients assessed needed treatment for family problems
- 36% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 36% : of the clients assessed need support relating to interpersonal problems including social isolation
- 36% : of the clients assessed need support around making friends or developing relationships with peers
- 34% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 34% : of the clients assessed have needs relating to developing positive recreational activities
- 34% : of the individuals assessed have challenges relating to sleep
- 30% : of the individuals assessed have a need to develop the skills necessary to live independently in the community

Health Equities

Breakdown of Clients Served by Ethnicity

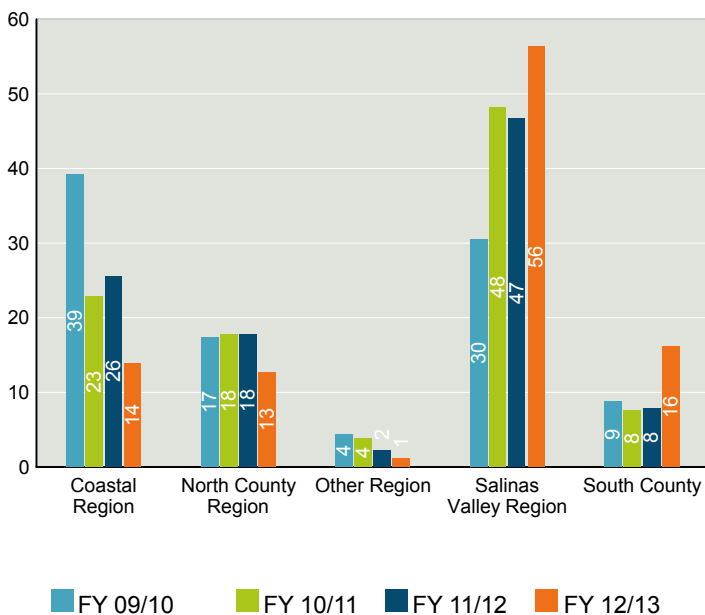


Client Service Frequency

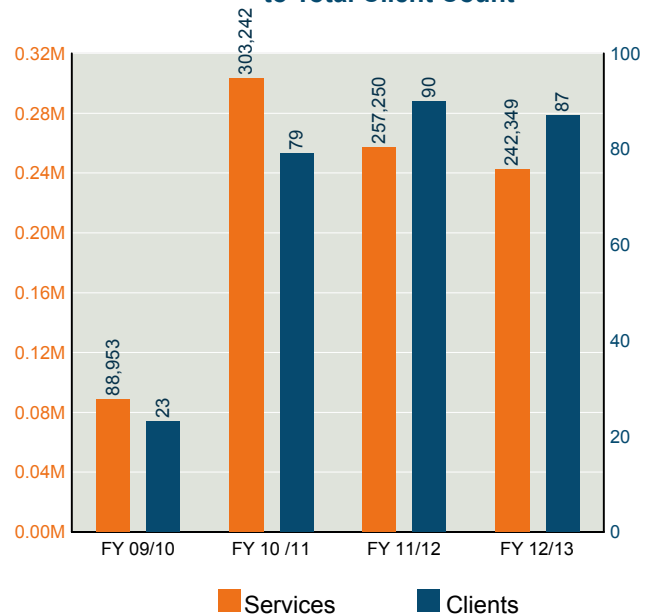


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

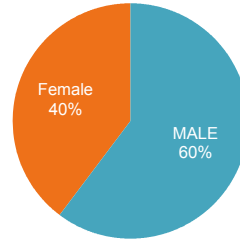


Service Area - CS Transitional Aged Youth

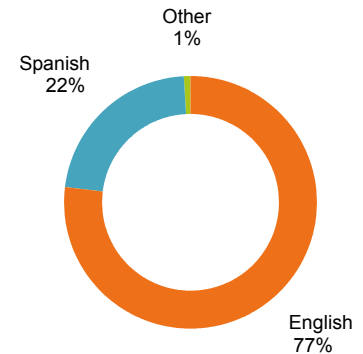
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental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

Number of Clients Served:	143
Total Service Value:	\$1,417,099.60
Average Service Value per Client:	\$9,909.79
Average Age:	19
Number of New Clients:	54
Number of Clients Discharged:	54

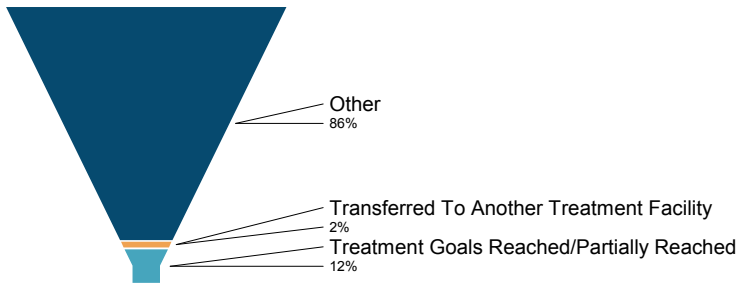
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **29 %** had a substance use diagnosis.

Of the Clients assessed* **72%** are victims of trauma.

*127 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Bipolar / Mood Disorders	24%
Psychotic	23%
Depressive Disorders	21%
Anxiety Disorders	18%
OTHER	6%

Breakdown of Services Provided

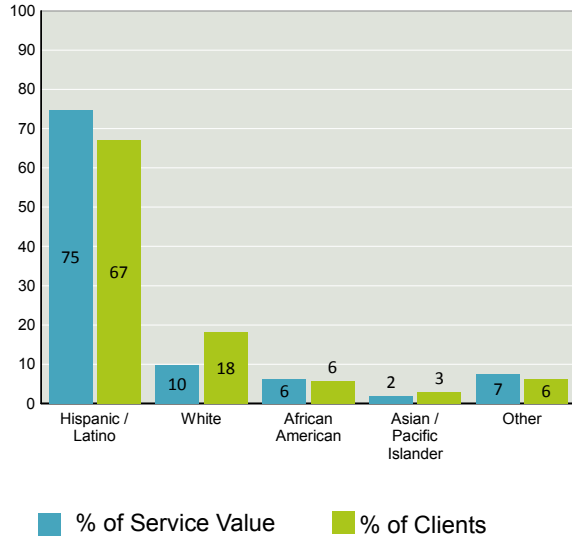
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	444	8%	69%
Collateral	137	2%	28%
Crisis Intervention	6	0%	3%
Group Counseling	1,063	27%	39%
Linkage/Brokerage	2,396	29%	91%
Medication Support	321	3%	45%
Mental Health Counseling	1,035	28%	74%
Other	491	3%	72%
Total	5,893	100%	100%

Outcome Measurement Data (CANS/ANSA)

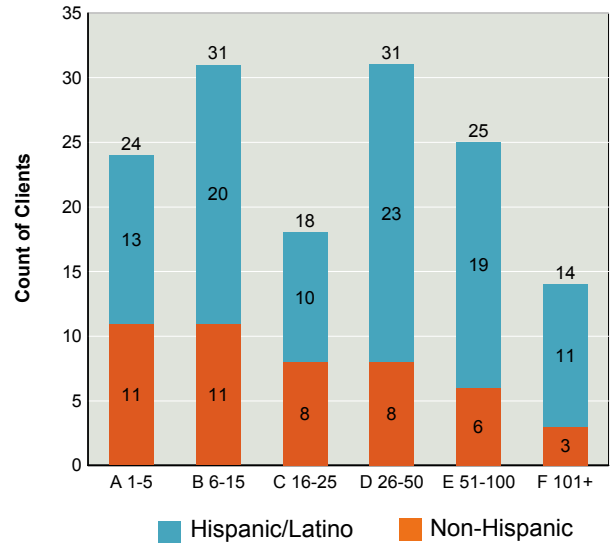
- 55% : of clients demonstrated symptoms of anxiety
- 54% : of the clients assessed needed treatment for depression
- 39% : of the clients assessed needed treatment for family problems
- 37% : of the clients assessed need support relating to interpersonal problems including social isolation
- 36% : of the clients assessed need support around making friends or developing relationships with peers
- 33% : of the clients assessed have needs relating to developing positive recreational activities
- 32% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 31% : of the individuals assessed have challenges relating to sleep
- 30% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 28% : of the individuals assessed have a need to develop the skills necessary to live independently in the community

Health Equities

Breakdown of Clients Served by Ethnicity

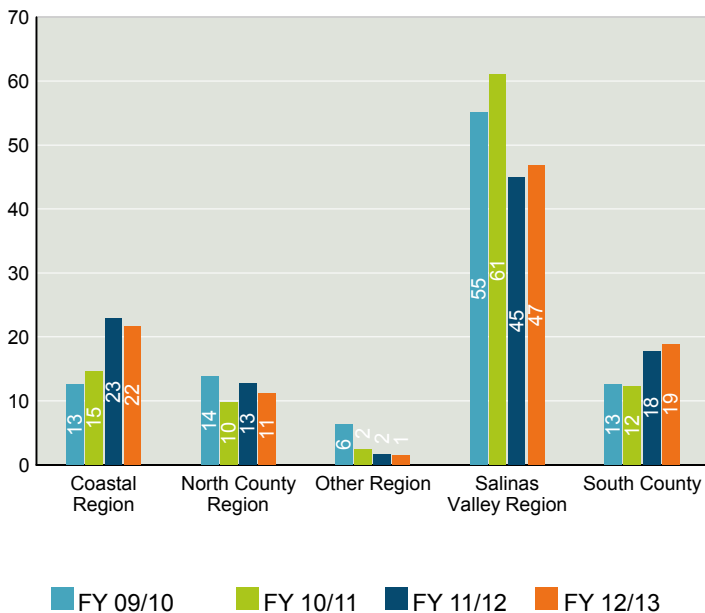


Client Service Frequency

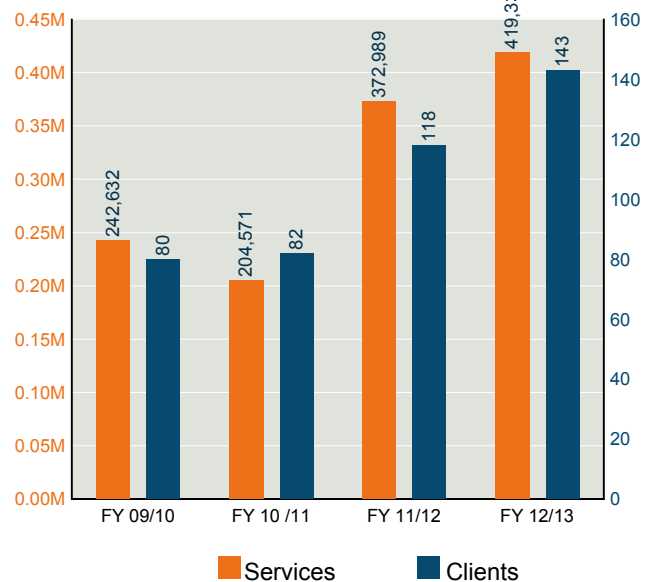


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

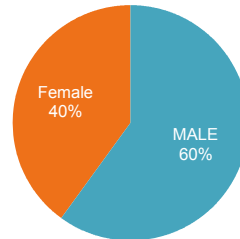


Service Area - CS JJ CALA MH Court FSP

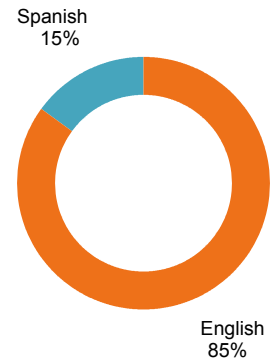
Community Action Linking Adolescents program provides intensive mental health services & case management for youth in the juvenile justice system. Probation, Juvenile Court and Behavioral Health collaborate to provide supervision and support to youth and their families. As an MHSA/Full Service Partnership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

Number of Clients Served:	20
Total Service Value:	\$139,168.90
Average Service Value per Client:	\$6,958.45
Average Age:	15
Number of New Clients:	11
Number of Clients Discharged:	8

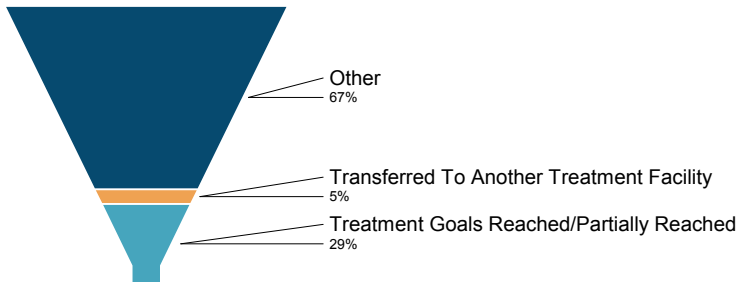
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **60 %** had a substance use diagnosis.

Of the Clients assessed* **94%** are victims of trauma.

*17 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Anxiety Disorders	30%
Depressive Disorders	20%
Disruptive Behavior Disorder	20%
OTHER	15%
Adjustment Disorders	10%

Breakdown of Services Provided

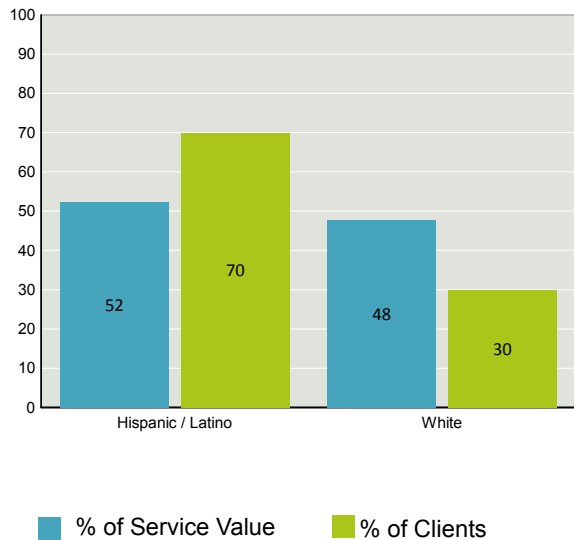
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	64	14%	70%
Collateral	33	4%	60%
Linkage/Brokerage	116	21%	90%
Medication Support	14	3%	20%
Mental Health Counseling	229	49%	85%
Other	66	9%	60%
Total	522	100%	100%

Outcome Measurement Data (CANS/ANSA)

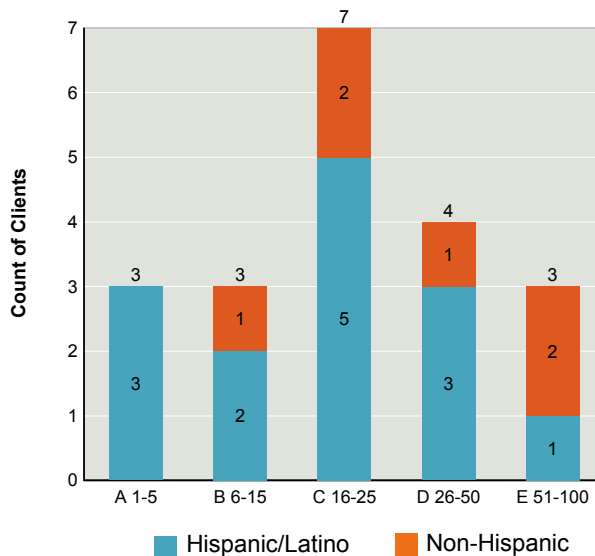
- 75% : of the clients assessed needed treatment for family problems
- 75% : of the individuals assessed have legal problems
- 37% : of the clients assessed need support relating to interpersonal problems including social isolation
- 31% : of clients demonstrated symptoms of anxiety
- 31% : of the clients assessed needed treatment for depression
- 31% : of the clients assessed needed treatment relating to experiences of victimization
- 31% : of the clients assessed have needs relating to developing positive recreational activities
- 25% : of the clients assessed need support around making friends or developing relationships with peers
- 18% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 18% : of the individuals assessed have a need for treatment relating to school achievement

Health Equities

Breakdown of Clients Served by Ethnicity

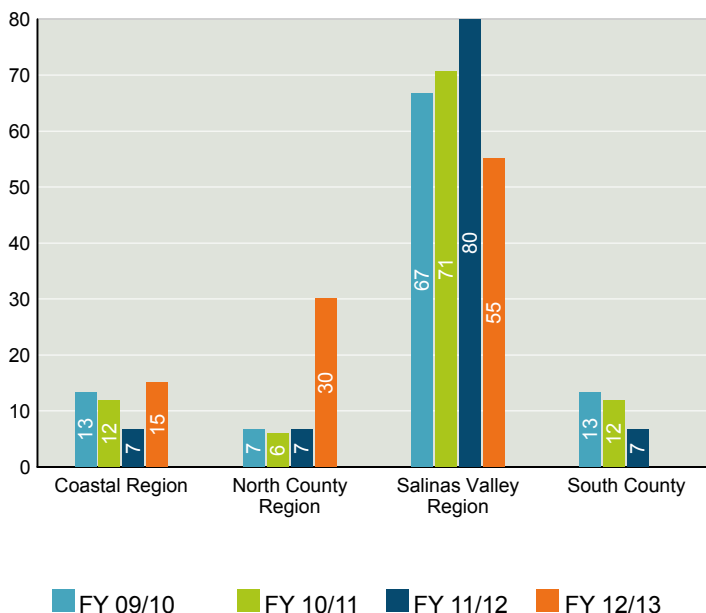


Client Service Frequency

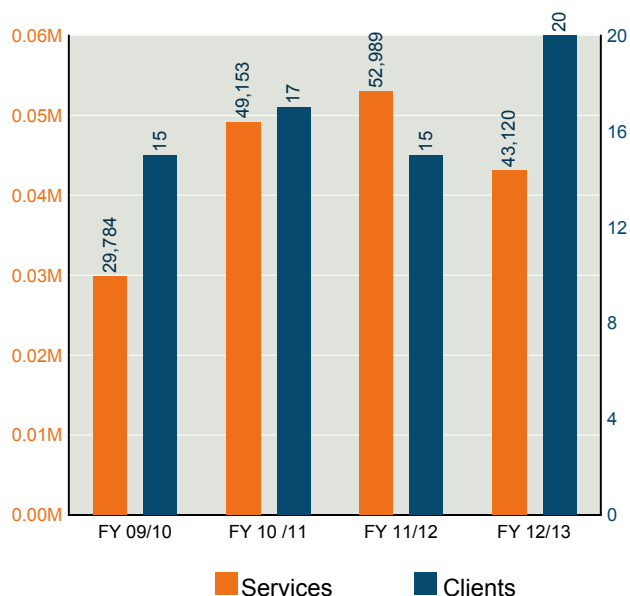


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

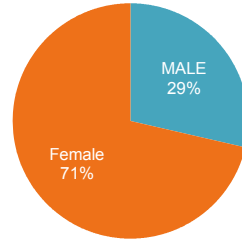


Service Area - CS JJ CALA MH Court SD

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

Number of Clients Served:	7
Total Service Value:	\$18,205.24
Average Service Value per Client:	\$2,600.75
Average Age:	17
Number of New Clients:	3
Number of Clients Discharged:	3

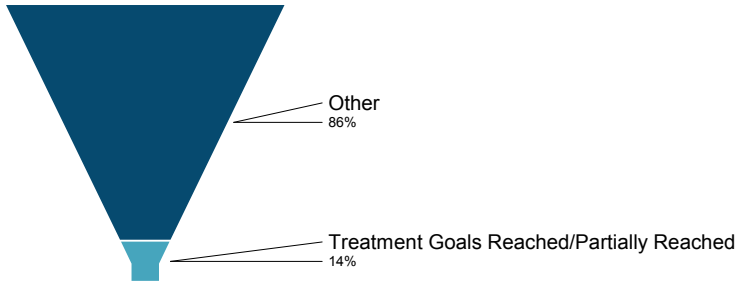
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, 14 % had a substance use diagnosis.

Of the Clients assessed* 83% are victims of trauma.

*6 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	43%
Bipolar / Mood Disorders	29%
Disruptive Behavior Disorder	29%

Breakdown of Services Provided

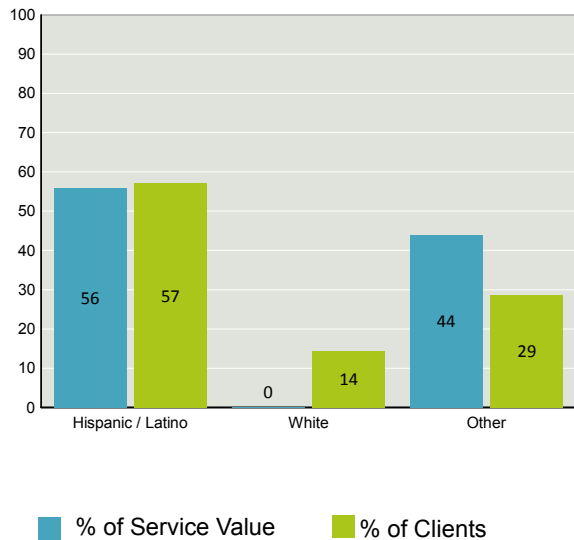
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	8	14%	42%
Collateral	4	5%	28%
Linkage/Brokerage	24	26%	100%
Medication Support	5	4%	14%
Mental Health Counseling	26	34%	57%
Other	15	17%	42%
Total	82	100%	100%

Outcome Measurement Data (CANS/ANSA)

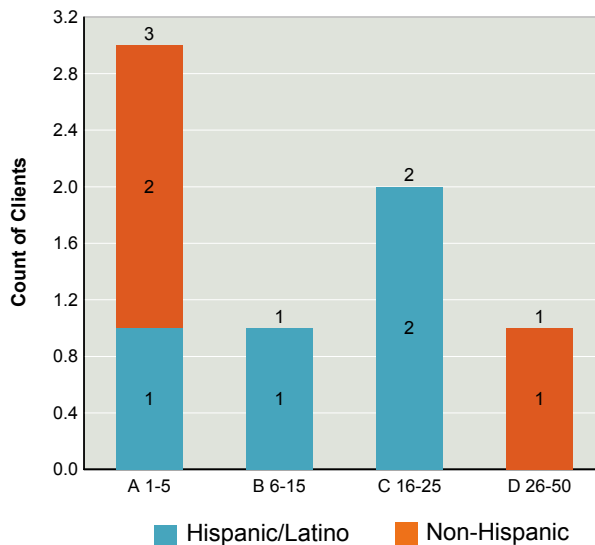
- 75% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 75% : of the clients assessed needed treatment for depression
- 75% : of the clients assessed need support around making friends or developing relationships with peers
- 50% : of the clients assessed needed treatment for family problems
- 50% : of the individuals assessed have legal problems
- 50% : of the clients assessed have a need for treatment relating to runaway behaviors
- 25% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 25% : of the clients assessed need support relating to interpersonal problems including social isolation
- 25% : of the clients assessed need support relating to medication compliance
- 25% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors

Health Equities

Breakdown of Clients Served by Ethnicity

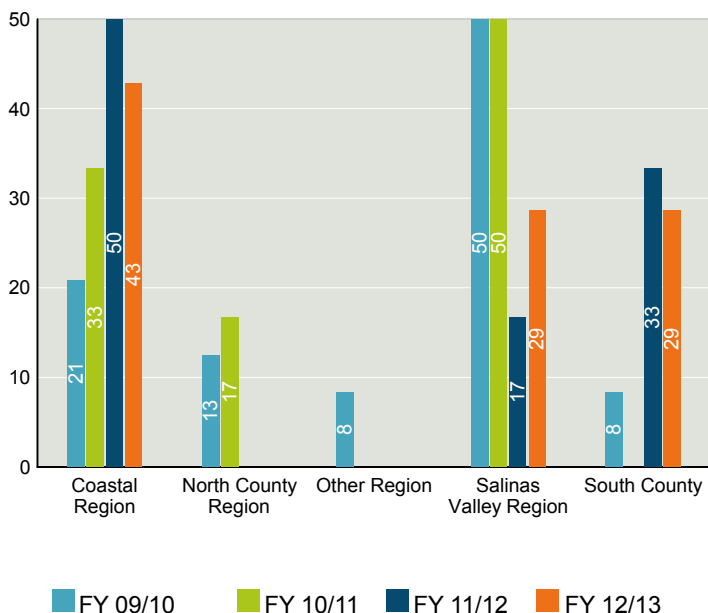


Client Service Frequency

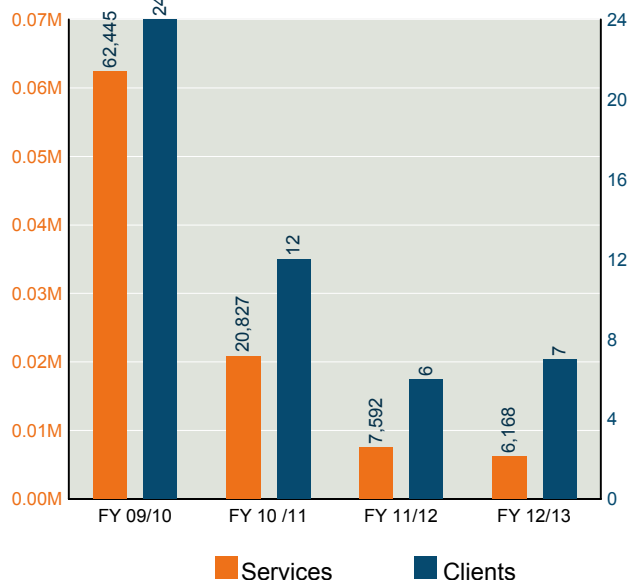


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

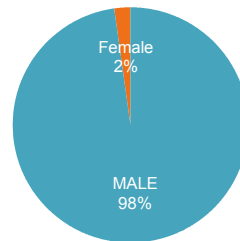


Service Area - CS JJ JSORT

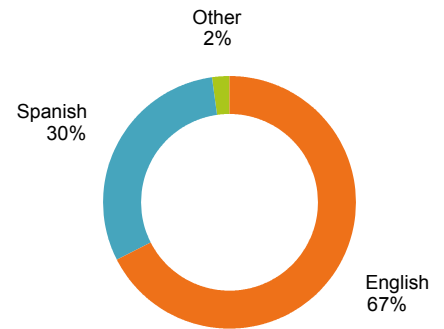
The Juvenile Sex Offender Response Team (JSORT) offers treatment to adolescents with sexual offender charges, in collaboration with the Probation Department. JSORT meets as a multidisciplinary team in order to meet the needs of the youth and family. Referrals are made through the Probation Department,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

Number of Clients Served:	46
Total Service Value:	\$442,684.74
Average Service Value per Client:	\$9,623.58
Average Age:	15
Number of New Clients:	22
Number of Clients Discharged:	28

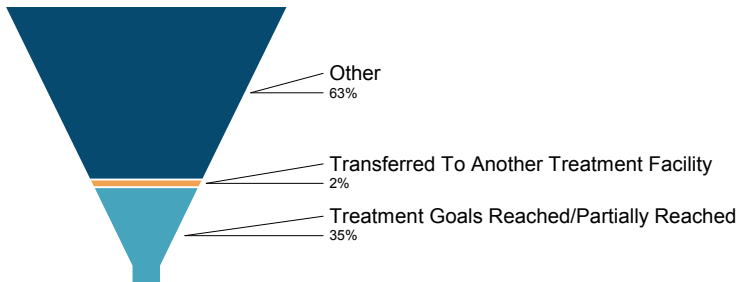
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **0%** had a substance use diagnosis.

Of the Clients assessed* **56%** are victims of trauma.

*43 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Adjustment Disorders	57%
Disruptive Behavior Disorder	30%
Anxiety Disorders	4%
OTHER	2%
Depressive Disorders	2%

Breakdown of Services Provided

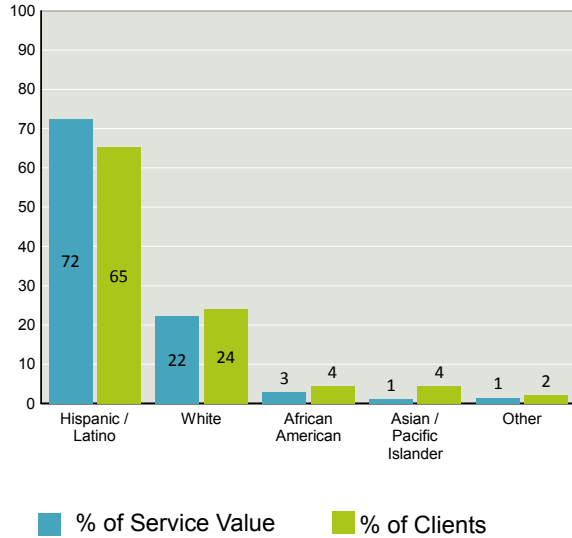
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	190	14%	82%
Collateral	162	6%	65%
Group Counseling	335	19%	32%
Linkage/Brokerage	631	21%	86%
Medication Support	1	0%	2%
Mental Health Counseling	540	31%	76%
Other	281	9%	86%
Total	2,140	100%	100%

Outcome Measurement Data (CANS/ANSA)

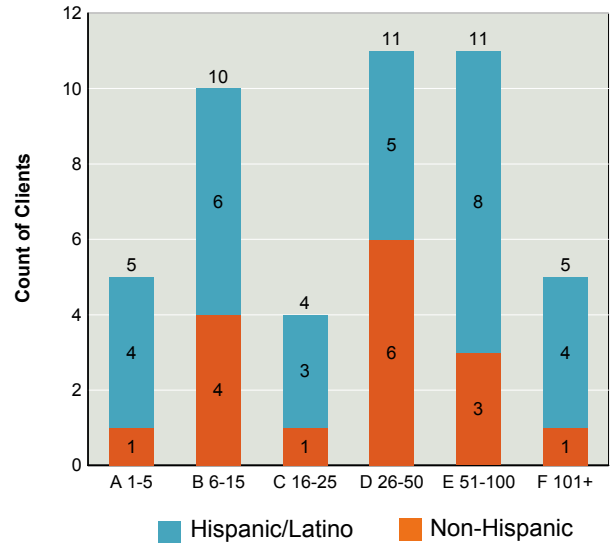
- 57% : of the individuals assessed have legal problems
- 52% : of the clients assessed needed treatment for family problems
- 50% : of the clients assessed need support around making friends or developing relationships with peers
- 42% : of the clients assessed need treatment for sexually aggressive behaviors
- 42% : of the individuals assessed need treatment for sexually inappropriate behaviors
- 36% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 36% : of the individuals need treatment relating to sexuality
- 34% : of the clients assessed need support relating to interpersonal problems including social isolation
- 31% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 28% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior

Health Equities

Breakdown of Clients Served by Ethnicity

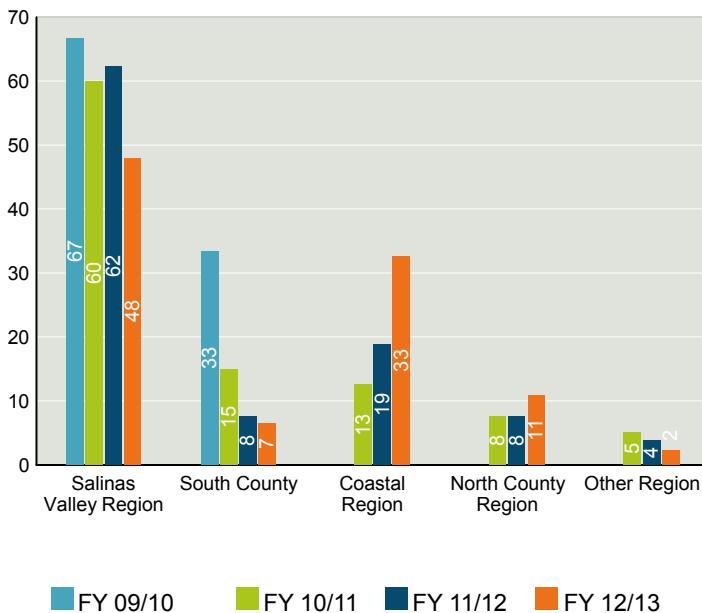


Client Service Frequency

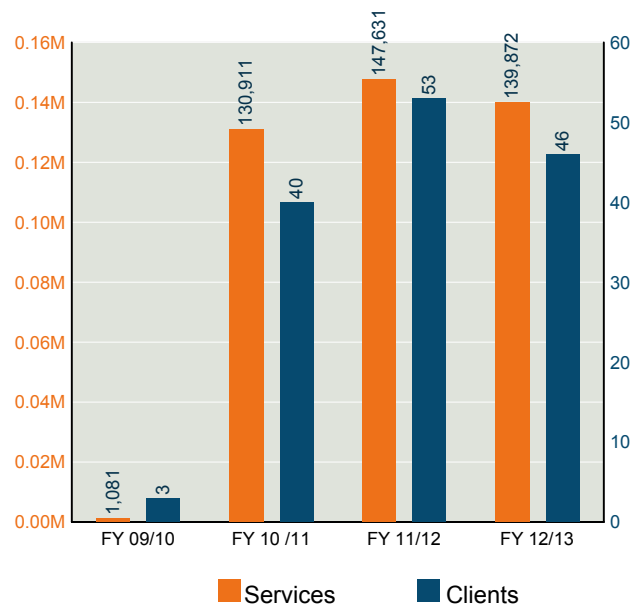


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

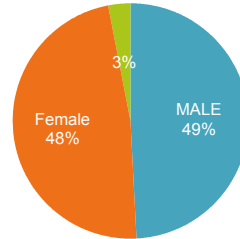


Service Area - CS JJ Silver Star Resource

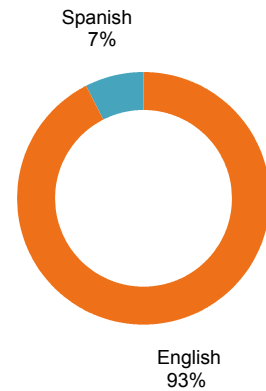
Silver Star Resource Center is a Gang Prevention and Intervention Program which offers out-patient services to youth at risk and prior to involvement with the Juvenile Justice System. The Silver Star Resource Center is one of the few Juvenile Justice programs that will accept referrals for youth at risk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

Number of Clients Served:	67
Total Service Value:	\$248,173.64
Average Service Value per Client:	\$3,704.08
Average Age:	15
Number of New Clients:	41
Number of Clients Discharged:	56

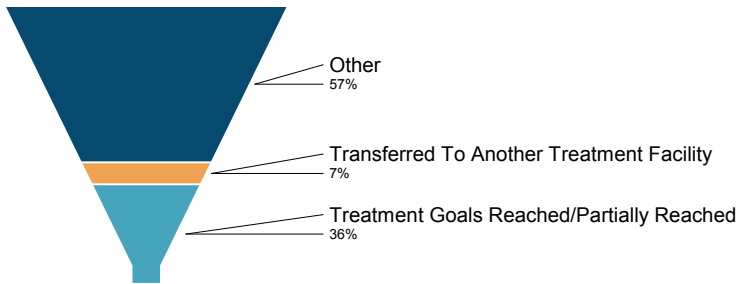
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **22 %** had a substance use diagnosis.

Of the Clients assessed* **70%** are victims of trauma.

*67 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	70%
Disruptive Behavior Disorder	18%
Anxiety Disorders	9%
OTHER	1%
Psychotic	1%

Breakdown of Services Provided

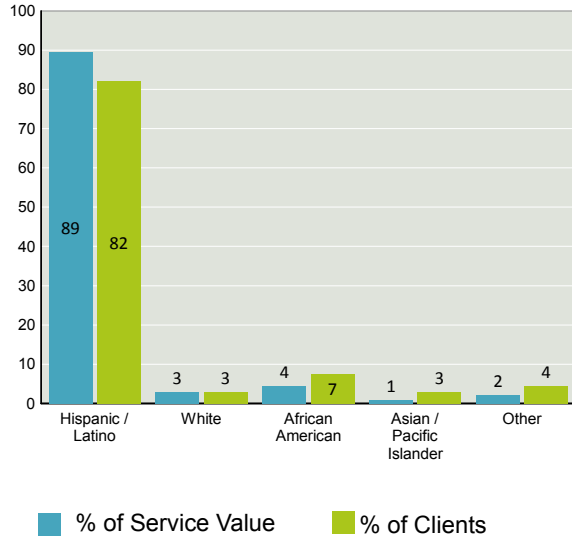
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	76	4%	59%
Collateral	43	2%	31%
Linkage/Brokerage	252	14%	91%
Medication Support	26	4%	16%
Mental Health Counseling	652	72%	91%
Other	80	4%	37%
Total	1,129	100%	100%

Outcome Measurement Data (CANS/ANSA)

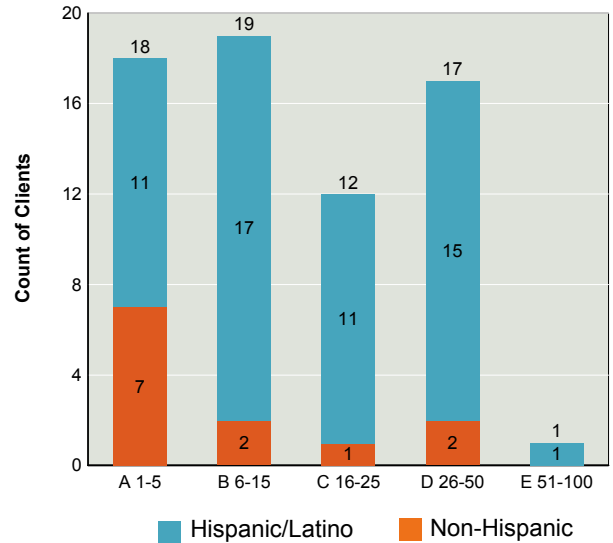
- 49% : of the clients assessed needed treatment for depression
- 30% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 26% : of the individuals assessed have a need for treatment relating to school achievement
- 22% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 22% : of the clients assessed needed treatment for family problems
- 22% : of the individuals assessed have challenges relating to sleep
- 20% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 20% : of the individuals assessed have legal problems
- 16% : of the clients assessed have needs relating to developing positive recreational activities
- 13% : of the clients assessed have problems with school attendance

Health Equities

Breakdown of Clients Served by Ethnicity

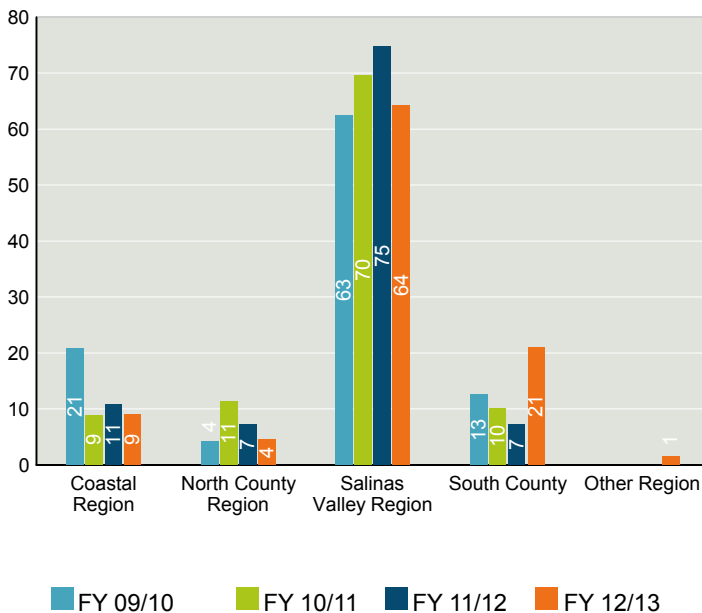


Client Service Frequency

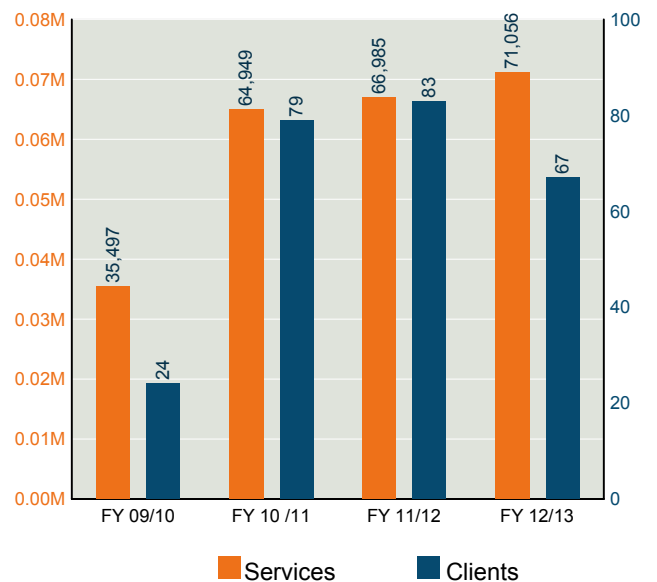


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

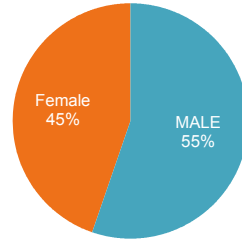


Service Area - CS JJ Youth Diversion Seaside

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

Number of Clients Served:	29
Total Service Value:	\$105,567.10
Average Service Value per Client:	\$3,640.24
Average Age:	13
Number of New Clients:	19
Number of Clients Discharged:	18

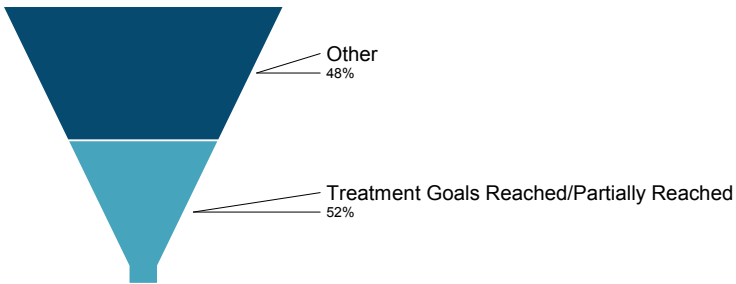
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **38 %** had a substance use diagnosis.

Of the Clients assessed* **72%** are victims of trauma.

*29 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Disruptive Behavior Disorder	79%
Adjustment Disorders	14%
Bipolar / Mood Disorders	3%
Infancy / Childhood / Adolescent	3%

Breakdown of Services Provided

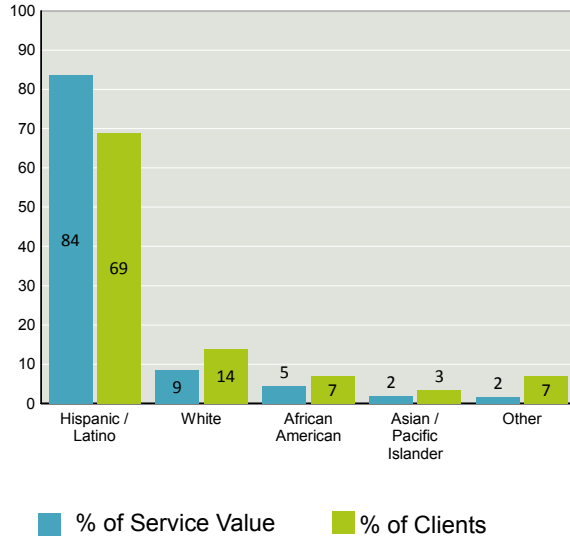
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	38	8%	65%
Collateral	16	4%	27%
Group Counseling	50	16%	44%
Linkage/Brokerage	158	30%	89%
Medication Support	2	0%	3%
Mental Health Counseling	131	36%	86%
Other	29	6%	37%
Total	424	100%	100%

Outcome Measurement Data (CANS/ANSA)

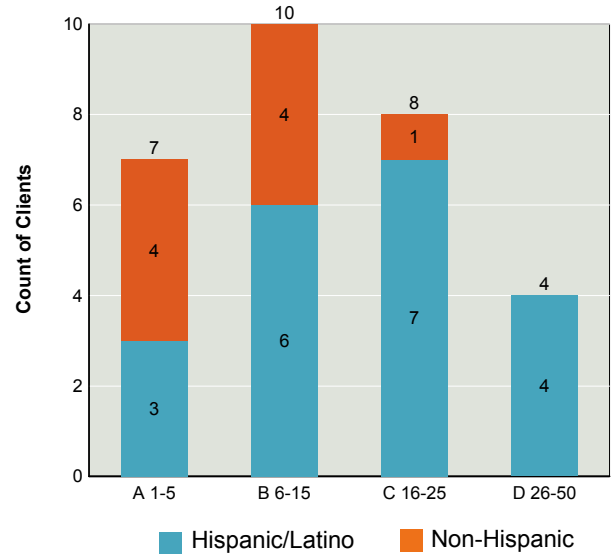
- 75% : of the individuals assessed have legal problems
- 75% : of the clients assessed have needs relating to developing positive recreational activities
- 60% : of the individuals assessed needed support relating to self-harming behaviors
- 50% : of the clients assessed need support around making friends or developing relationships with peers
- 46% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 46% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 42% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 25% : of the clients assessed needed treatment for presenting as a danger to others
- 25% : of the clients assessed have a need for treatment relating to school behavior
- 21% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior

Health Equities

Breakdown of Clients Served by Ethnicity

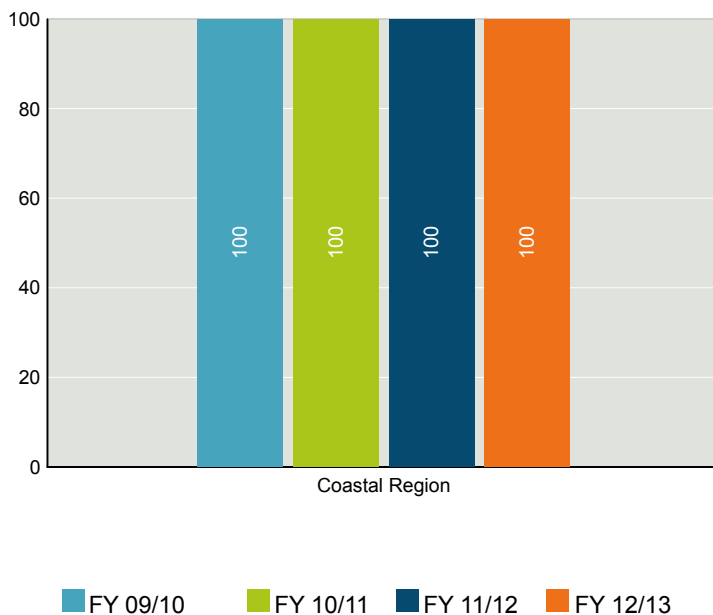


Client Service Frequency

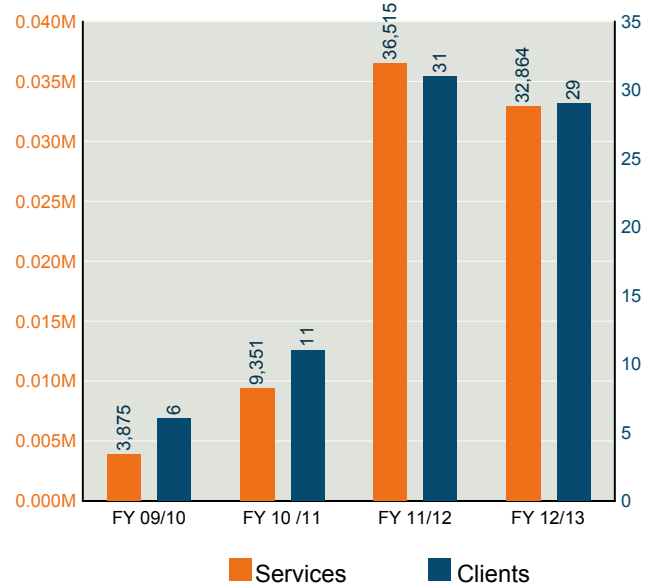


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

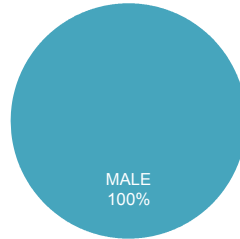


Service Area - Peacock Acres, Inc.

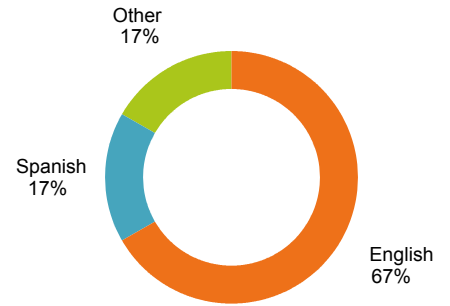
Peacock Acres provides supportive housing, intense case management, and life coaching for youth that have been separated from their families. With unending resolve, we steer them towards opportunities for growth as they continue their journey toward a happy, productive life. We envision Monterey County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

Number of Clients Served:	6
Total Service Value:	\$198,216.14
Average Service Value per Client:	\$33,036.02
Average Age:	18
Number of New Clients:	5
Number of Clients Discharged:	5

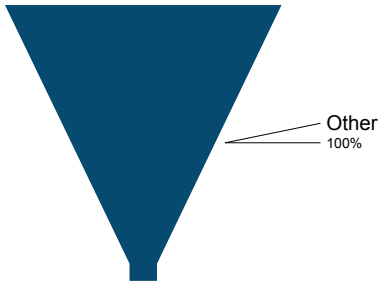
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **50 %** had a substance use diagnosis.

Of the Clients assessed* **80%** are victims of trauma.

*5 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Disruptive Behavior Disorder	50%
Adjustment Disorders	33%
Anxiety Disorders	17%

Breakdown of Services Provided

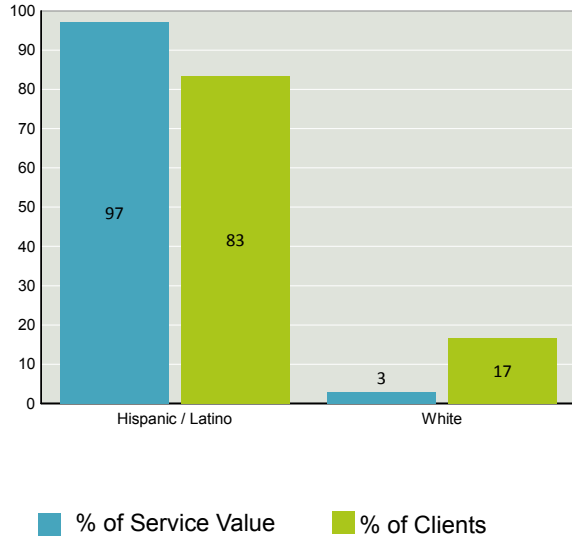
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	17	4%	33%
Linkage/Brokerage	396	93%	100%
Mental Health Counseling	14	2%	16%
Residence Bed Day	632	1%	100%
Total	1,059	100%	100%

Outcome Measurement Data (CANS/ANSA)

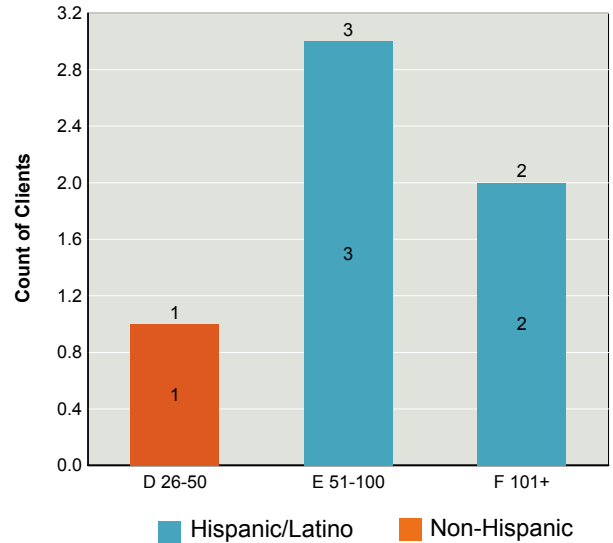
- 80% : of the client assessed indicated a need relating to criminal behavior
- 80% : of the individuals assessed have legal problems
- 60% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior
- 60% : of the clients assessed needed treatment for family problems
- 60% : of the clients assessed need support relating to interpersonal problems including social isolation
- 40% : of clients demonstrated symptoms of anxiety
- 40% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 40% : of the individuals assessed have challenges relating to their living situation
- 40% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 40% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors

Health Equities

Breakdown of Clients Served by Ethnicity

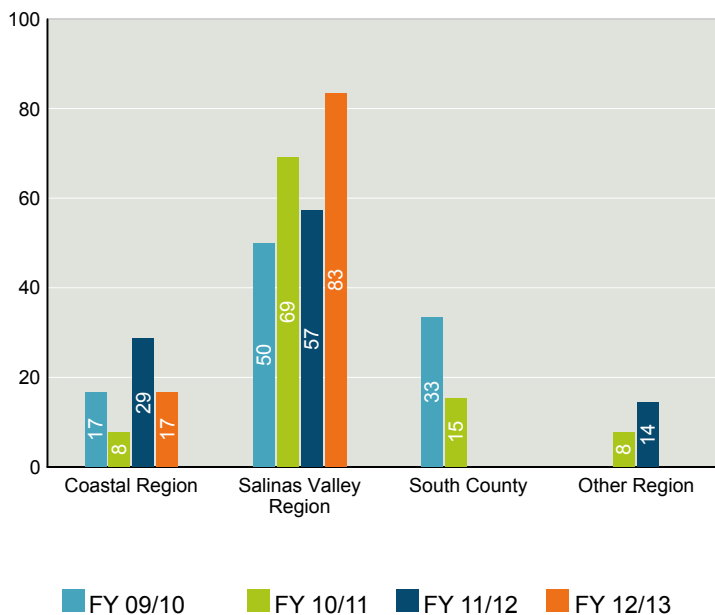


Client Service Frequency

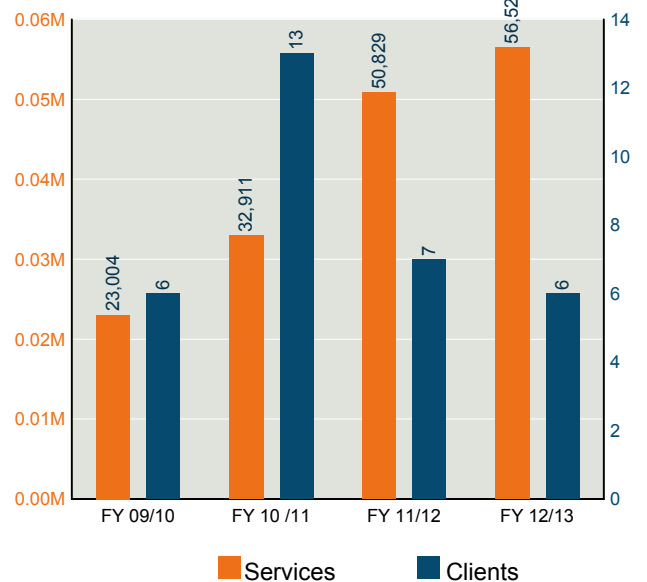


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

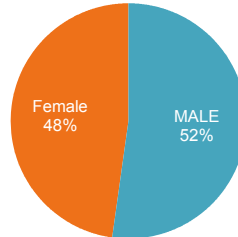


Service Area - AS MCHOME 2034 Grant

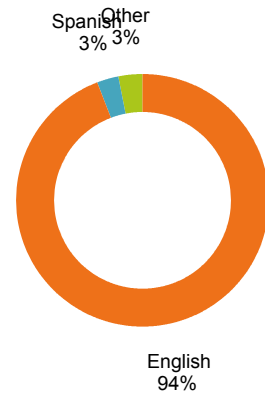
The McHome program serves seriously mentally ill adults that are experiencing chronic homelessness or at risk of homelessness. Monterey County, Behavioral Health staff, in collaboration with Interim Inc provides an array of services such as outreach, engagement, assessment and mental health treatment.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

Number of Clients Served:	67
Total Service Value:	\$355,666.50
Average Service Value per Client:	\$5,308.46
Average Age:	43
Number of New Clients:	21
Number of Clients Discharged:	15

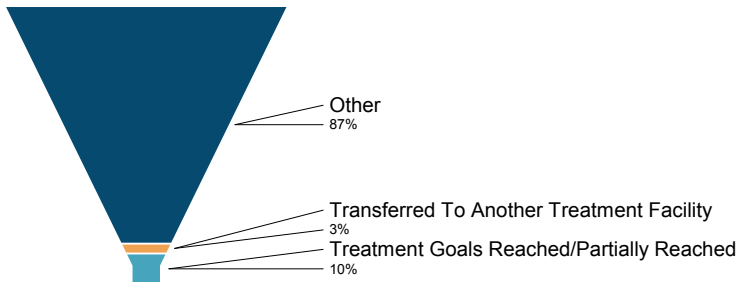
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **51 %** had a substance use diagnosis.

Of the Clients assessed* **85%** are victims of trauma.

*99 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Bipolar / Mood Disorders	46%
Psychotic	39%
Depressive Disorders	15%

Breakdown of Services Provided

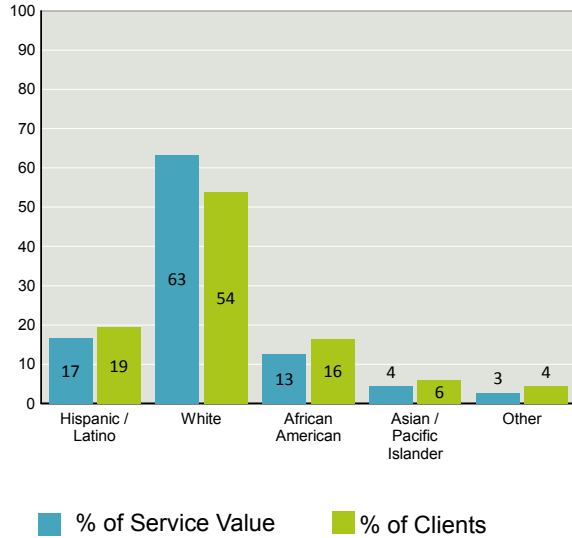
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	143	14%	85%
Collateral	10	1%	8%
Crisis Intervention	2	0%	2%
Group Counseling	273	14%	32%
Linkage/Brokerage	670	27%	88%
Medication Support	402	18%	86%
Mental Health Counseling	296	27%	71%
Other	26	1%	22%
Total	1,822	100%	100%

Outcome Measurement Data (CANS/ANSA)

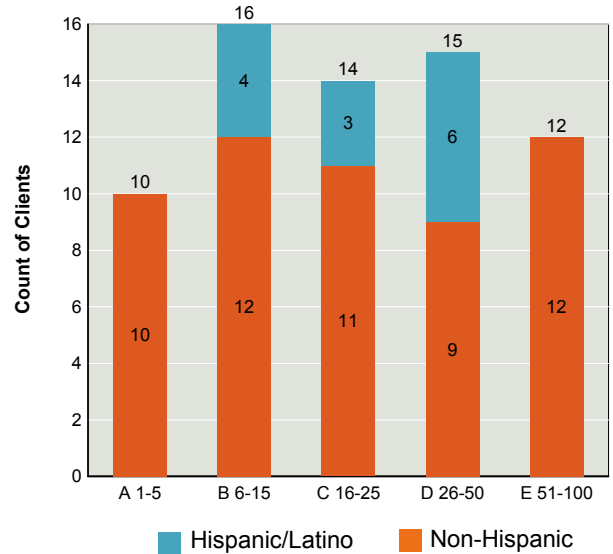
- 79% : of clients demonstrated symptoms of anxiety
- 79% : of the clients assessed needed treatment for depression
- 64% : of the clients assessed need support relating to interpersonal problems including social isolation
- 62% : of the clients assessed needed treatment for family problems
- 62% : of the clients assessed have needs relating to developing positive recreational activities
- 61% : of the clients assessed need support around making friends or developing relationships with peers
- 49% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 49% : of the individuals assessed need treatment relating to self-mutilation
- 48% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 41% : of the clients assessed need transportation support

Health Equities

Breakdown of Clients Served by Ethnicity

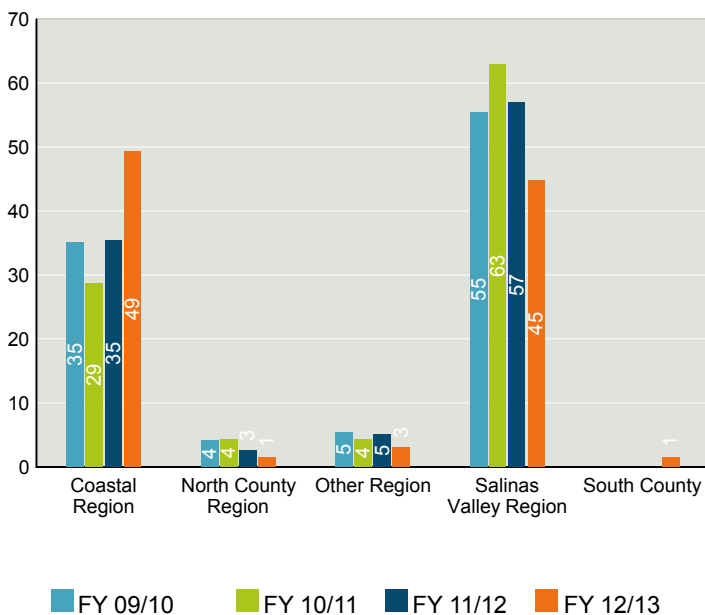


Client Service Frequency

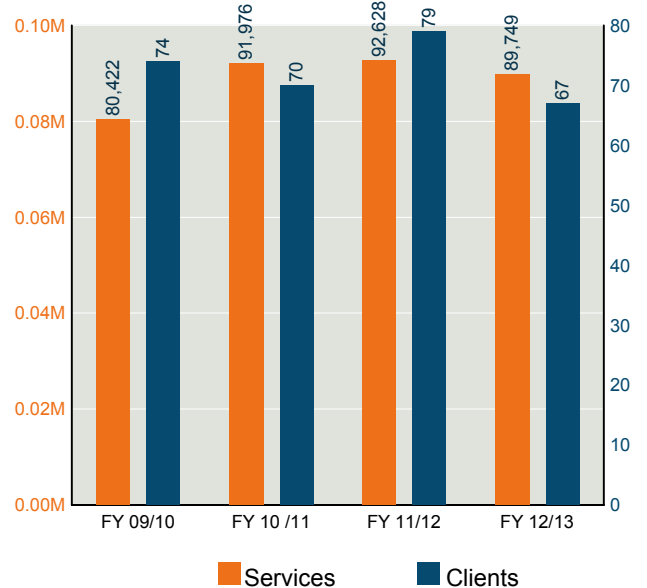


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

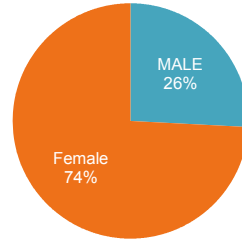


Service Area - Drake House/Front Street Inc

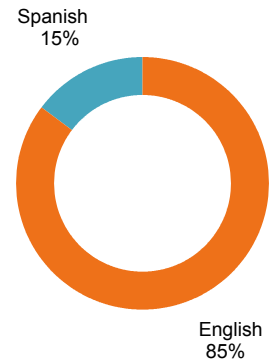
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring physical disorder that are at risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These older adults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

Number of Clients Served:	27
Total Service Value:	\$1,054,445.45
Average Service Value per Client:	\$39,053.54
Average Age:	69
Number of New Clients:	4
Number of Clients Discharged:	7

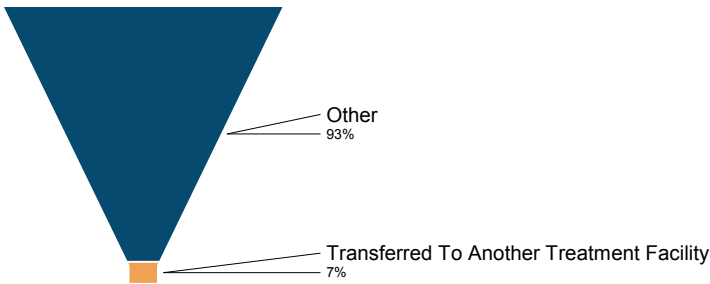
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **7 %** had a substance use diagnosis.

Of the Clients assessed* **59%** are victims of trauma.

*22 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Psychotic	59%
Bipolar / Mood Disorders	26%
Depressive Disorders	15%

Breakdown of Services Provided

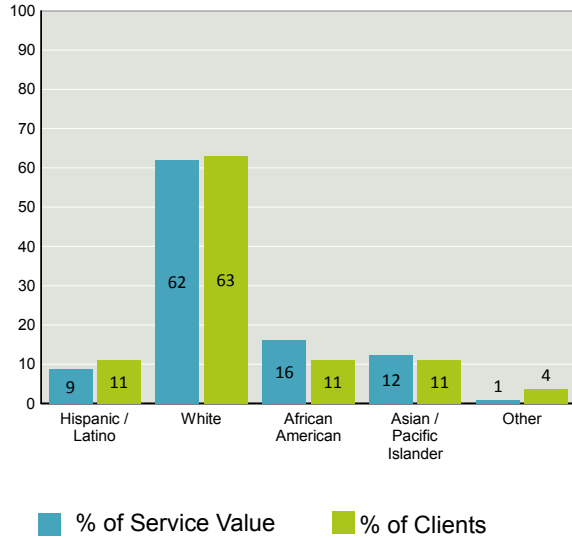
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Group Counseling	2,765	42%	100%
Linkage/Brokerage	729	16%	100%
Mental Health Counseling	1,844	39%	100%
Residence Bed Day	7,438	3%	100%
Total	12,776	100%	100%

Outcome Measurement Data (CANS/ANSA)

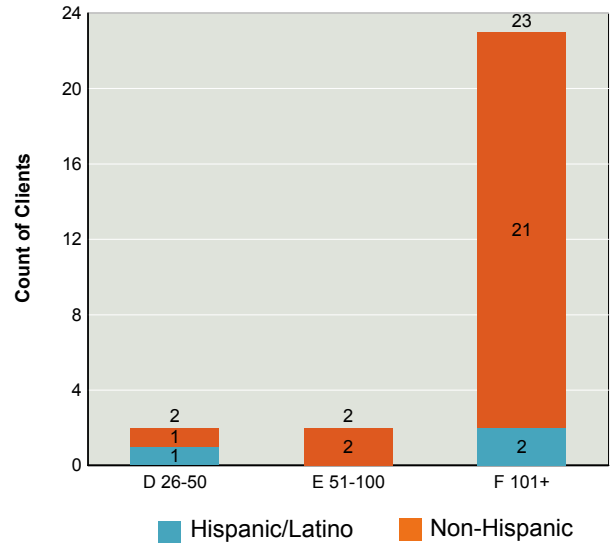
- 90% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 72% : of the clients assessed needed treatment for depression
- 68% : of the clients assessed have needs relating to medical problems
- 68% : of the clients assessed have a need for the treatment of psychosis
- 68% : of the clients assessed have needs relating to developing positive recreational activities
- 68% : of the individuals assessed need treatment relating to self-mutilation
- 59% : of clients demonstrated symptoms of anxiety
- 54% : of the clients assessed needed treatment for family problems
- 50% : of the clients assessed need support relating to interpersonal problems including social isolation
- 50% : of the clients assessed have needs relating to physical disability

Health Equities

Breakdown of Clients Served by Ethnicity

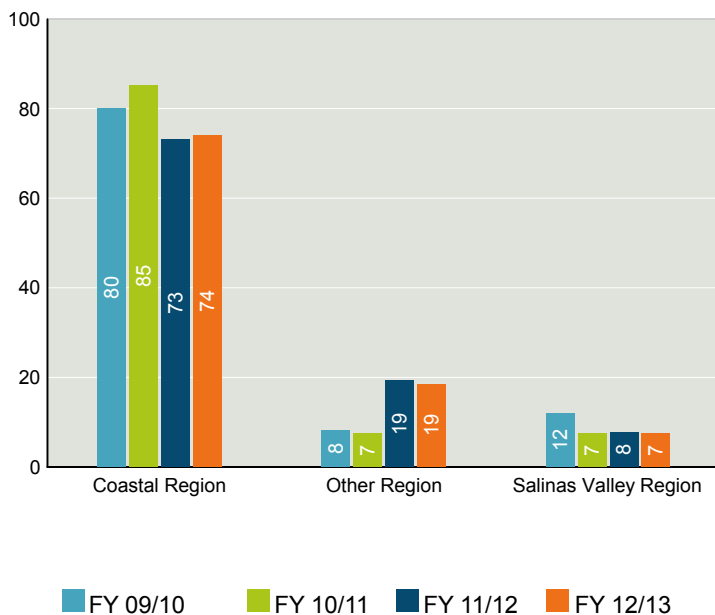


Client Service Frequency

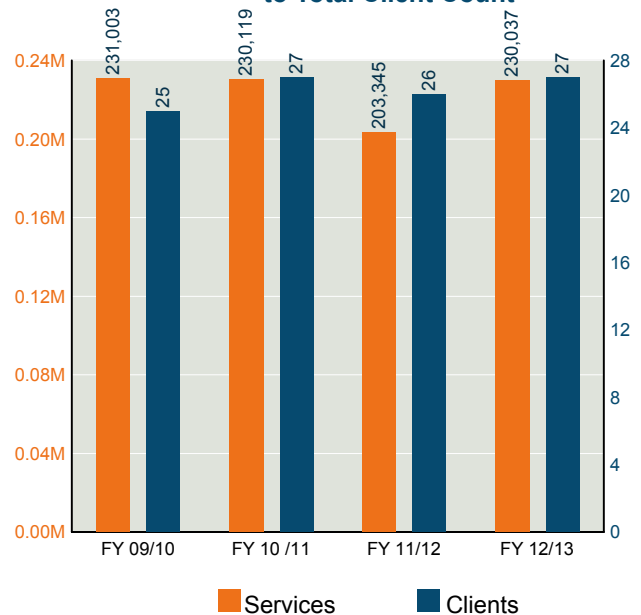


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

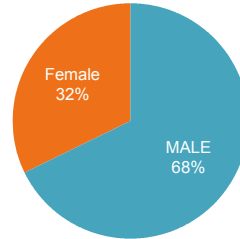


Service Area - AS Creating New Choices FSP

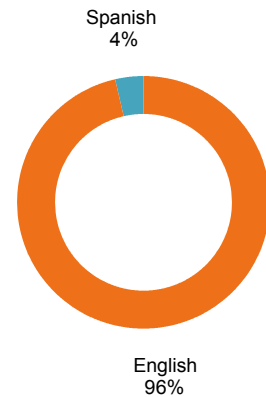
The Creating New Choices Program, or CNC is a collaborative effort between Behavioral Health, Probation, District Attorney, Public Defender and the Courts in Monterey County to provide intensive case management, psychiatric care, Probation supervision and therapeutic mental health court services to mentally ill offenders. CNC offers services in the Full Service Partnership or 'whatever it takes' model. Referral Process: Clients are referred to CNC through the court system. The court refers candidates to the CNC program either through a judge, public defender, district attorney or private counsel who believes a client meets the basic eligibility criteria. CNC is a 24/7 Full Service Partnership.

Number of Clients Served:	28
Total Service Value:	\$832,698.55
Average Service Value per Client:	\$29,739.23
Average Age:	40
Number of New Clients:	7
Number of Clients Discharged:	5

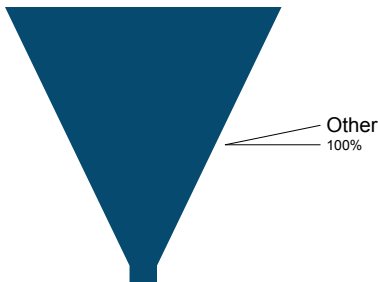
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **86 %** had a substance use diagnosis.

Of the Clients assessed* **77%** are victims of trauma.

*26 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Psychotic	75%
Bipolar / Mood Disorders	21%
Depressive Disorders	4%

Breakdown of Services Provided

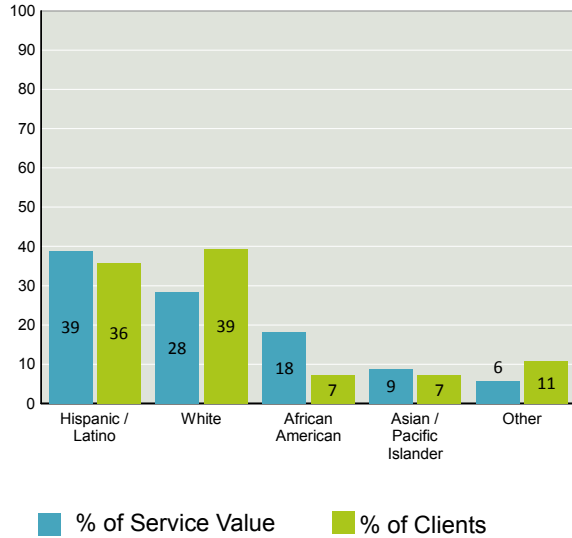
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	79	2%	82%
Collateral	6	0%	7%
Crisis Intervention	10	0%	17%
Group Counseling	988	13%	75%
Linkage/Brokerage	2,915	55%	92%
Medication Support	188	2%	96%
Mental Health Counseling	633	17%	85%
Other	697	11%	100%
Total	5,516	100%	100%

Outcome Measurement Data (CANS/ANSA)

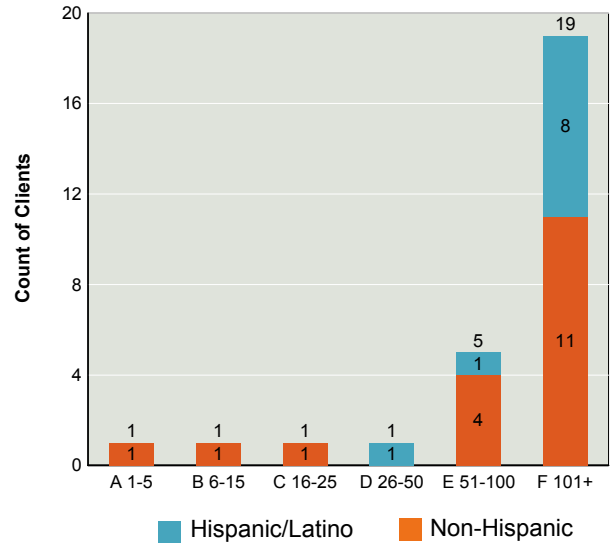
- 82% : of the individuals assessed have legal problems
- 70% : of the clients assessed have a need for the treatment of psychosis
- 52% : of clients demonstrated symptoms of anxiety
- 52% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 41% : of the clients assessed need support relating to interpersonal problems including social isolation
- 35% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 35% : of the clients assessed have a need for treatment for substance abuse disorders
- 29% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior
- 23% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 23% : of the clients assessed needed treatment for family problems

Health Equities

Breakdown of Clients Served by Ethnicity

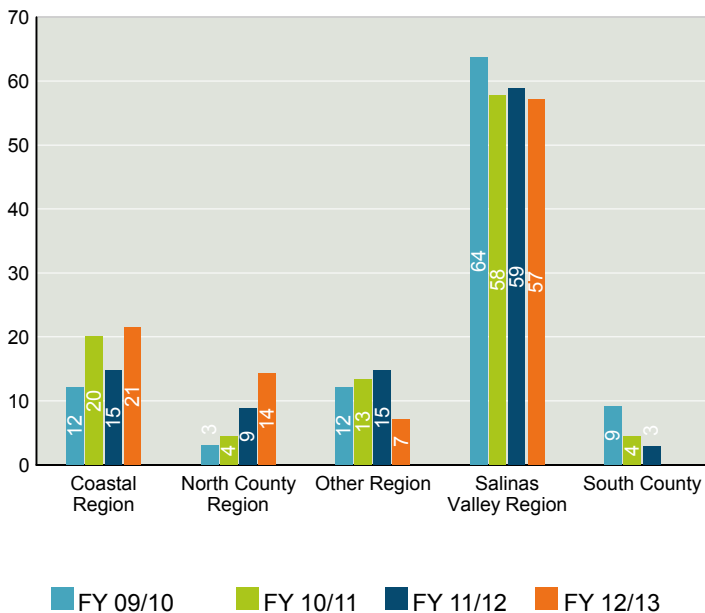


Client Service Frequency

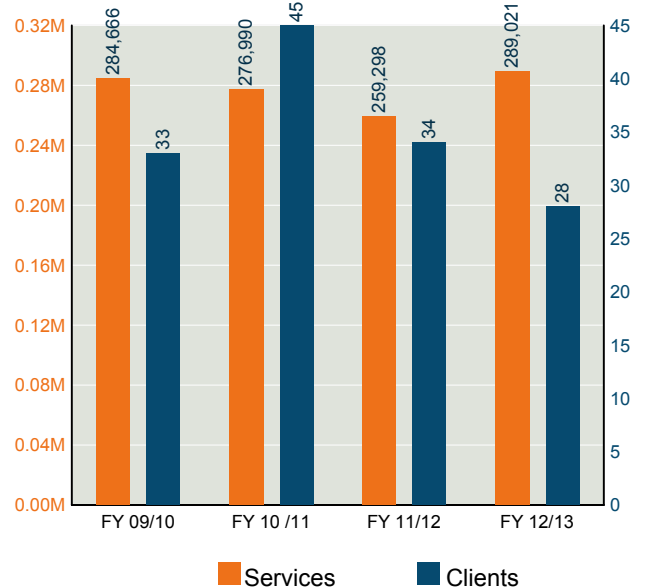


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

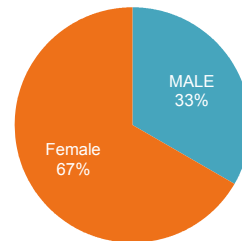


Service Area - AS Older Adult FSP

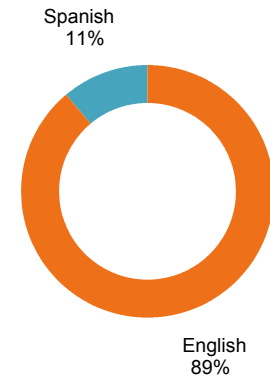
This is a full service partnership program providing services to adults 60 years + who have a serious and persistent mental illness with a co-occurring (physical and or/substance abuse) disorder who are risk of losing their community placement due to an ongoing chronic co-existing physical impairment.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

Number of Clients Served:	9
Total Service Value:	\$143,595.86
Average Service Value per Client:	\$15,955.10
Average Age:	67
Number of New Clients:	2
Number of Clients Discharged:	2

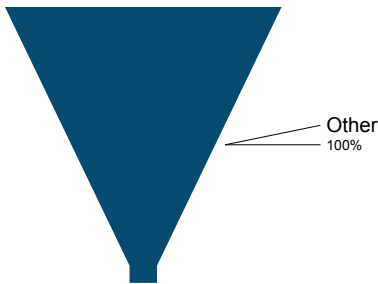
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, 22 % had a substance use diagnosis.

Of the Clients assessed* 67% are victims of trauma.

*9 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Bipolar / Mood Disorders	44%
Psychotic	33%
Depressive Disorders	22%

Breakdown of Services Provided

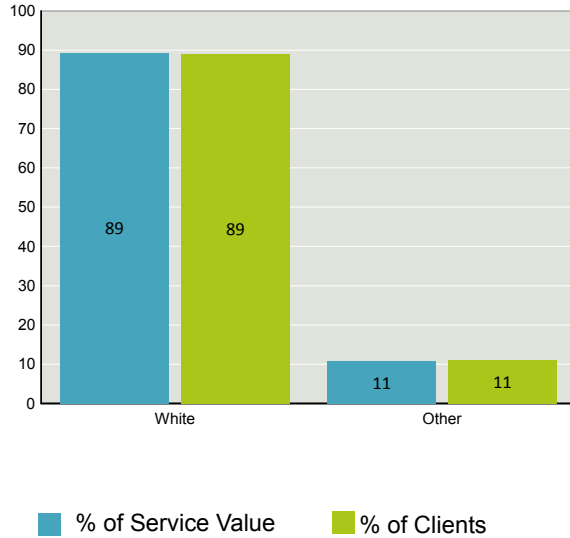
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	36	6%	100%
Collateral	6	0%	22%
Group Counseling	100	15%	66%
Linkage/Brokerage	282	40%	100%
Medication Support	111	9%	100%
Mental Health Counseling	148	28%	100%
Other	29	2%	88%
Total	712	100%	100%

Outcome Measurement Data (CANS/ANSA)

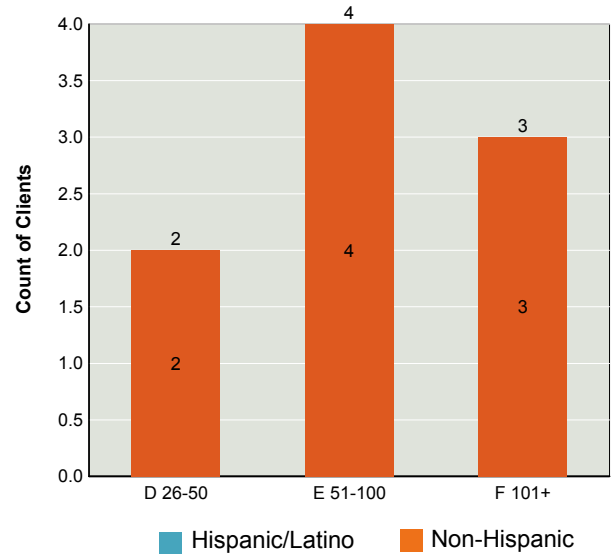
- 66% : of clients demonstrated symptoms of anxiety
- 66% : of the clients assessed have needs relating to medical problems
- 66% : of the clients assessed have needs relating to developing positive recreational activities
- 66% : of the individuals assessed need treatment relating to self-mutilation
- 66% : of the individuals assessed have challenges relating to sleep
- 33% : of the clients assessed have a need for treatment for substance abuse disorders
- 33% : of the clients assessed needed treatment for depression
- 33% : of the clients assessed needed treatment for family problems
- 33% : of the clients assessed need support relating to interpersonal problems including social isolation
- 33% : of the individuals assessed have legal problems

Health Equities

Breakdown of Clients Served by Ethnicity

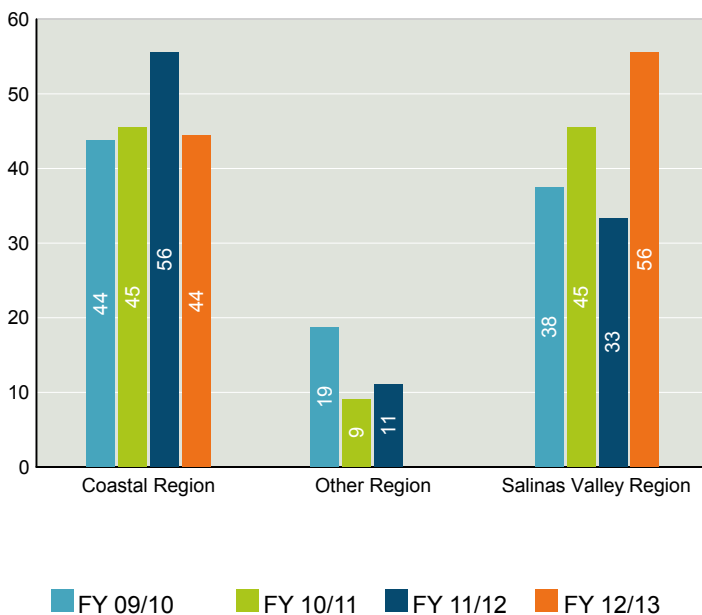


Client Service Frequency

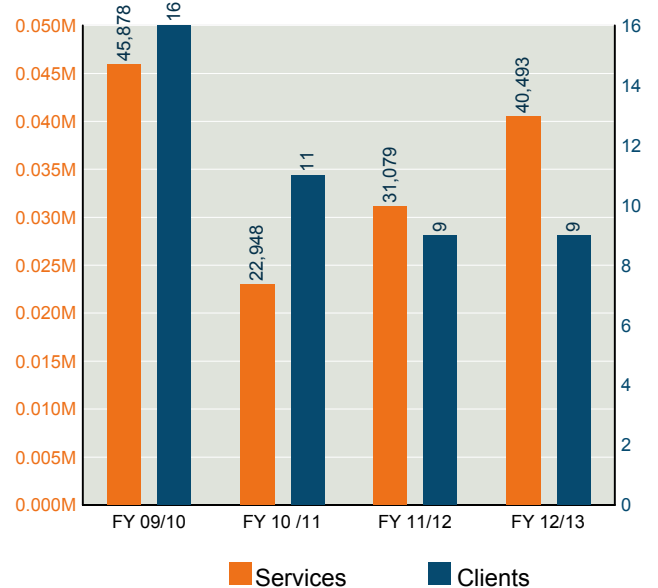


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

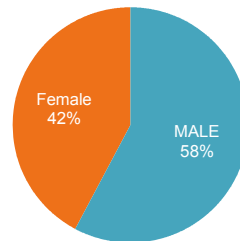


Service Area - Interim MHSA Lupine Garden FSP

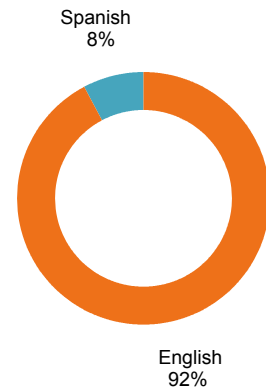
Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness and require additional support necessary to live independently in the community. The service array includes: Intensive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

Number of Clients Served:	26
Total Service Value:	\$345,769.62
Average Service Value per Client:	\$13,298.83
Average Age:	48
Number of New Clients:	7
Number of Clients Discharged:	7

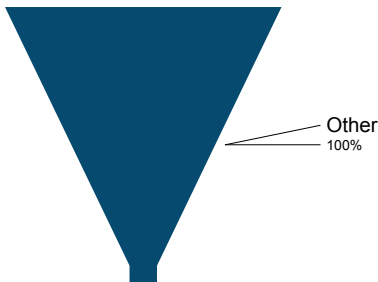
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **35 %** had a substance use diagnosis.

Of the Clients assessed* **61%** are victims of trauma.

*23 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Psychotic	77%
Bipolar / Mood Disorders	12%
OTHER	4%
Depressive Disorders	4%
Substance Related Disorders	4%

Breakdown of Services Provided

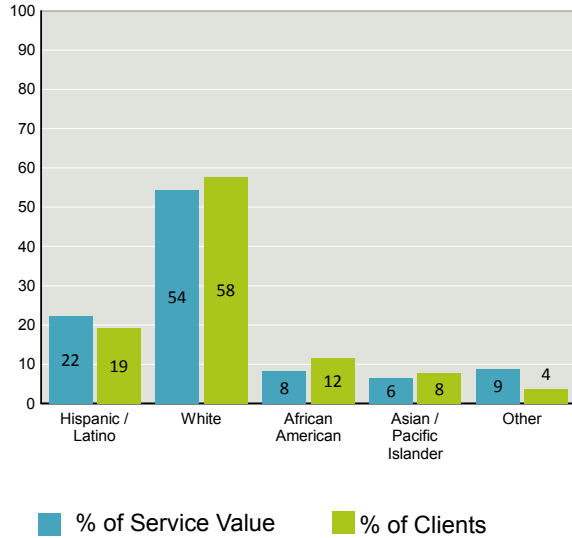
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Collateral	25	1%	46%
Linkage/Brokerage	304	8%	96%
Mental Health Counseling	3,621	91%	100%
Total	3,950	100%	100%

Outcome Measurement Data (CANS/ANSA)

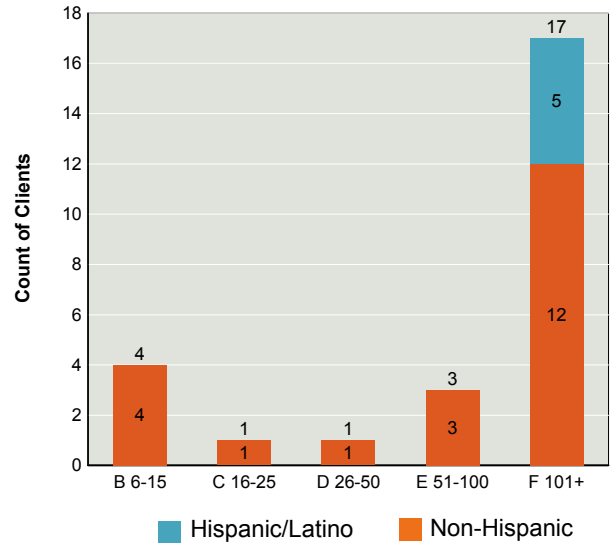
- 77% : of the clients assessed have a need for the treatment of psychosis
- 59% : of the clients assessed needed treatment for depression
- 59% : of the clients assessed have needs relating to medical problems
- 54% : of clients demonstrated symptoms of anxiety
- 45% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 45% : of the clients assessed have needs relating to physical disability
- 40% : of the clients assessed need support relating to interpersonal problems including social isolation
- 36% : of the individuals assessed need treatment relating to self-mutilation
- 31% : of clients indicated having a moderate to severe conduct disorder or demonstrate antisocial behavior
- 27% : of the clients assessed presented with needs relating to impulsivity and hyperactivity

Health Equities

Breakdown of Clients Served by Ethnicity

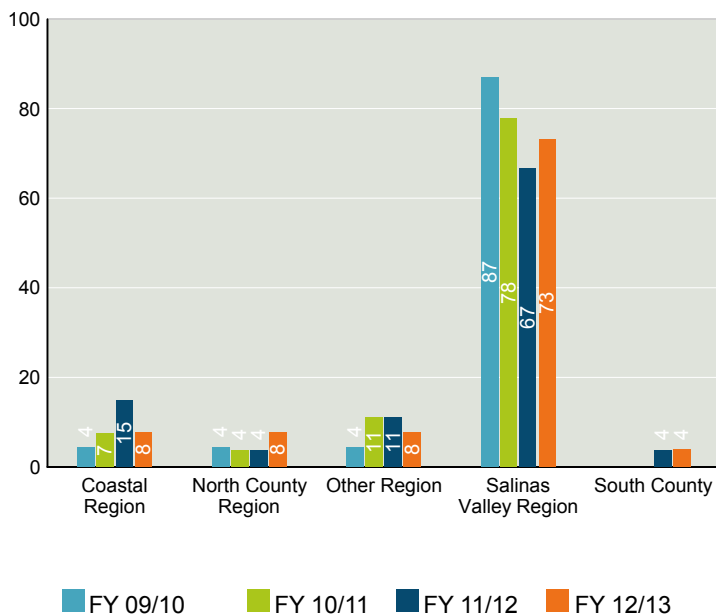


Client Service Frequency

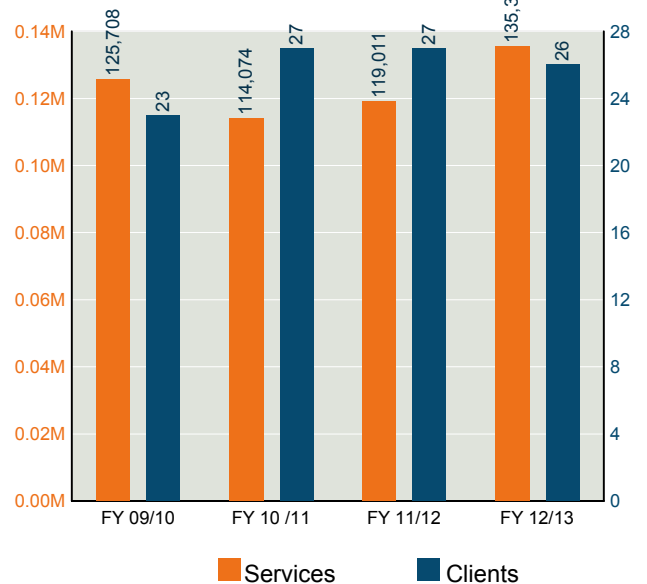


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

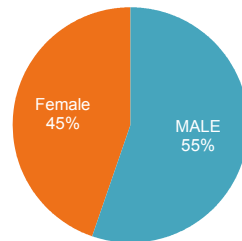


Service Area - Interim Sunflower Garden

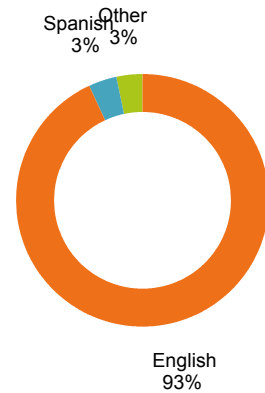
The Sunflower Gardens program provides supported housing services to individual with serious mental illness who are homeless or at risk of homelessness during a transition period whereby individuals are referred to this program by Monterey County Behavioral Health. The services provided to the consumers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

Number of Clients Served:	29
Total Service Value:	\$175,609.49
Average Service Value per Client:	\$6,055.50
Average Age:	45
Number of New Clients:	6
Number of Clients Discharged:	9

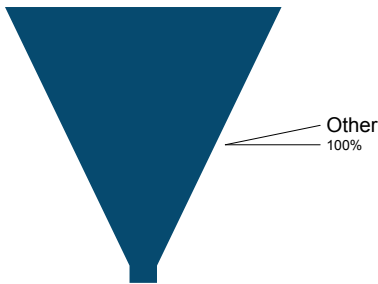
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **34 %** had a substance use diagnosis.

Of the Clients assessed* **77%** are victims of trauma.

*30 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Bipolar / Mood Disorders	45%
Psychotic	41%
Depressive Disorders	14%

Breakdown of Services Provided

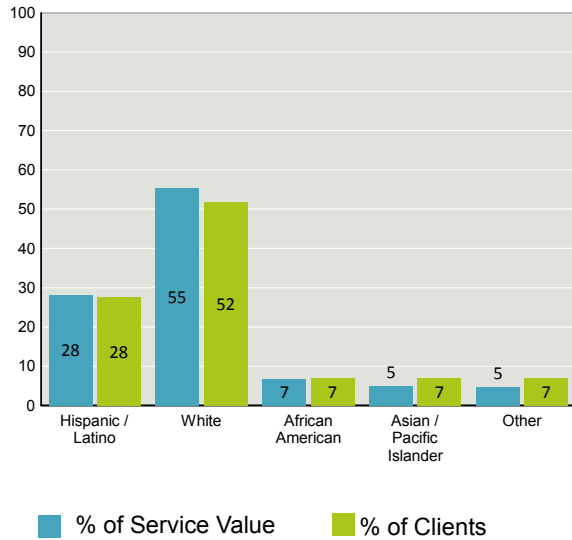
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Collateral	91	3%	62%
Group Counseling	496	14%	82%
Linkage/Brokerage	197	15%	89%
Mental Health Counseling	770	67%	100%
Other	2	0%	6%
Total	1,556	100%	100%

Outcome Measurement Data (CANS/ANSA)

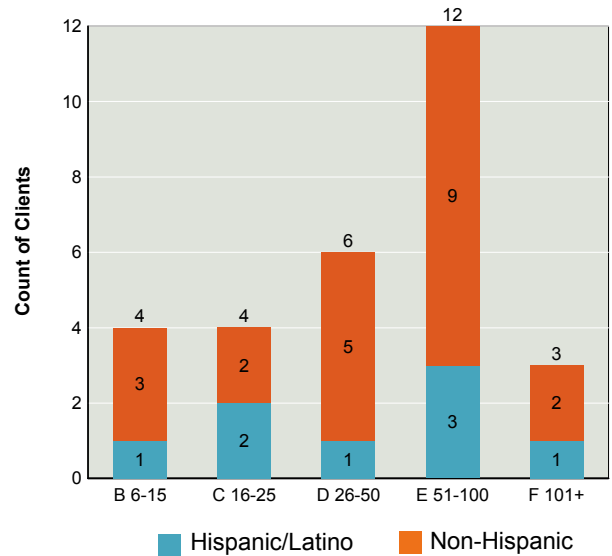
- 82% : of the clients assessed needed treatment for depression
- 78% : of clients demonstrated symptoms of anxiety
- 71% : of the clients assessed need support relating to interpersonal problems including social isolation
- 71% : of the clients assessed have needs relating to developing positive recreational activities
- 60% : of the clients assessed needed treatment for family problems
- 60% : of the individuals assessed need treatment relating to self-mutilation
- 57% : of the individuals assessed have a need to develop the skills necessary to live independently in the community
- 53% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 53% : of the clients assessed need support around making friends or developing relationships with peers
- 46% : of clients demonstrated an inability to identify and manage their anger when frustrated

Health Equities

Breakdown of Clients Served by Ethnicity

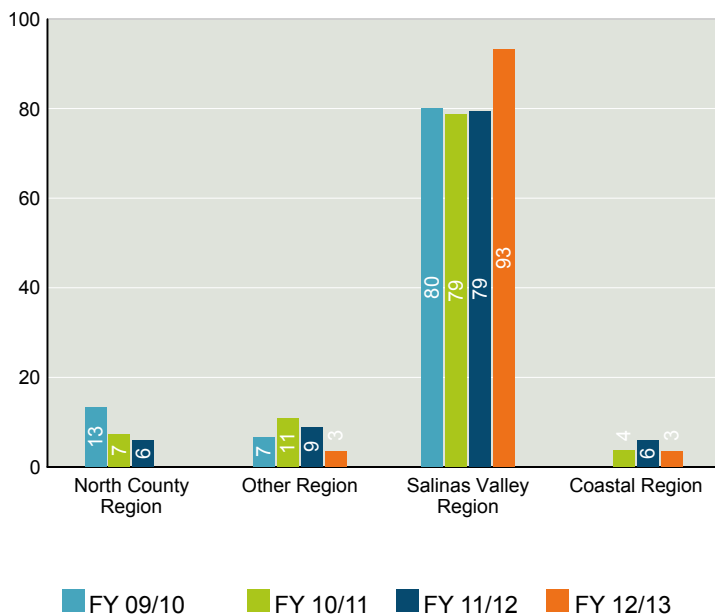


Client Service Frequency

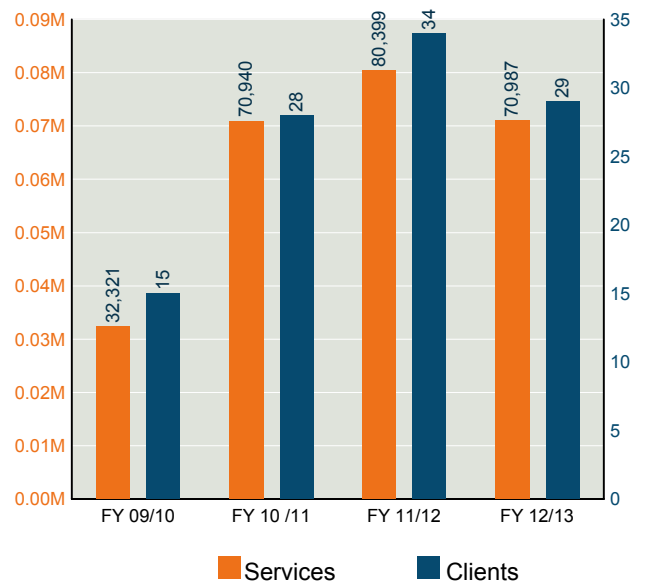


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

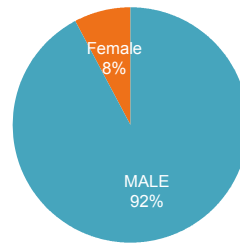


Service Area - DTH Co-occurring Disorder FSP

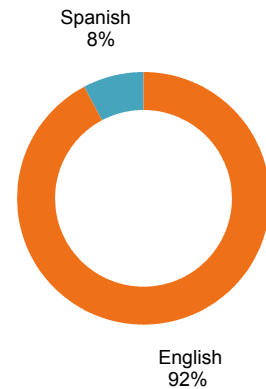
ICT is an MHSA program, a Full Service Partnership, (FSP), and a contract with Door to Hope. This team provides a high level of care to co-occurring youth and their families. ICT is designed to prevent youth from having to be placed out of the home, who may be struggling with a co-occurring disorder.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

Number of Clients Served:	13
Total Service Value:	\$52,848.97
Average Service Value per Client:	\$4,065.31
Average Age:	16
Number of New Clients:	11
Number of Clients Discharged:	9

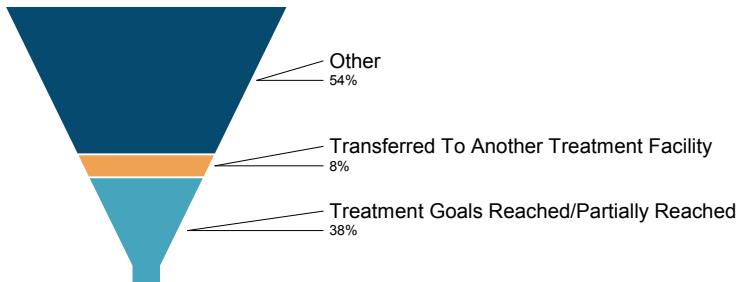
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **100 %** had a substance use diagnosis.

Of the Clients assessed* **56%** are victims of trauma.

*9 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	46%
Substance Related Disorders	31%
Anxiety Disorders	15%
Bipolar / Mood Disorders	8%

Breakdown of Services Provided

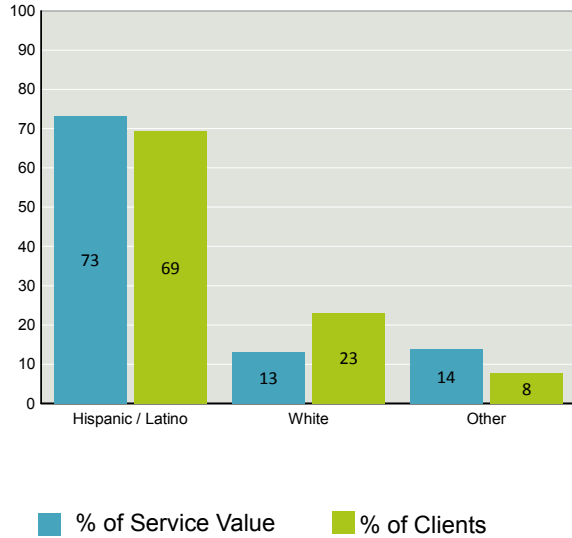
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	38	16%	84%
Collateral	18	4%	30%
Group Counseling	21	4%	38%
Linkage/Brokerage	127	26%	92%
Mental Health Counseling	104	46%	61%
Other	20	3%	61%
Total	328	100%	100%

Outcome Measurement Data (CANS/ANSA)

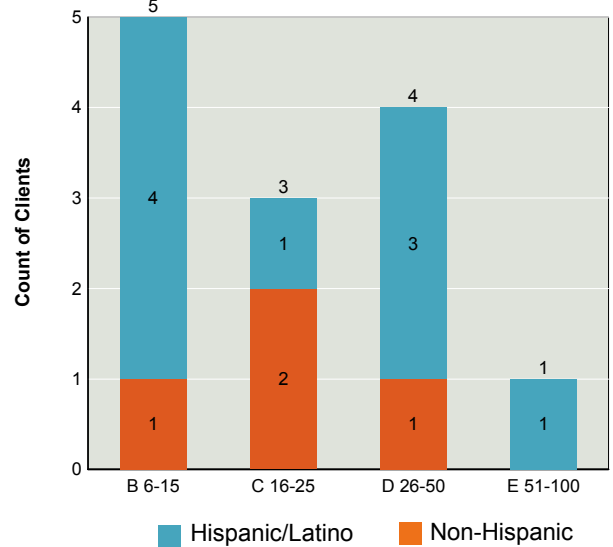
- 80% : of clients demonstrated symptoms of anxiety
- 60% : of the clients assessed have a need for treatment for substance abuse disorders
- 60% : of the clients assessed needed treatment for depression
- 60% : of the clients assessed needed treatment for family problems
- 60% : of the clients assessed need support relating to interpersonal problems including social isolation
- 60% : of the individuals assessed have challenges relating to their living situation
- 60% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 40% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 40% : of the client assessed indicated a need relating to criminal behavior
- 40% : of the individuals assessed need support to maintain their substance abuse recovery goals

Health Equities

Breakdown of Clients Served by Ethnicity

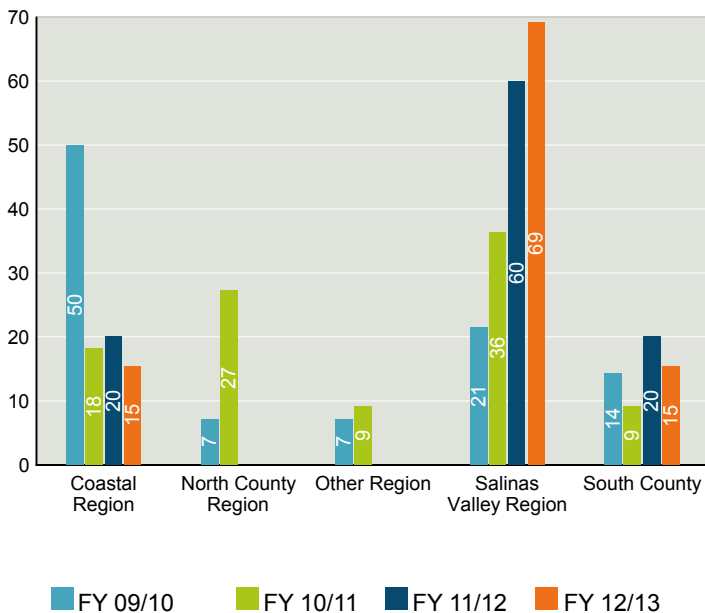


Client Service Frequency

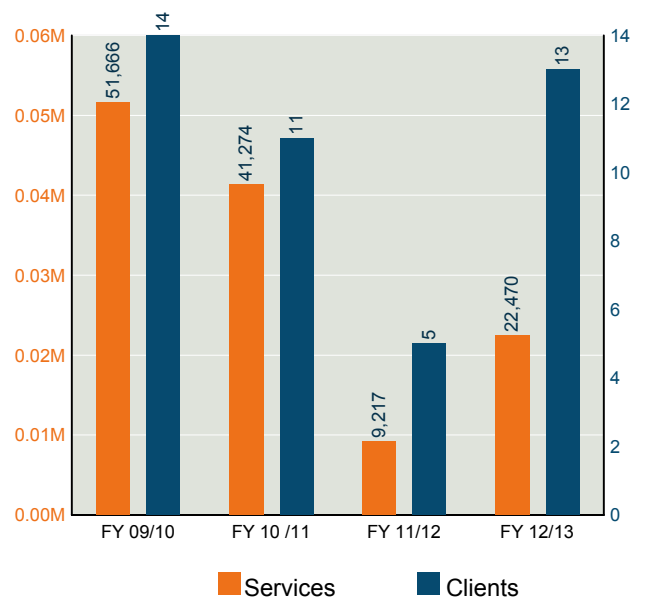


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

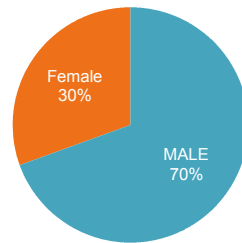


Service Area - DTH Co-occurring Disorder SD

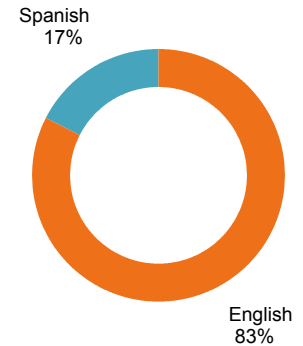
ICT is an MHSA program, a Full Service Partnership, (FSP), and a contract with Door to Hope. This team provides a high level of care to co-occurring youth and their families. ICT is designed to prevent youth from having to be placed out of the home, who may be struggling with a co-occurring disorder.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

Number of Clients Served:	46
Total Service Value:	\$297,071.98
Average Service Value per Client:	\$6,458.09
Average Age:	16
Number of New Clients:	39
Number of Clients Discharged:	28

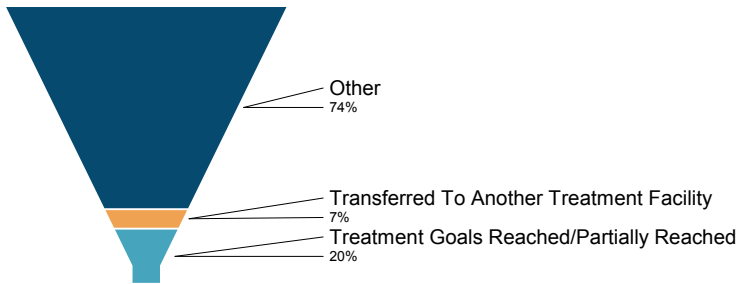
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **91 %** had a substance use diagnosis.

Of the Clients assessed* **62%** are victims of trauma.

*42 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Depressive Disorders	37%
Substance Related Disorders	24%
Anxiety Disorders	15%
Disruptive Behavior Disorder	13%
Bipolar / Mood Disorders	7%

Breakdown of Services Provided

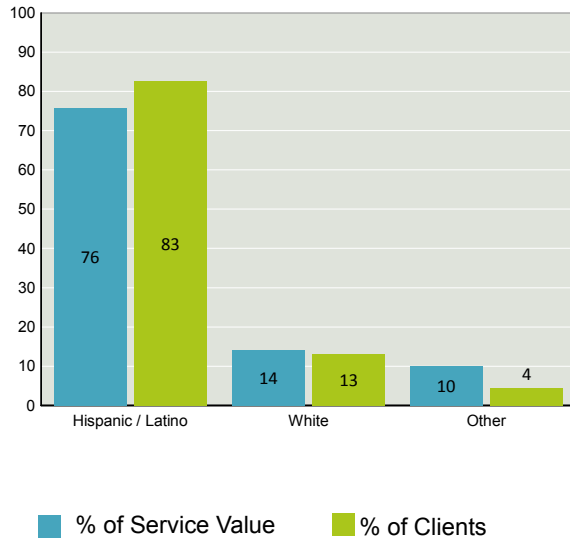
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Assessment/Evaluation	170	11%	76%
Collateral	108	5%	36%
Group Counseling	39	1%	19%
Linkage/Brokerage	610	22%	97%
Mental Health Counseling	671	58%	65%
Other	123	3%	69%
Total	1,721	100%	100%

Outcome Measurement Data (CANS/ANSA)

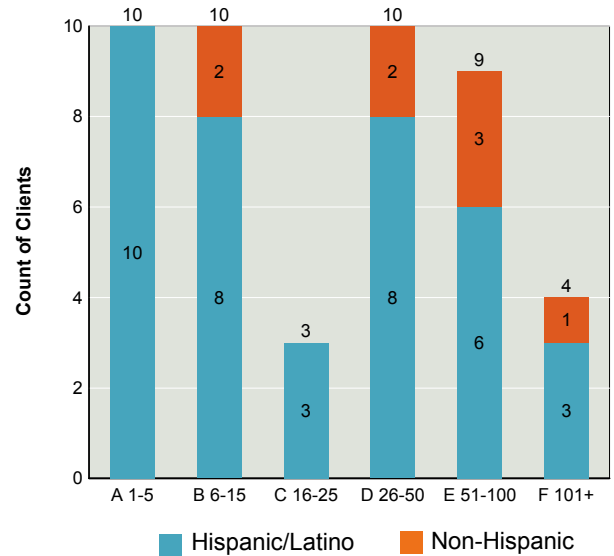
- 76% : of the clients assessed have a need for treatment for substance abuse disorders
- 66% : of the individuals assessed have legal problems
- 60% : of the clients assessed needed treatment for family problems
- 53% : of clients demonstrated an inability to identify and manage their anger when frustrated
- 50% : of the client assessed indicated a need relating to criminal behavior
- 50% : of the clients assessed have a need for treatment relating to oppositional defiant behaviors
- 46% : of clients demonstrated symptoms of anxiety
- 46% : of the clients assessed needed treatment for depression
- 43% : of the clients assessed need support relating to interpersonal problems including social isolation
- 40% : of the individuals assessed need support to maintain their substance abuse recovery goals

Health Equities

Breakdown of Clients Served by Ethnicity

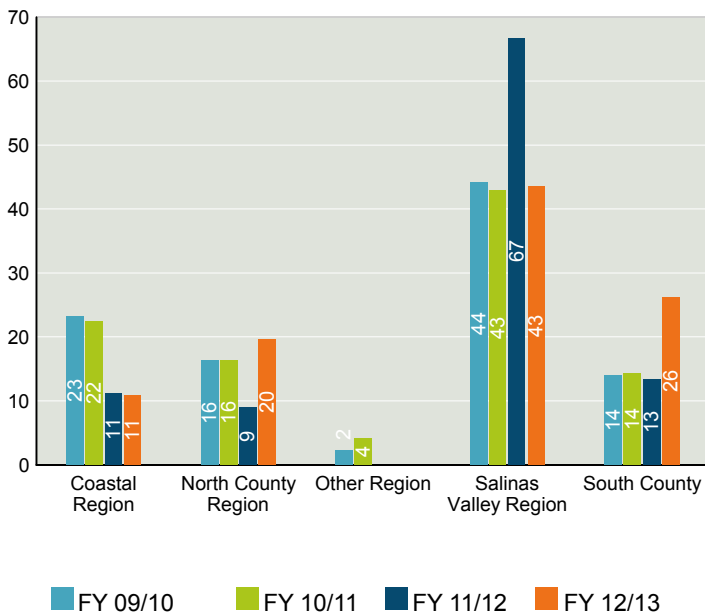


Client Service Frequency

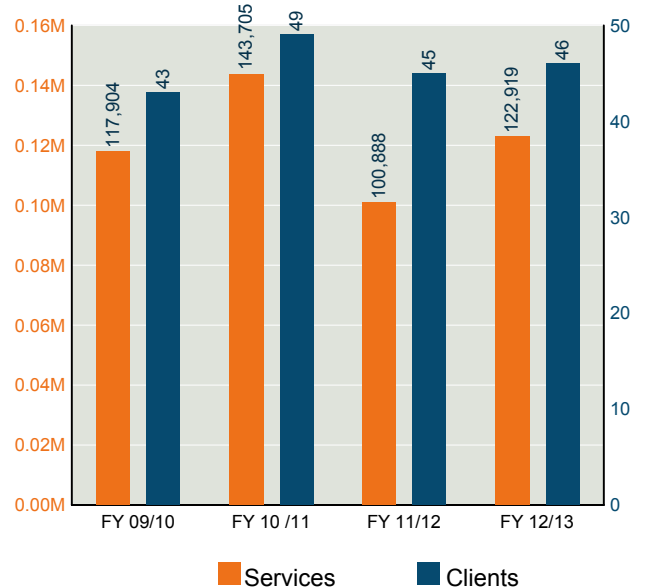


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

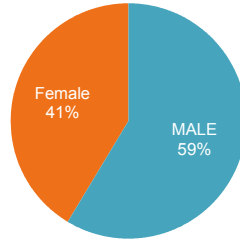


Service Area - Interim Co-occurring Integrated Care

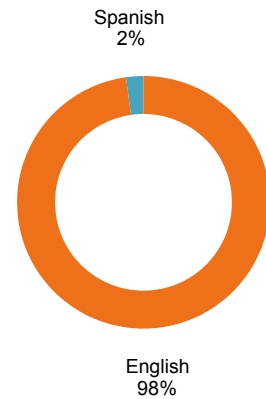
The purpose of these services is to reduce the length of stay at the Bridge House dual recovery residential program, to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and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

Number of Clients Served:	87
Total Service Value:	\$342,142.37
Average Service Value per Client:	\$3,932.67
Average Age:	40
Number of New Clients:	23
Number of Clients Discharged:	15

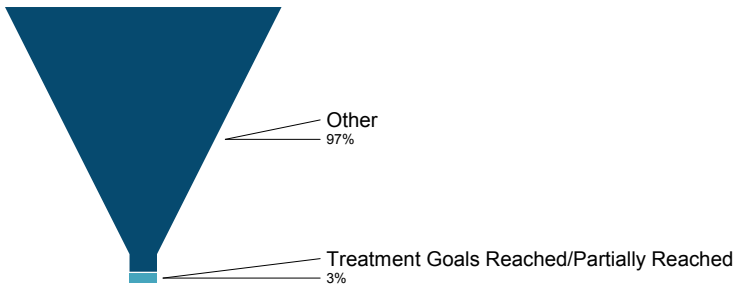
Gender



Language of Preference



Discharge Disposition/Outcome



Of the clients served, **67%** had a substance use diagnosis.

Of the Clients assessed* **73%** are victims of trauma.

*79 clients assessed

Top 5 primary diagnosis

Diagnosis Type	% of Clients with this type of diagnosis
Psychotic	54%
Bipolar / Mood Disorders	40%
Substance Related Disorders	1%

Breakdown of Services Provided

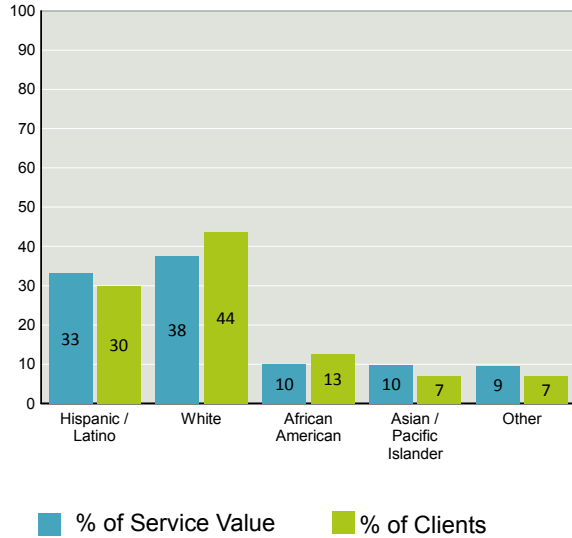
	Number of Services	Percent of Total Service Minutes	Percent of Clients
Group Counseling	703	32%	55%
Linkage/Brokerage	433	7%	79%
Mental Health Counseling	1,322	60%	88%
Other	99	1%	56%
Total	2,557	100%	100%

Outcome Measurement Data (CANS/ANSA)

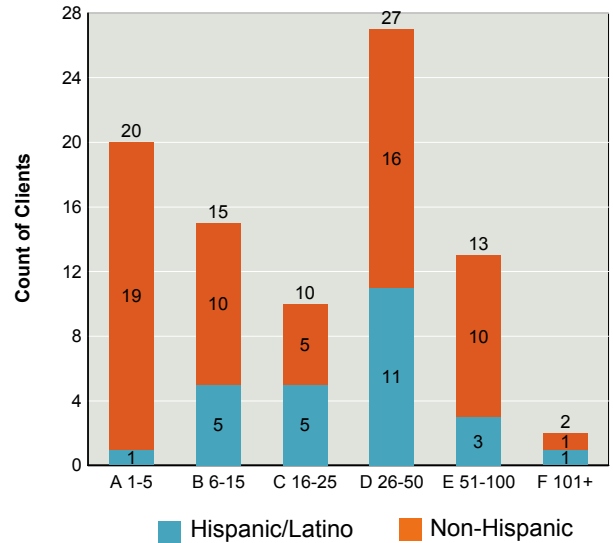
- 47% : of the clients assessed have a need for the treatment of psychosis
- 46% : of clients demonstrated symptoms of anxiety
- 46% : of the clients assessed needed treatment for depression
- 42% : of the clients assessed have a need for treatment for substance abuse disorders
- 41% : of the clients assessed need support relating to interpersonal problems including social isolation
- 39% : of the clients assessed needed treatment for family problems
- 39% : of the clients assessed presented with needs relating to impulsivity and hyperactivity
- 31% : of the individuals assessed need support to maintain their substance abuse recovery goals
- 31% : of the clients assessed need support around making friends or developing relationships with peers
- 28% : of the clients assessed have needs relating to developing positive recreational activities

Health Equities

Breakdown of Clients Served by Ethnicity

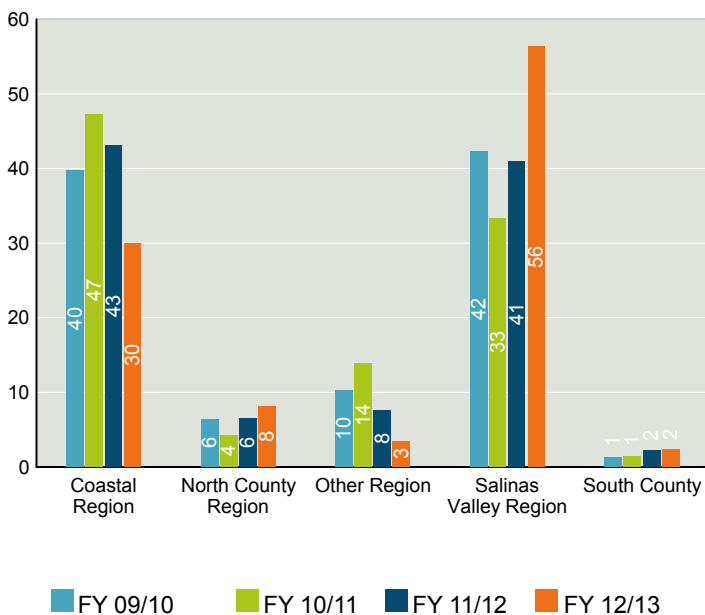


Client Service Frequency

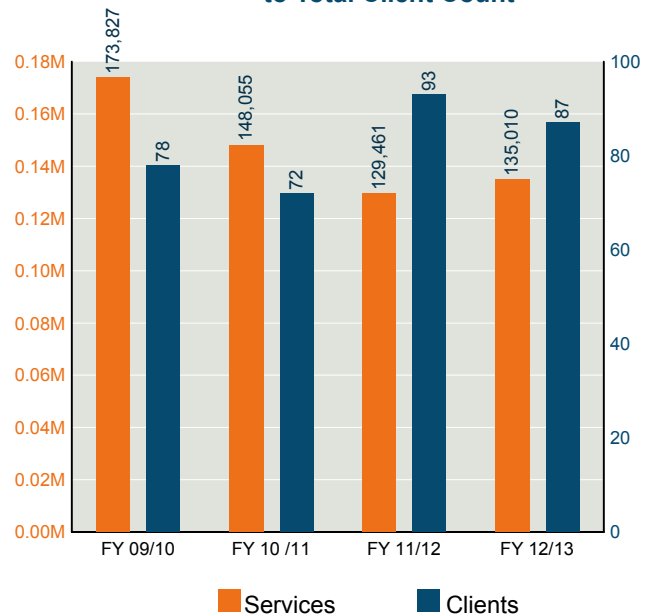


Four Year Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



Mental Health Services Act Program Data Sheets

A review of programs funded by the MHSA/Prop 63

2015

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Access Services

Program Name	2-1-1 Monterey County
Background and Community Need	<p>2-1-1 MC was launched February 2009 as a program of United Way Monterey County. 2-1-1 is a phone number but also a system for connecting people quickly and efficiently to social and health services they are seeking. The phone is the most common method of contact but resource information is also available via website and in the future via chat and apps. The service is available 24/7 in 170 plus languages. Callers will reach a Call Specialist who has been highly trained and certified to assist and be proactive meeting their needs. Additionally, 2-1-1 is used during times of natural or manmade disasters as a “go-to” number for anyone in the public to use to acquire the latest official information and as a feedback loop from the public to county officials.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups-All age groups are eligible to use the system but the majority of callers (34%) are between the ages of 30-54. • Culturally specific groups-All Race/Ethnicities are eligible to use 2-1-1 but the majority of users (53%) identify themselves as Hispanic/Latino. • Regions served-All of Monterey County. • Any special diagnostic category to be served-None, but a TTY line is available for use for the deaf and hard of hearing.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Significantly improved access to low cost, free health and human services through a single referral source with up-to-date information. Additionally, the program has been pro-active promoting certain programs such as CalFresh, Covered CA, and Bridging the Digital Divide among other initiative. Based on the nature of the conversation between caller and the Call Specialists appropriate programs are brought to the attention of the caller. • How will this program improve clients’ quality of life? The program provides easy access to available services with accurate, up-to-date information. They are a multitude of caller needs and 2-1-1 services attempts to provide resources to meet those needs based on what is available in a community. The program also pushes out various programs that would benefit the caller if the nature of the conversation indicates there are other services that the caller might benefit knowing about • What are the goals and outcomes this program is trying to achieve? The program is providing high quality, reliable referral information to a myriad of resources available within the community that are easily accessible 24/7 by phone or web search and to eventually include capacity to do chat and apps. The program has been averaging approximately 15,000 calls and 9000 searches per year. In the 15,000 calls there were some 29,000 different need requests (food, housing, counseling, etc.)..

Strategies to Engage Underserved Populations

- **What is this program doing to help address disparities and engage underserved populations?** The program is primarily marketed and conducted in English and Spanish due to local race/ethnicity demographics but is available in over 170 other languages as needed.
- **Are there any challenges to reaching specific populations?** Yes, the Oaxacan community and the deaf and hard of hearing communities. What interventions will be conducted to address these challenges? Language interpretation capacity was asked for and eventually accommodated by our interpretive service but has not been used at all to date. Additionally, a TTY/TDD line was installed at the Call Center but also has not been used either.
- **Does the program have goals to increase services to underserved populations?** The only specific program being pursued at this time is support for the kinship/foster care community through a partnership with iFoster.org and DSS. The contract for this service allows the iFoster program (one source portal website) to access/search our database for local services to help the Kinship/Foster care community. The three year contract support for this service expires September 30, 2015 and discussions are currently being held to determine continuing support possibilities.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	25,000	\$240,000	Not applicable
2015-16	30,000	\$270,000	Not applicable
2016-17	35,000	\$280,000	Not applicable

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

Strategies to Engage Underserved Populations

Suicide Prevention staff is required to attend training designed to enhance cultural competency, as well as topic and population-specific cultural competency trainings. Open staff positions advertise a language differential for Spanish speaking candidates and distribute postings to encourage bicultural candidates to apply. We actively recruit, hire, and train staff members and volunteer responders across different cultures and the lifespan. Currently our program staff is one third bilingual and bicultural. This year we provided PSAs and interviews via local bilingual radio programs specifically for this purpose. Through using the Language Line interpretive service, we are able to communicate with callers to the suicide crisis line, potential suicide bereavement support services clients, and other community members in over 150 languages. We also continue to consult with local and statewide experts (including the Know the Signs Team) to build the base of literature and strategies we use to reach various groups (eg. El Rotafolio, a Spanish language flip-chart based curriculum to engage health workers and to reach Latinos).

Additionally, we provide outreach and referral services to many middle and high school and college aged youth (both public and private), parents, staff, and organizations that serve transitional age youth, as well as youth in the juvenile justice system and/or social services. We outreach to adult populations in general and higher risk adult groups by providing trainings, presentations, and materials to social and mental health service providers, through a presence at public community events and health fairs, and through outreach to local businesses and organizations. All materials, presentations, and trainings are available in English and in Spanish.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>Presentations to 6,000 Monterey County residents</i>	<i>\$270,500 (Monterey County portion; Outreach and suicide crisis line)</i>	<i>\$0.23 per outreach participant</i>
2015-16	<i>Presentations to 6,500 Monterey County residents</i>	<i>\$300,500 (est. Monterey County portion; outreach and suicide crisis line)</i>	<i>\$0.25 per outreach participant (est.)</i>
2016-17	<i>Presentations to 7,000 Monterey County residents</i>	<i>\$320,000 (est. Monterey County portion; outreach and suicide crisis line)</i>	<i>\$0.30 per outreach participant (est.)</i>

Program Name	Interim: Workforce Education & Training (WET)
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>WET promotes successful employment of consumers and family members in the public mental health system in Monterey County. Our program provides outreach, recruitment, training and orientations for all consumers and families employed by Interim and MCBHB in peer and family support positions. We also provide employment and educational support services, job recruitment, job analysis, training, and job coaching for mental health consumers to promote a diverse and stable mental health workforce.</p> <p>All services are consistent with MHSA guidelines and incorporate the General Standards set forth in Title 9, California Code of Regulations (CCR), Section 3320:1) wellness, recovery and resilience, 2) cultural competence, 3) consumer and family driven mental health services, 4) an integrated service experience, and 5) collaboration with the community.</p> <p>WET is a MHSA funded initiative.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups: Adults and transition age youth age 18 and over • Culturally specific groups: We serve all groups • Regions served: Monterey County • Any special diagnostic category to be served: Consumers and family members in the public mental health system in Monterey County
Service Goals and Public Health Benefit	<p>What are the public health benefits or benefits to the community? The community benefits include having those who understand and who have experienced the mental health system as consumers or family members share their first-hand experience. Also, this program allows for diversity and improvement to the mental health workforce.</p> <p>How will this program improve clients' quality of life? WET provides consumers with gainful employment in the mental health workforce thereby giving them an ability to influence the system of care. This program also helps promote recovery, and creates a more collaborative community.</p> <p>What are the goals and outcomes this program is trying to achieve? 1. The fulltime Employment Training and Development Specialist supports recovery taskforces and workforce collaboratives which support employment of consumers and family members. 2. Provide up to 30 trainings per fiscal year on skill development areas such as social rehabilitation, Medi-Cal billing, work expectations (i.e. how to receive feedback on work performance) and peer counseling. Topics will be developed by utilizing input from consumers and supervisors. 3. Provide 2 to 3 support groups per month for vocational support of consumers and family members who are employed in the public mental health system. 4. Provide individual job support to 60 consumers. Services offered include job coaching, benefits counseling referrals, negotiation of reasonable</p>

	<p>accommodations and individual counseling.</p> <p>5. The Employment Training and Development Specialist will work with local, regional and statewide collaboratives which promote hiring people with psychiatric disabilities.</p>
<p>Strategies to Engage Underserved Populations</p>	<p>What is this program doing to help address disparities and engage underserved populations?</p> <p>The program serves individuals who are interested in working in the public mental health system and who have lived experience or who are family members of those with a serious mental illness.</p> <p>Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?</p> <p>One challenge is workforce preparation. This includes making sure that the consumers within the workforce are well prepared for positions that are built around lived experience and peer to peer support. The program is committed to the successful hiring of a diverse lived experience workforce that models best practices. The program also promotes consistent job descriptions that feature core competencies with opportunities to grow and climb a career ladder like other professional positions. Staff will continue with the ongoing training and supervision and will collaborate in order to determine approaches that build in retention strategies.</p> <p>Does the program have goals to increase services to underserved populations?</p> <p>The program staff will continue to provide support (60 consumers) through ongoing trainings (30 a year) that will enhance the growth and development of skills of individuals working in the public mental health system.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	30	\$109,534	\$3,651
2015-16	60	\$197,379	\$3,290
2016-17	60	\$205,274	\$3,421

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

- As the service is crisis based, the goal is to service the needs as they arise.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Latino Community Partnership, Center for Community Advocacy
Background and Community Need	Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.
Population of Focus	Outline the key population of focus to be served noting: <ul style="list-style-type: none"> • Specific age groups All ages • Culturally specific groups Farmworkers • Regions served Monterey County • Any special diagnostic category to be served
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Access to behavioral health services to a community that otherwise would have no access. • How will this program improve clients' quality of life? By making behavioral health services accessible. • What are the goals and outcomes this program is trying to achieve? 1) Train CCA farmworker leaders to provide behavioral health presentations to their peers and to refer farmworkers who need services to the Behavioral Health Division. 2) provide basic behavioral health education to CCA-trained farmworker leaders who then share what they learned with their peers. 3) Introduce farmworkers to the county's behavioral health services and make those services available to them.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? Delivering behavioral health education and generating referrals to counseling services for a population that otherwise would go unserved. • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? CCA's peer-to-peer approach addresses the stigma that farmworkers attach to the need for behavioral health services. This help us reach a population that otherwise is reluctant to use needed services. • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served) 1,000</i>	<i>(total budget) 88,000</i>	<i>(projected cost per client) \$88</i>
2015-16	<i>(number of clients that will be served) 1,000</i>	<i>(total budget) 88,000</i>	<i>(projected cost per client) \$88</i>
2016-17	<i>(number of clients that will be served) 1,000</i>	<i>(total budget) 88,000</i>	<i>(projected cost per client) \$88</i>

Program Name	Latino Community Partnership, Central Coast Citizenship Project
Background and Community Need	<i>Information not provided</i>
Population of Focus	
Service Goals and Public Health Benefit	
Strategies to Engage Underserved Populations	

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15			
2015-16			
2016-17			

Program Name	African American Community Partnership – The village Project, Inc.
Background and Community Need	Information not provided
Population of Focus	
Service Goals and Public Health Benefit	
Strategies to Engage Underserved Populations	

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15			
2015-16			
2016-17			

Program Name	Access to Treatment/MHS Outpatient Services - CHS
Background and Community Need	Information not provided
Population of Focus	
Service Goals and Public Health Benefit	
Strategies to Engage Underserved Populations	

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15			
2015-16			
2016-17			

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	700 projected	\$168,000	\$240
2015-16	700 projected	\$168,000	\$240
2016-17	700 projected	\$168.00	\$240

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	10	\$34,178	\$3,418
2015-16	40	\$34,178	\$854
2016-17	40	\$34,178	\$854

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	25	\$82,132	\$1,346 (outreach funding excluded from this calculation)
2015-16	40	\$82,132	\$841 (outreach funding excluded from this calculation)
2016-17	40	\$82,132	\$841 (outreach funding excluded from this calculation)

Program Name	Central Coast Center for Independent Living (CCCIL) Return to Work Benefits Counseling
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Central Coast Center for Independent Living (CCCIL) is one of a nationwide network of Centers for Independent Living whose philosophy is that people with disabilities should have the same civil rights, options and control over choices in their own lives as do people without disabilities. Independent Living Centers are cross-disability, consumer-centered advocacy organizations. CCCIL's Independent Living program provides services to people with disabilities such as information and referral, housing assistance, individual advocacy, peer support, personal assistance services, independent living skills training, systems advocacy, assistive technology support (devices to help people with disabilities live independently) and benefits counseling. The MHSA funding has been critical to enhance our benefits counseling services that has resulted in an increase in the number of consumers with mental health disabilities to be able to access our services provided by staff who are certified by the Social Security Administration as Community Work Incentives Counselors who are skilled in the area of benefits analysis and planning.</p>
Target Population	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Adult and Youth with a Mental Health Disability • Family and Caregivers will received information about services • Monterey County Residents at large
Service Goals and Public Health Benefit	<p>Ωηαη αρε ηηε πνβλιχ ηεαληη βελεφιησ σρ βελεφιησ ησ ηηε ρομμννιηψ? Adults and youth with mental health disabilities will receive financial, medical benefits counseling, individual advocacy, housing assistance, independent living skills training, assistive technology and benefits counseling to assist consumer to make an inform decision about employment and Social Security benefits. By accessing the Return to Work Benefits Counseling Program, consumers, family members, care givers and community organizations partners will be able to increase the number of consumers returning to the workforce and increase independence of consumers by obtaining/retaining employment, financial and medical benefits.</p> <p>How will this program improve clients' quality of life? Consumers have the opportunity to explore their options to become independent and be part of our community at large that also includes the possibility of entering or re-entering the workforce.</p>

What are the goals and outcomes this program is trying to achieve?

CCCIL Return to Work Benefits Counseling Program goals are:

- Assist 50-125 adults and youth with access to different community programs such as subsidized housing, Medi-Cal and Medicare, Social Security benefits such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI) and Retirement benefits.
- A total of 35-50 consumer will receive Information and Referral Services. They will be provided with information on a wide range of topics related to disability and connects people to other sources that provide the services they are seeking, provides information to community agencies about how they can make their services more accessible to people with disabilities and information about the different federal and state benefits such the Unemployment, State Disability Insurance.
- Will provide training to Behavioral Health staff, outreach presentations to local community organization and participate in community events such as health fairs, employment resource fairs and Bi-National Health Week events.

Strategies to Engage Underserved Populations

What is this program doing to help address disparities and engage underserved populations?

To ensure that our services are known in underserved regions of the county, we routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. Our goal is to educate our community about the different services that are available and to reduce the stereotyping and stigma of mental illness.

Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?

CCCIL biggest challenge is serving our youth; CCCIL goal is to increase the number of youth with disabilities entering the workforce to become independent and eventually be self-sufficient and self reliant. In order for CCCIL to be successful in outreaching to our youth, there is a need to augment our funding to support additional staff. There is a need to develop youth transition services in partnership with Behavioral health, parents, schools and youth in their school setting. The goal is to establish a program where youth with disabilities will receive services that will assist their transition from high school to college and or directly into the workforce. A program that places the Youth Transition Coordinator in the school working with teachers, students and their parents as well as the community at large. In order for this program to be successful, it will take the entire community to work towards this

	success.		
	<p>Does the program have goals to increase services to underserved populations? CCCIL goal is to increase the number of youth and Latinos accessing the Return to Work Benefits Counseling Program by working with the different school district, Department of Rehabilitation, American Job Center and other MHSA providers.</p>		
Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<ul style="list-style-type: none"> 50-125 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services 35-50 consumers, family members, caregivers and community at large will received Information and Referral Services Will participate in 10 outreach events that include presentations, community health fairs and community events. 	\$115,320	<p>Return to Work Benefits Counseling: \$738.00 per client</p> <p>Information and Referral Services: \$300.00</p> <p>Outreach: \$807 per outreach event</p>
2015-16	<ul style="list-style-type: none"> 50-125 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services 35-50 consumers, family members, caregivers and community at large will received Information and Referral Services Will participate in 10 	\$119,932.80	<p>Return to Work Benefits Counseling: \$768.00 per client</p> <p>Information and Referral Services: \$312.00</p> <p>Outreach: \$840 per outreach event</p>

	<p><i>outreach events that include presentations, community health fairs and community events.</i></p>		
<p>2016-17</p>	<ul style="list-style-type: none"> • <i>50-125 consumer will served under the following programs: Benefits Counseling Return to Work, Individual Advocacy, Housing Assistance, Independent Living Skills and Assistive Technology Services</i> • <i>35-50 consumers, family members, caregivers and community at large will received Information and Referral Services</i> • <i>Will participate in 10 outreach events that include presentations, community health fairs and community events.</i> 	<p><i>\$119,932 .80</i></p>	<p><i>Return to Work Benefits Counseling: \$768.00 per client</i></p> <p><i>Information and Referral Services: \$312.00</i></p> <p><i>Outreach: \$840 per outreach event</i></p>

Services for Children

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

that we receive in order to pay for the services to the adults. Currently, we receive \$31,000 a year from Monterey County before our FFP match. With the match, we typically draw down \$310,100 dollars per year for the program. We would like to propose that we pull out half of our non-match monies, \$15,500, to serve our adult caregivers. This will allow us to provide brief therapy (10 sessions) to 10 adult caregivers a year.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	6	\$31,009.84; \$310,098	\$51,683
2015-16	16 (6 children; 10 adults)	\$31,009.84; \$310,098	\$19,381
\$	16 (6 children; 10 adults)	\$31,098.84; \$310, 0098	\$51, 683

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

kids in bilingual groups to help with the language barrier and benefit from interaction in both languages. We are actively hiring bilingual counselors to overcome that challenge.

Challenges regarding lack of counseling space are usually managed by coordinating with on-site psychologist and part time staff to share office space. Space is always an issue at school sites and we are continuing to work collaboratively with each school to best manage this issue.

- Provide family counseling sessions to children identified with greater needs. Each 10-week individual family sessions will serve 6 families, with 3 sessions offered per year, occurring on Saturdays or weekdays in either Supervisor’s office space or another designated office space in Salinas.
- Provide referral to mental health services offered by MCBH or other service providers for children, families, or parents/caregivers who have experienced trauma via domestic or community violence.
- Conduct outreach and engagement activities with community groups and organizations to further promote the program and availability of services. These activities will lead to partnerships that will increase referrals and participation of families or parents/caregivers of children who have experience trauma via domestic or community violence.
- Provide clinical supervision for up to four (4) CSU Monterey Bay Master of Social Work (MSW) program and LPCC student interns. These student interns will provide counseling in school to children and families/caregivers, providing an enhanced level of services, This activity will also provide student intern with real world experience providing clinical services in underserved communities.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	200	\$91,120	\$455.60
2015-16	200	\$91,120	\$455.60
2016-17	200	\$91,120	\$455.60

Program Name	Early Childhood - SecureFamilies
Background and Community Need	<p>Monterey County Behavioral Health has partnered with the community and First 5 to provide specialized mental health services for young children age 0-5 and their families over the past 10 years. Originally our partnership with First 5 covered providing reflective supervision to Promotoras who were working with young children. 10 years ago there was limited community capacity to provide mental health services to children 0-5 and their families and Behavioral Health was approached by First 5 to take over a contract for a community provider who was having a hard time recruiting and maintaining bi-lingual therapists to serve this population. In large part due to First 5 and an increased awareness in the mental health profession of the and understanding of the need to provide specialty mental health serves in early childhood, Monterey County has sustained and grown our service array to meet the needs of young children and their families. We have been able to build capacity of the program with on-going First 5 funding, MHSA and Medi-Cal billing. In the past our collaborative program was called “School Readiness” and has evolved into our Secure Families Program.</p> <p>The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive development.</p> <p>Services include: Dyadic Therapy (parent/caregiver and child), Parent-Child Interaction Therapy, Circle of Security Groups, Mental Health Consultation in Early Childhood classrooms, Developmental and Social-Emotional Screenings. Services are provided in conjunction with Family Resource Centers throughout Monterey County including King City, Salinas, Seaside and Castroville.</p>
Population of Focus	<ul style="list-style-type: none"> • Children age 0-5 and their parents/caregivers • In FY 2013-2014 80% of clients served were Hispanic/Latino • All regions are served. If FY 2013-2014 29% of services were provided in South County.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Public Health Benefits and benefits to participants <ul style="list-style-type: none"> ○ Increased parental understanding of age appropriate child development and increased parental competence in meeting needs of children age 0-5 ○ Increased social-emotional competence in children age 0-5 • Goals include: decreased mental health symptoms, increase ability of children to regulate emotions, increased parental understanding of their children’s needs and ability to respond to those needs.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • The program offers services in Spanish and in English and has increased bi-lingual capacity. Appointments are offered in family friendly locations and during early evening hours to accommodate working families. • Lack of community awareness about the importance of early childhood mental health can be a barrier. Also for families who have other children

and need childcare this can be a barrier as we do not have capacity to provide childcare.

- When final numbers are in for FY 14-15, it is anticipated that a few more clients will be served from 13-14 (total number served in 13-14 was 126) as we were able to add 1 Psychiatric Social Worker in this current fiscal year. We expect a slight increase this year as the staff was hired mid-year with a higher increase when we are fully staffed for a full year. We would like to provide more Circle of Security groups to parents whose children do not yet have a mental health disorder and increase our ability to provide preventive services. We are exploring how to provide these services and have proper documentation given our use of the Electronic Health Record. If we are able to do this numbers served could increase by 10-40 more parents per year.
- Mental Health Screening for Children 0-8 has not been tracked as a separate program. Additional analysis will be done to see how many children are served with PEI funds in this area.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	125	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	140	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	140	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Strategies to Engage Underserved Populations

- The program has hired two former clients as youth mentors and this helps engage young adults and we provide developmentally appropriate youth friendly programs. We provide an evidence based practice multi-family group in Spanish for family members who have children with psychotic and other serious mental health disorders. We offer all services in Spanish and in English. We provide services in all regions.
- The program has not been able to expand capacity and it is not expected in the next FY's. One position for a clinical psychologist was approved in FY 2014-2015 but due to organizational needs this was lent to another program and now this will be filled for FY 2015-2016.
- Barriers to services include transportation and access to clinics in all regions. We have a lot of referrals from Soledad and we have limited space in our existing BH clinic.
- Other barriers to treatment occur when clients are actively using substances and are not able to benefit from mental health treatment. We are increasing a contract with Door To Hope so that they can provide specialty Intensive Co-Occurring Treatment for youth over 18.
- We also could better serve youth who have significant trauma backgrounds and need a specialized Dialectical Behavioral Therapy (DBT) or similar type of program. At this time we do not have this to offer and youth who need this level of care often do not benefit from Avanza.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	235	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	250	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	250	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>28 so far this year.</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>48 so far this year.</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	94	\$471,439	\$5,015
2015-16	154	\$771,439	\$5,009
2016-17	154	\$771,439	\$5,009

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	549	\$1,828,418	\$3,330
2015-16	639	\$2,128,418	\$3,331
2016-17	639	\$2,128,418	\$3,331

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	58	\$583,828	\$10,066
2015-16	58	\$583,828	\$10,066
2016-17	58	\$583,828	\$10,066

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	12	\$440,528	\$36,711
2015-16	12	\$440,528	\$36,711
2016-17	14	\$440,528	\$31,566

Program Name	Family Preservation
Background and Community Need	<p>The Family Preservation Program is an intensive, short-term, in-home crisis intervention and family education program for monolingual Spanish speaking families in Monterey County. The program is designed to prevent out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities.</p> <p>This program, staffed by one clinician, was vacant for the greater portion of the 13/14 fiscal year. Therefore the number of clients served in 13/14 is a reflection of this unfilled position.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups – Any minor child that is at risk for placement in publicly funded care and is from a monolingual Spanish speaking family is eligible for this program. • Culturally specific groups – Any monolingual Spanish speaking family within Monterey County that is experiencing challenges with maintaining their children in their home and there is risk of out of home placement can be considered for this program. • Regions served: All regions of the County of Monterey • Any special diagnostic category to be served – Monolingual Spanish Speaking Families where there is imminent risk of the child being placed in out of home care are the focus of this program.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? <ul style="list-style-type: none"> ○ With a focus on educating and empowering families to meet the needs of their children, even in high intensity situations, this program can allow families to remain together. • How will this program improve clients' quality of life? <ul style="list-style-type: none"> ○ This program can assist in preventing clients from being removed from their homes and family and placed in out of home care. ○ Through providing in home mental health intervention and psycho-education, this program enables parents to meet the high needs of their children. In turn this allows clients to build safer and more secure relationships within their family leading to a long term support system. • What are the goals and outcomes this program is trying to achieve? <ul style="list-style-type: none"> ○ This program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The goal is to preserve the family as an intact unit.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <ul style="list-style-type: none"> ○ Maintaining the sole position within the program remain filled with a Spanish speaking therapist. • Are there any challenges to reaching specific populations? Due to the intensive nature of the service, families that are unable to devote the time or are homeless are a challenge to provide services to.

- Does the program have goals to increase services to underserved populations? Everyone served within the current program is part of an underserved population.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	10	(total budget)	(projected cost per client)
2015-16	10	(total budget)	(projected cost per client)
2016-17	10	(total budget)	(projected cost per client)

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	30	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	30	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	40	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>10</i>	<i>(total budget)</i>	<i>(projected cost per</i>

			<i>client</i>
2015-16	12	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	12	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>Planning and training</i>	<i>0</i>	<i>0</i>

2015-16	1200	60,000	\$50.00
2016-17	2400	60,000	\$25.00

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

- What interventions will be conducted to address these challenges?
Continued development of referral resources to ensure client access to MH services post forensic interview.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	80	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	100	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	100	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Child Advocate Program
Background and Community Need	The Child Advocate Program began in 2001 with funding from Proposition 10, through the Monterey County Children and Families Commission, which is now known as First 5 Monterey County. The mission of the program is to intervene into the cycle of violence, knowing that children exposed to violence in the home are less likely to be socially and emotionally ready for school. Though the years, as our knowledge about child and brain development has expanded so has our target population. Most recently we've included children exposed to toxic stress. Toxic stress in children is defined as living with physical abuse, emotional abuse, neglect, exposure to violence, severe maternal depression, household chaos and prolonged economic hardship. New research from Harvard's Center for the Developing Child shows that toxic stress can cause damage to vital brain development that will largely determine a child's physical, mental and emotional health into adulthood. MHSA allowed the program to support one dedicated probation officer to work with two child advocates to provide much needed services to the at risk children of those adults under the supervision of the Probation Department as the result of a criminal conviction.
Population of Focus	The program's population of focus is : <ul style="list-style-type: none"> • At risk families with a child (children) age 5 or under, in which one or both parents are under the supervision of Probation • High risk families having at least 1 child who has experienced domestic violence and/or child abuse, or are at risk and in need of additional services. • Underserved and unserved cultural populations and unserved populations in Monterey County • Historically, these families have been predominantly low income and Hispanic. Approximately 60% of the families that participate in the program live in East Salinas, North Salinas, and Greenfield. 33% of the families participating are Spanish speaking only.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • Assist high risk parents in becoming capable and nurturing caretakers; help families create healthier, stable home environments that enhance the health and safety of young children. • Increase skills in the areas of effective daily living, interpersonal skills, and healthy leisure activities. • Improve family functioning, positive change of home environment, and ensure child's successful entrance into school. • Connection to mental health services, which include community based programs and/or Behavioral Health programs.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • Assess high risk families for counseling and other service needs. Assess up to 200 families on an annual basis. 100% of those who are referred are assessed for services. • Provide referrals to community service providers and follow up with families, according to assessed needs. Referral system to be established in partnership with MCBH for clients in need of clinical services not available through Eduardo Eizner, MFT. 80% of those referred for behavioral health counseling actually access those services and 70% of those referred for supportive services actually access those services.

- Provide parenting education at no cost to the consumer, using the PEACCE curriculum. 80% of those enrolled in the program actually complete the program and 80% of those who complete the program adequately gained knowledge.

Year	Annual Goal	Annual Cost	Cost Per Client
<i>(number of clients that will be served)</i>	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>14 this year as of this date.</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Vocational Services for Transitional Age Youth (TAY)
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Interim, Inc. aligned with MCBHB's Transition Age Youth (TAY) System of Care to serve youth ages 18-25. Services include pre-vocational groups, job development, job placement, job coaching, and follow-along support.</p> <p>TAY was originally funded under MHSA as a new program. It was later defunded by MCBH due to budget constraints. It is being reinstated in the fourth quarter of FY14/15. It will go forward in 15/16. The program was reinstated due to demand from MCBH TAY services (Avanza).</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Youth ages 18-25 • Culturally specific groups We serve all groups referred by MCBHB. • Regions served Monterey County • Any special diagnostic category to be served Youth ages 18-25 who have a psychiatric disability
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Young consumers who are unemployed will be integrated into the workforce. • How will this program improve clients' quality of life? Clients will be given the tools to pursue their vocational goals and to succeed in the job force. • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. Align services with MCBHB's TAY System of Care and serve annually 30 youth (ages 18-25). 2. Provide pre-vocational trainings, job development, job placement, support and assure services are provided in culturally and linguistically competent manner for 30 youth. 3. Provide job seeking skills which include: development of individualized resumes, application completion, interview techniques, appropriate attire, grooming and behaviors to 30 TAY youth. 4. Identify jobs and careers suited to each youth's strengths and skills. <ol style="list-style-type: none"> 1) Vocational assessments will be completed on 20 TAY to determine which careers would be best suited for their unique skills 2) Each TAY that has completed the vocational assessment will have a written individualized vocational plan. 5. Develop jobs that meet each youth's planned vocational goals. <ol style="list-style-type: none"> 1) 15 TAY referred to Supported Employment will be placed in a competitive job within the community 2) 25% of TAY will be placed in jobs paying more than the hourly minimum wage. 6. Provide job coaching and follow-along support to 10 TAY in job placement.

Strategies to Engage Underserved Populations

- What is this program doing to help address disparities and engage underserved populations?
 MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible.
- Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?
 Interim, Inc./SEES will conduct presentations in the community to reach specific populations (i.e. AVANZA).
- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

Interim, Inc./SEES will provide workshops and/or presentations in order to increase the amount of referrals and reach underserved populations.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	30	\$26,916	<i>This program was launched in April 2015. Cost is for a 3 month period - \$897</i>
2015-16	30	\$112,386	\$3,746
2016-17	30	\$116,881	\$3,896

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Services for Adults

Program Name	Creating New Choices/Adult Mental Health Court		
Background and Community Need	<p>Creating New Choices (CNC) was originally a combination of the Mentally Ill Offender Criminal Reduction (MIOCR) Grant and Mental Health Services Act (MHSA) funding. This funding allowed for development of Mental Health Court to serve the mental health needs of adults with severe mental illness who come into contact with the Justice system. CNC is a collaborative effort between the Sheriff's Office, Courts, Behavioral Health, Probation and law enforcement in Monterey County to provide intensive case management, psychiatric care, probation supervision and therapeutic mental health court services to mentally ill offenders.</p>		
Population of Focus	<p>The population served is adults, age 18 and older with severe mental illnesses who are involved with the criminal justice system. Qualifying diagnoses are Schizophrenia, Schizoaffective Disorder or Bipolar Disorder. Bilingual staff (Spanish/English) ensures quality services are also available to clients whose primary language is Spanish.</p>		
Service Goals and Public Health Benefit	<p>The CNC program takes mentally ill offenders from jail into treatment and helps to reduce recidivism by treating mental illness that is the underlying cause of criminal behavior. As a Full Service Partnership (FSP), the CNC team provides participants with a wide range of services including: group therapy, medication management, individualized treatment planning, housing resources, life skills, transportation assistance, school and/or employment assistance, and 24/7 access to CNC team member for crisis intervention and support to ensure clients do not require involuntary hospitalization or jail. Adult Mental Health court hearings by a Therapeutic Court Team (Judge, District Attorney and Public Defender along with CNC staff) are an integral part of the treatment program. Clients have regular court hearings to review their progress in treatment including program participation, recovery work, personal accountability and prosocial behavior.</p>		
Strategies to Engage Underserved Populations	<p>Referrals to the Adult Mental Health/CNC program come from the Court, Public Defender, District Attorney and private counsel. County Behavioral Health collaborates with the Superior Court, law enforcement and a supportive housing service provider to address the significant challenges of unserved or underserved mentally ill individuals involved in the criminal justice system. The program provides a stable supportive housing environment and a positive peer culture; uses a philosophy of "whatever it takes"; assists participants to integrate successfully back into the community; and helps reduce criminal recidivism. CNC clients have access to CNC staff 24/7, a unique service that helps clients maintain stability in the community.</p>		
Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	15	(total budget)	(projected cost per client)
2015-16	15	(total budget)	(projected cost per client)
2016-17	15	(total budget)	(projected cost per client)

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	160	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	168	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	175	<i>(total budget)</i>	<i>(projected cost per client)</i>

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>160</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>168</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>175</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Alternative Healing & Promotores de Salud
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63: The two Promotores programs in existence were developed as a special Behavioral Health project to improve mental health awareness and access to services to the unserved and underserved Latino population of Monterey County. This was achieved through the design of sustainable outreach and access model that has been integrated into the services delivery model of our Behavioral Health System. Proposition of this project was initially made by community members during their participation in the community needs assessment, which was conducted by our Behavioral Health Bureau prior to the implementation of the Mental Health Services Act/Prop 63.</p>
Population of Focus	<p>Outline the key population of focus to be served noting: The intent of the project was to establish a services delivery model that will meet the cultural, linguistic and individual needs of the Latino population.</p> <ul style="list-style-type: none"> • Specific age groups: The Promotores programs have primarily served adults, averaged age 39 ((D3 Fiscal Year 2013-2014). • Culturally specific groups: Latinos, primary language is Spanish • Regions served: All regions, but primarily Salinas • Any special diagnostic category to be served: For people that have been referred by the Promotores programs to Behavioral Health, services are provided based on medical necessity criteria, according to State of California requirements. The Top 5 Primary diagnosis has been Depressive Disorders (35%), Anxiety Disorders (30%), Adjustment Disorders (18%), Psychotic Disorders (3%), and Other (2%) - (D3 Fiscal Year 2013-2014).
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? The primary responsibility of the Promotores programs is to improve the awareness of mental health issues for community members through specialized trainings. They also educate the public on how to access the services available for the population of focus. In addition, the programs act as a buffer for the Crisis Team and the Mental Health Unit in that individuals have the opportunity to received Behavioral Health services in an outpatient setting for their mental health conditions. • How will this program improve clients' quality of life? Some Health Integration studies show that when clients are referred to Behavioral Health from Primary Care, only 50% actually made contact with Behavioral Health. The Promotores programs help address multiple barriers to accessing services, such as those related to transportation, availability, culture, language, stigma, and mistrust (D3 Fiscal Year 2013-2014). Once clients are connected to Behavioral Health services by the Promotores, the clients show a significant improvement in their mental health condition; over 50% tend to reach their treatment goals. One of the Promotores programs actually offers psychological counseling to their clientele within the program. The therapy the client receives is provided by a Master level clinician. Clients benefit from this

	<p>program in that they are able to address their mental health needs without having to go to Behavioral Health for services.</p> <ul style="list-style-type: none"> • What are the goals and outcomes this program is trying to achieve? The goal of the programs is to improve awareness of mental health issues in the Monterey County communities and to make it possible for unserved and underserved Latino populations to access Behavioral Health services in a seamless way.
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? The promotores are community members who serve as liaison between their community and health, human and social services organizations. They work with organizations and institutions to bring information to their communities. As liaisons, they often play the role of advocate, educator, mentor, outreach worker, role model, translator and more. They play a key role gaining access and bringing messages to underserved communities. • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? The Promotores staff and volunteers participate in health fairs and other community speaking events with such organizations as churches, schools, clubs, community festivals and neighborhood groups. They are required to provide their services in culturally and linguistically competent setting and they have been successful in doing this. According to the Promotores, the challenge in outreaching to the community is that community members report excessive wait times in accessing basic mental health services in some areas in the County. Behavioral Health is aware of these challenges and is committed to improve the level of access to the services. Behavioral Health is in the process of initiating a new method that promises to improve access to services. Beginning May 4, 2015 the Salinas region will implement a new Pilot Access program with the purpose of changing its walk-in schedule from Wednesday to Tuesday, Wednesday and Thursday between 8 AM and 12 PM. We will eventually implement the same model in the South County and the Coastal regions. • Does the program have goals to increase services to underserved populations? In the past two years, Behavioral Health has developed two new teams to serve the underserved populations, which support the ideal of the Promotores programs. These two programs are the GAP team (in all three regions) and the Latino Engagement team (Salinas region only). The goal of all these four programs is to provide community residents, especially those who are unserved or underserved, with easy and complete assistance to public mental health services and community resources. These services are being offered to the population in question, independently if these individuals are Medi-Cal recipients. The Promotores program that offers direct counseling services for individuals and families provides an average of 300 counseling sessions per year. The average number of Promotores clients served by Behavioral Health last year in the Salinas region was 60; this represented 429 services of different type, including medication, individual and group counseling. Behavioral Health is committed to continue developing ways to improve

and increase services for the population in question. We anticipate serving more people this year.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Mental Health Services for Domestic Violence Victims - YWCA
Background and Community Need	The YWCA Monterey County (YWCA) is a community and global organization that takes a stand on issues that affect Monterey County. The YWCA's mission is to eliminate racism and empower women. One of the many programs that YWCA supports is "Violence Against Women" which includes domestic violence, dating violence and stalking. The YWCA provides safe places for women and girls, builds strong women leaders, and advocates for women rights and civil rights. The YWCA offers innovative programs and services that are continuously evolving to meet the changing needs of individual(s), families and children in Monterey County's communities. It was apparent through referrals, outreach events and collaboration with other agencies that south county needed domestic violence services from the YWCA. With the help of the Mental Health Services Act/Prop 63 funding this was achievable to reach the sounty county population that is limited to services in their community.
Population of Focus	The population we wanted to focus on was all adults, families, youth and children who reside in Monterey South County. Especially those who do not have transportation, money, and resources to travel. Also the focus was on the Hispanic, female, field worker who has been a victim of domestic violence and is unaware of resources available in the community.
Service Goals and Public Health Benefit	The public health benefits for providing domestic violence counseling/prevention services is insurmountable due to reducing less revenue spent in our health facilities, law enforcement agencies, public schools, court systems, and social service agencies. We provide individual, family and child counseling. The program will help victims in all areas of their lives emotionally, mentally, physically, and spiritually by providing therapy, resources, psycho education, advocacy, and safety. These are our program goals 1. To dispense critical immediate counseling support services for individuals, families and children. 2. To provide strategies for support, counseling, and advocacy once immediate crisis pass. 3. To provide education and counseling to break the cycle of violence in the lives of individuals, families and children. 4. To advocate for public policies to focus on ending family violence.
Strategies to Engage Underserved Populations	To help engage underserved populations we have brought the services to their community or within a short drive. We also provide services in their spoken/written language. The staff provided are culturally competent and of different genders/race. Community outreach could be used as a way to engage underserved populations. Also focus groups in the community with consumers and non-consumers could be a way to reach underserved populations.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	25	90,578.58	3,623.14
2015-16	30	90,578.58	3,019.29
2016-17	35	90,578.58	2,587.96

Program Name	Interim: Lupine Gardens
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness, and require additional support necessary to live independently in the community. Lupine Gardens is a Full-Service Partnership program.</p> <p>Lupine Gardens is a new programs started under MHSA.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Regions served Monterey County • Any special diagnostic category to be served Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. These individuals have a need for intensive case management services.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Individuals with mental illnesses who were homeless or at risk will be off the street and have the tools to integrate into the community. • How will this program improve clients' quality of life? This program allows clients to have housing and to develop the skills to live independently. • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. Provide permanent housing for 20 adults with psychiatric disabilities who are homeless or at risk of homelessness. 2. 60% of the individuals served will remain in permanent housing for at least 1 year. 3. Provide intensive mental health and case management services including peer counseling, crisis intervention, and medication support. Assist consumers in arranging for optional meal service, house cleaning, and laundry services. Provide linkage and assessment. Provide transportation assistance as needed, while encouraging residents to use public transportation seeking the following consumer outcomes: <ul style="list-style-type: none"> • 80% of the residents will report a substantial improvement in quality of life as a result of the services received at Lupine Gardens from entry point benchmark. • 40% of the individuals will participate in various community programs, social support program, or peer operated wellness recovery program, i.e., Wellness Recovery Center, Our Friends, Dual Recovery resource groups.

	<p>4. 10% of the residents will participate in vocational training, will be employed or will perform volunteer work.</p> <p>5. 20% of the residents will require less intensive support services or will move to a more independent level of housing within 2 years.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <p>MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to the community at large to reach mentally ill low-income individuals.</p> <ul style="list-style-type: none"> • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? <p>There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults.</p> <ul style="list-style-type: none"> • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>MCBHB refers all of our clients who are all economically disadvantaged.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	20	\$299,453	\$14,973
2015-16	20	\$319,684	\$15,984
2016-17	20	\$332,471	\$16,624

Program Name	Interim: Rockrose Gardens
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Rockrose is part of our Supportive Housing initiative which provides community independent living for chronically mentally disabled consumers. Residents are also given the option of Short-Doyle Medi-Cal (SD/MC) case management, crisis intervention, and mental health services.</p> <p>Rockrose is a new program, brought about by construction of the housing with a combination of MHSA Housing funds and federal HUD 811 funds. The services were initiated with MHSA funds. The MHSA services are required as part of the MHSA Housing program.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Regions served Monterey County • Any special diagnostic category to be served Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Permanent housing for homeless and low income individuals. • How will this program improve clients' quality of life? Case management services in which client and case manager work together to develop goals to improve client's life in areas of health, education, employment, daily living skills. • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. To provide permanent housing at Rockrose Gardens with 9 of the 20 units designated for consumers that are homeless or at risk of homelessness as per the MHSA Housing program requirements. 2. Case management for 100% of the residents in which clients and case manager establish goals in areas of health and symptom management, employment, education and living skills. 3. 90% of all residents will have a medical doctor with regularly scheduled appointments. 4. 100 % of residents will meet with behavioral health psychiatrist to provide for their mental health. 5. 90% occupancy in this housing site.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. But, if we needed to, we would publicize the housing to

the community at large to reach mentally ill low-income individuals.

- Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?

There is currently no challenge in reaching our target population and we have a healthy waiting list. There is a demand for this program among the mentally ill adults.

- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

MCBHB refers all of our clients who are all economically disadvantaged.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	20	\$110,864	\$5,543
2015-16	20	\$115,114	\$5,756
2016-17	20	\$119,719	\$5,986

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

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2015-16	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>
2016-17	<i>(number of clients that will be served)</i>	<i>(total budget)</i>	<i>(projected cost per client)</i>

Program Name	Interim: Creating New Choices (CNC)
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Creating New Choices (CNC) is a Full Service Partnership program initiated by the County. CNC aims to provide intensive case management and stable housing designated for seriously mentally ill offenders, and other vulnerable County clients in need of the service. The program is designed to meet the individual needs of the consumer. It also serves as a central place for positive peer group interactions, cognitive skill development and social skill development necessary to function in the community.</p> <p>CNC was previously part of the MIOCR program. When MIOCR was defunded by the state, MCBH replaced the MIOCR funding with MHSA funding.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults 18 and over • Culturally specific groups <p>We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis.</p> <ul style="list-style-type: none"> • Regions served Monterey County • Any special diagnostic category to be served <p>Ambulatory clients with acute to moderate level of impairment but who does <u>not</u> meet 5150 criteria. As well as consumers with DSM IV serious mental illness diagnostic categories.</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? CNC helps to reduce the criminal recidivism rate amongst mentally ill offenders as well as assists consumers to integrate successfully back into the community. Another component of this program is to provide harm reduction for individuals with a co-occurring disorder. Lastly, it serves to help stabilize those who are in need of intensive case management. • How will this program improve clients' quality of life? This program gives adults with serious psychiatric disabilities who have been incarcerated and recently released the support they need to recover. The program also helps them develop independent living skills to function in the community. • What are the goals and outcomes this program is trying to achieve? 1. Provide a stable supportive housing environment and a positive peer culture for 4 residents. 2. 90% of consumers successfully integrate into the community. 3. 90% reduction in criminal recidivism amongst the mentally ill offender served through CNC.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? Residents participate in CNC groups and classes including substance abuse support groups. They also receive intensive case management that focuses on

medication compliance, development of independent living skills and socialization. MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible.

- Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?

Not all those who are targeted want to participate in this program. The CNC team works with these individuals to educate them on the advantages of self-care and staying out of jail. When there are challenges reaching CNS clients we provide intensive case management services to others who need them.

- Does the program have goals to increase services to underserved populations? CNC is a County run program, and the County refers clients to us.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	4	\$158,644	\$39,661
2015-16	4	\$174,439	\$43,610
2016-17	4	\$181,417	\$45,354

Program Name	Chinatown Community Learning Center with CSUMB
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Interim will sub-contract this service to CSUMB and will provide oversight for CSUMB's Chinatown Community Learning Center initiative. The purpose of the collaboration is to enable the Service Learning Institute (SLI) at CSU Monterey to continue to offer qualified MSW support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center. The Learning Center is a resource center and classroom space devoted to serving the needs of the homeless and other marginalized residents of the Chinatown neighborhood. The Learning Center provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities that serve the needs of the homeless and marginalized in Chinatown, many of whom are also struggling with mental health and addiction issues. Interim will provide guidance on setting and meeting goals as well as monitor consumer progress.</p> <p>In 2015-16, CSUMB will expand their efforts to include a cohort of four (4) MSW students working under the supervision of the Assistant Social Work Professor, and with the support of the Field Coordinator. This cohort of MSW students would work as a team and provide 64 hours per week of social work service to Chinatown residents. The primary function of the team would be to provide ongoing supportive counseling to clients, with a focus on pathways to housing and employment. Students would be onsite and available to listen to issues, and challenges faced by client residents of Chinatown, and work with service providers to help clients move off the street and into housing and viable employment.</p> <p>MCBHB requested that Interim handle this sub-contract after requests by Board of Supervisors to MCBHB for funding for Chinatown Learning Center.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups <p>Adults and transition age youth age 18 and over</p> <ul style="list-style-type: none"> • Culturally specific groups <p>We serve all cultural groups who are homeless or seek services in the Salinas Chinatown area.</p> <ul style="list-style-type: none"> • Regions served <p>Salinas, Chinatown Area</p> <ul style="list-style-type: none"> • Any special diagnostic category to be served <p>Homeless adults who have mental illness/and or substance abuse challenges.</p>
Service Goals and Public Health Benefit	<p>What are the public health benefits or benefits to the community?</p> <p>The Learning Center program provides a number of public health benefits to the community:</p> <p>We contribute to a safer neighborhood by teaching a portion of the population coping skills, communication skills, conflict resolution skills, mood/anger management skills which all likely result in reduced violence</p> <p>The community health of our area is improved slightly by the bathroom that we make available for long hours five days per week</p> <p>How will this program improve clients' quality of life?</p> <p>The Learning Center program provides a number of public health benefits to clients: Clients have and do develop coping skills as a result of attending our cognitive behavioral classes</p> <p>Clients are able to care for their health in a more significant way as a result of having</p>

been enrolled into Medi-Cal through our Center

Clients experience an increase in calorie intake as a result of having been enrolled into CalFresh through our Center

Some clients secure employment within our organization which helps them develop work skills, increases their income, and for some, allows them to provide for their own housing
Clients are able to provide for their own housing by receiving social security through our Center

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

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

What are the goals and outcomes this program is trying to achieve?

Program Goals: Chinatown Community Learning Center

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

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

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

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

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

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

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

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

	<p>In addition to focusing on housing and employment, MSW students will assist with the following: social service enrollments (MediCal/CalFresh/SSI/etc.); referrals to mental health, physical health services; assistance with reapplication for California State IDs, etc., and general trust-building and re-socialization.</p> <p>Interns will enter all contacts into the Homeless Management Information System (HMIS). When doing intakes and evaluations, students must use the Coordinated Assessment and Referral System established by the Coalition of Homeless Services Providers. Services for clients will be coordinated with other service providers to avoid duplication of services.</p>
<p>Strategies to Engage Underserved Populations</p>	<p>What is this program doing to help address disparities and engage underserved populations?</p> <p>The Learning Center program serves clients living in a ghetto. These (approximately 170) people live in makeshift shelters and tents. They are generally jobless. They generally suffer from various degrees of mental health issues. Many are actively addicted to street drugs. Most are disconnected from family. Many suffer significant health issues. They depend on the kindness of others for food and clothing. They have part-time access to bathrooms and showers and unrestricted access to cold water. They are desperate. They are underserved.</p> <p>Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?</p> <p>Yes, this group is naturally wary of everyone they do not know and often even of those service providers they do know. Engagement is a central component to our services. We must take the long view and build trust with these clients in a slow and deliberate fashion. Some clients take years to engage. Some may never seek our services. We are embedded in the community for the very purpose of engaging clients. Outside providers who pass through once a week or less have a much more difficult task to engage these residents. Programmatic services, such as hosting a daily open computer lab and movie nights are designed with the very goal of engaging with this hardest-to-serve clientele.</p> <p>Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here</p> <p>The D3 data shows 86 clients receiving homeless services in the past year, with a decline over the last three years in the number of clients who indicate Salinas as their place of residence. The Learning Center is embedded in Chinatown and is known as a safe haven for the homeless population. Engagement is a major focus of the center (476 unique contacts anticipated in 2014-15) but the addition of mental health and substance abuse focused groups at the Center has also increased services to the homeless underserved population (20-25 unique individuals/month attend these groups). This data is not being accounted for in D3 report. Additionally, 5 individuals are assisted in obtaining benefits. These services will increase in 2015-16 with the addition of the MSW intern cohort as they will also be able to provide individual crisis focused counseling services and will work toward housing and employment goals. Each intern will carry a caseload of 3-5 clients (24-50/year). (See goals above for specifics in relation to this increase). Collaboration with the homeless serving agencies creates a pathway to more intensive services when client impairment and interest indicates referrals and joint service provision.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	496 total clients will be served by Center. 75 clients will receive contracted mental health and benefits services.	\$88,660	\$179/per client (total clients served by center). \$1,182/per client

			<i>(provided specifically contracted services)</i>
2015-16	550 total clients will be served by Center. 125 clients will receive contracted mental health and benefits services	\$137,510	\$250/per client (total clients served in both programs of contract. \$1100/per client (provided specifically contracted services)
2016-17	<i>(number of clients that will be served)</i>	<i>(no contract for this period)</i>	<i>(projected cost per client)</i>

Program Name	Interim: Dual Recovery – Case Management/Mental Health Services & Dual Recovery Services
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Dual Recovery Services aims to reduce the length of stay at the Bridge House dual recovery residential program. The program works to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and transitional age youth in the MCBHB Adult & TAY Systems of Care.</p> <p>The Dual Recovery Services program was made possible due to Mental Health Services Act/Prop 63 funding.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race. • Regions served South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside, and Monterey • Any special diagnostic category to be served Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County served by Monterey County Behavioral Health Bureau, Adult Services. Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? The benefits include having individuals who suffered from dual recovery issues readjust to living in the community with a clean and sober life style. • How will this program improve clients' quality of life? This program gives clients the tools to transition back to healthy independent living. It also helps reduce the triggers that lead to relapse of substance abuse. • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. 75% of DRS clients will remain housed and will have no new episodes of homelessness after gaining housing, due to drugs or alcohol. 2. 75% of DRS clients will stay clean and sober while receiving services from the program. 3. 90% of DRS clients will have no new convictions while receiving services from the program. 4. 65% of DRS clients will not return to jail for offenses due to drugs or alcohol. 5. 85% of DRS clients will attend DRS groups to learn and practice skills for staying clean and sober.

Strategies to Engage Underserved Populations

- What is this program doing to help address disparities and engage underserved populations?

This program serves those who dually diagnosed, who are low-income, including transitional age youth in the MCBHB Adult & TAY Systems of Care as well as South County Behavioral Health clinics. Clients must be referred by Monterey County Behavioral Health, Adult Services. Some of the individuals served include graduates of residential treatment programs (i.e., Bridge House program).

- Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges?

Increase population served in South County: Program Coordinator will continue collaborating with Case Coordinators and clients to discuss the services this program provides. Counselors and program staff will continue to facilitate support groups once a week in Gonzalez and King City to provide clients with additional support.

- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

Continue expanding DRS services to South County and 15% of DRS clients will be located in South County cities.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	70	\$417,695	\$5,967
2015-16	70	\$444,975	\$6,357
2016-17	70	\$462,774	\$6,661

Program Name	Interim: MCHOME Case Management/Mental Health Services & Outreach
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>The MCHOME Program is a Full-Service Partnership initiative, which provides wrap-around services, and outreach for adults with a psychiatric disability who are homeless or at high risk of homelessness. The purpose of the program is to assist adults with mental illness in getting off the street, into housing and employment and/or on benefits. We believe stabilization and housing are the necessary stepping stones for clients to restart their lives and reach their personal goals. Beginning in FY 15-16 MCHOME will also have an internal Case Coordinator thus decreasing duplication with the County Coordinators.</p> <p>MCHOME was previously funded under AB 2034. The State later defunded AB 2034 and allowed counties to replace the defunded 2034 funds with MHSA funds. MHSA funding doubled the program from 25 to 50 clients.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups <p>Adults and transition age youth age 18 and over</p> <ul style="list-style-type: none"> • Culturally specific groups <p>We serve all groups. Our clients are outreached on the streets and have a serious mental health diagnosis.</p> <ul style="list-style-type: none"> • Regions served <p>Monterey County</p> <ul style="list-style-type: none"> • Any special diagnostic category to be served <p>Homeless and at risk of homelessness adults who also have a psychiatric disability.</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? <p>Individuals with mental illness who are living on the street are stabilized, housed, and reintegrated into the community. Also, law enforcement, veterans' offices, the Probation Department, city officials, business councils, etc. have a program to turn to when they are concerned about a homeless individual.</p> <ul style="list-style-type: none"> • How will this program improve clients' quality of life? <p>This program provides a "whatever it takes" intensive case management service approach to assist mentally ill individuals who were previously homeless to gain support and live in community settings.</p> <ul style="list-style-type: none"> • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. Coordinate services for 50 homeless mentally ill adults. 2. Assist individuals in obtaining income or benefits to assist in stabilization in the community. 3. Provide or arrange for housing e.g., hotels, shelters, transitional housing and permanent housing for a minimum of 25 consumers. 4. Improve the overall functioning of the community's service delivery system to homeless mentally ill adults i.e., easier access to available mental health services with the following expected outcomes: <ul style="list-style-type: none"> • 80% of the residents will report a substantial improvement in quality of life as a result of the services received from entry point benchmark. • 80% of the MCHOME residents will receive assistance in completing

	<p>housing applications if needed and when available i.e. Section 8, Rent Vouchers.</p> <p>5. Provide case management and coordination or purchase of services, peer counseling, benefits counseling and applications i.e. Section 8. The expected outcomes will be as follows:</p> <ul style="list-style-type: none"> • 100% of the MCHOME residents in transitional and permanent housing will have one or more individualized mental health service plans utilizing strengths based approach to provide stability in community living. • 65% of the residents living in MCHOME transitional housing will receive benefits or employment within the first year of housing. <p>6. Provide food, clothing, and other personal need items to help support community living to 50 consumers.</p> <p>7. Provide evaluation for 100% percent of our enrolled consumers and and referrals to those in need.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <p>We outreach to people who are homeless with a mental illness. We help them obtain housing, benefits, and personal needs items.</p> <ul style="list-style-type: none"> • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? <p>The challenge is engaging with those who are homeless and symptomatic. These individuals are often too paranoid to accept services without a long engagement period.</p> <ul style="list-style-type: none"> • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>Yes, we serve the psychiatrically disabled and homeless.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	50	\$779,022	\$15,580
2015-16	50	\$903,360	\$18,067
2016-17	50	\$939,494	\$18,790

Program Name	Family Self-Help Support & Advocacy (NAMI MONTEREY COUNTY)
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Interim, Inc. in conjunction with NAMI-MC, works to fulfill the Family Self-Help Support & Advocacy initiative. This program supports and advocates on behalf of consumers, families, and friends of people with severe mental illness. NAMI-MC's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve client's quality of life. Interim is the operating agent for NAMI-MC. Beginning FY15-16 this program is being expanded with NAMI employees working more hours to outreach consumers and families.</p> <p>This is a new service funded in FY 14/15 at the request of NAMI, and negotiated with MCBHB. Services previously did not exist in Salinas Valley and were minimal in Monterey Peninsula (previously solely funded by donations). MHSA funds expanded the program.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults age 18 and over • Culturally specific groups We serve all groups • Regions served Monterey County • Any special diagnostic category to be served All family members and care providers of adults living with serious mental illness.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? The community is educated on the needs and challenges of individuals with mental illnesses. The clients experience an improved quality of life and a reduction of stigma. • How will this program improve clients' quality of life? This program improves clients' quality of life by offering individual and group support, family-to family support, advocacy, public education, and hope for families and their loved ones living with mental illness. • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. Provide phone, email or in-person support to 100 family members, caregivers, and clients who are frequently in distress and in need of information. 2. Produce 20 public presentations in Salinas and 4 in South County with an emphasis on care to consumers and families. 3. Provide outreach services for one to two days in South County and 16 additional hours in Monterey, assuring improved response to callers and walk-in consumers seeking assistance. 4. Facilitate at least three (3) 12-week or 6-week "Family to Family" and/or "Familia a Familia" education courses annually for family members and care providers of adults living with mental illness. 5. Facilitate two (2) "Provider Education" presentations (152 hours of in-service training) to mental health professionals to encourage sensitivity in regards to mental illness. 6. Facilitate once per month "NAMI Connection Recovery Support Group"

	<p>program for adults with a mental illness and family members. 7. Coordinate with, assist and supplement existing programs in Monterey County that currently offer mental-health service programs to youth and seniors five times a year.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <p>The program distributes information, makes contact with community (including agencies, churches, etc.), attends networking events to reach and engages underserved populations.</p> <ul style="list-style-type: none"> • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? <p>Outreaching to and marketing to family members who need these services. Staff will continue collaborating with community members, agencies, and faith communities to discuss the services this program provides.</p> <ul style="list-style-type: none"> • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>One of the goals is to train Familia-a-Familia participants in order to continue growing Spanish family programs. Additional goals include encouraging Spanish class participants to become involved/volunteer with NAMI in order to help promote mental health awareness within the Latino community. NAMI also aims to increase services in South County.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	100	\$58,000	\$580
2015-16	100	\$166,490	\$1,665 (increase because NAMI staff will move from 10 hrs/week to half time)
2016-17	100	\$173,150	\$1,732

Program Name	Interim: Our Friends, Our Voices
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Our Voice’s programmatic goals are to promote consumer wellness and recovery by operating a center that provides self-help groups to assist members in pursuing personal and/or social growth and change.</p> <p>Our Voices was initially funded through a variety of donations and United Way funding. The program was expanded with MHSA funds. Due to input from consumers to focus more on outreach, anti-stigma and consumer driven initiatives, starting FY 15-16 the program will be significantly changed to the Consumer Advocacy Program.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults 18 and over • Culturally specific groups <p>We serve all groups. Our clients must have a mental health diagnosis.</p> <ul style="list-style-type: none"> • Regions served Monterey County • Any special diagnostic category to be served Those who have a psychiatric disability.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? The public health benefits include supporting those with serious mental illness on their path to self-sufficiency and recovery. • How will this program improve clients’ quality of life? This program allows clients to socialize with others desiring similar growth and change opportunities in maintaining their wellness and recovery. Programs include support and resources to quit smoking, to address depression and bipolar challenges and management, mental health awareness luncheons, and other team building activities. • What are the goals and outcomes this program is trying to achieve? 1. Organize safe and fun recreational and social activities which promote wellness and recovery for at least 12 clients per month. 2. Develop and facilitate at least 3 ten week classes a year for the NAMI Peer to Peer program. At least 12 clients will participate and complete these courses yearly. 3. Hope and Recovery weekly groups will be developed and offered in Monterey at Community Hospital. An average of 10 clients will participate weekly. 4. Employ Consumers as program staff and develop volunteer opportunities for at least 5 consumers in the program.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? The program is open to anyone in the community who is struggling with their mental illness and looking for support. • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? It has been challenging to reach people who are not in the Monterey County Behavioral Health system.

- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

We serve underserved populations and the program is being revamped to have the consumers outreach to their peers. This new program will be run by the consumers.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	170	\$100,261	\$590
2015-16	0	0	0
2016-17	0	0	0

Program Name	SAMHSA Support – Dual Diagnosis - Outreach and Aftercare Services
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>SAMHSA’s goal is to providing outreach and aftercare services for dually diagnosed individuals living in the community who are at risk, and those who are in need of a dual recovery or other drug and alcohol treatment program.</p> <p>SAMHSA is federally funded and the County has augmented the funding with MHSA funds as the federal SAMHSA funding has not increased since the inception of the program. The MHSA funding allows the program to continue.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups While this program is focusing on doubling multiracial/multiethnic population served (African American, Asian, Native American) the program does not exclude services based on any culture or race. • Regions served South County (Gonzalez, Soledad, Greenfield, King City), Salinas, Marina, Seaside and Monterey • Any special diagnostic category to be served Dually diagnosed adults including adults with Bipolar Disorder, Schizoaffective Disorder, Schizophrenia and substance abuse disorders living in Monterey County served by Monterey County Behavioral Health Bureau, Adult Services. Referrals are received from McHome, Natividad Inpatient Unit, MCBHB Adult System of Care and Crisis Team, and OMNI Wellness Center.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Dually diagnosed adults tend to have high utilization rates for inpatient hospitalizations, crisis services, in-patient acute and long term mental health facilities, and crisis residential services. They are also likely to be arrested or jailed. Therefore, these individuals with co-occurring disorders need support in both their mental health and drug and alcohol recovery in order to successfully live in the community. We work with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with support services to integrate back into their communities. • How will this program improve clients’ quality of life? OAS helps individuals become aware of their early warning signs and their triggers that can signal a mental health crisis and/or relapse. Staff assists individuals in recognizing their own strengths and goals for the future, as well as acknowledging issues that have proved challenging for them in the past. This program also provides linkage to community resources. • What are the goals and outcomes this program is trying to achieve? The goal is to ensure stability of psychiatric symptoms and to engage clients in harm reduction or clean and sober living, satisfying daily/structured activities, and the opportunity to successfully reintegrate into the larger community. Outcomes: a. Provide individual support for seventy (70) outreach and aftercare consumers in three communities (Monterey, Salinas, and Marina).

	b. Provide four (4) Dual Recovery Anonymous (DRA) groups/week in three (3) Communities (Monterey, Salinas, and South County).
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? This program serves those who dually diagnosed and who are low-income. It also serves those who do not meet eligibility requirements for Adult System of Care/Monterey County Behavioral Health Care System (except in South County) or lack Medi-Cal. Some of the individuals served have been recently released from jail. • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? This program is providing outreach to clients who live within the community, which include Board and Care homes, residential rehabilitation programs (i.e., Bridge House program and Manzanita program) and the homeless community. The main focus of the program is to provide outreach services to clients living in the community who have limited resources and support network. • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>Yes, the program works closely with the Probation Department in providing AB 109 and other clients being monitored by the Probation Department with individual and group dual recovery support services. OAS also receives referrals from MCHOME's outreach interns for homeless adults who have dual recovery needs. OAS provides individual and group support for individuals living in South County once per month. These dual recovery groups in South County are open to both clients who are served by MCBHB and clients who are not currently open to MCBHB.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	70	\$109,628	\$1,566
2015-16	70	\$119,214	\$1,703
2016-17	70	\$123,983	\$1,771

Program Name	Interim: Sunflower Gardens
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Sunflower provides individuals with serious mental illness who are homeless or at risk of homelessness with transitional or permanent housing. The program works to ensure that the challenges of maintaining housing for individuals with serious mental illness are addressed and the provision of independent living skills in a behavioral health care environment are provided. The program provides individualized services needed for each consumer in working towards resiliency and self-sufficiency.</p> <p>Sunflower opened as a new program in 2010. It was initiated with MHSA funds. Services are required based on MHSA Housing funding.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Regions served Monterey County • Any special diagnostic category to be served Those who have a psychiatric disability as well as those who are homeless or at risk of homelessness. Priority is given to those consumers in a Full Service Partnership.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Homeless or at risk of homelessness individuals with psychiatric disabilities receive the necessary support system to ensure success in integrating into the community. • How will this program improve clients' quality of life? Clients receive the support they require to remain housed and on the path to recovery. • What are the goals and outcomes this program is trying to achieve? 1. 60% of Sunflower Garden residents will remain in permanent housing for at least 1 year. 2. Of the 21 adults living at Sunflower Gardens 20% will move after one year to Community Housing or other permanent housing in the community at large. 3. 40% of the residents will participate in various community programs, social support programs, or peer operated wellness recovery program. 4. 100% of consumers will receive case management services.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? We provide housing, help clients obtain benefits, and help search for employment or educational opportunities. We also connect them to community resources (i.e. Bienestar, OMNI, DRS, SEES, CCCIL). • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? MCHOME has outreach workers engage with individuals on the street and offer

this housing option. It takes time to gain the trust of those who are symptomatic and used to their life on the street. Interventions include evidence based practices (i.e. motivational interviewing), and a solution oriented approach.

- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

We outreach to homeless individuals.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	23	\$229,454	\$9,976
2015-16	23	\$253,435	\$11,019
2016-17	23	\$263,572	\$11,460

Program Name	Interim: OMNI Resource Center
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>OMNI's mission is to increase mental health wellness of individuals and the community by providing wellness awareness and innovative programs. The center is a peer and family member operated facility. The center serves to assist members in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups in order to specifically address issues of personal growth. Additionally, the center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement through the Bienestar initiative. The Bienestar program will become a standalone program in FY15-16.</p> <p>OMNI was a new program started with the help of MHSA/Prop 63 funding.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups <p>Adults (18+ years old) Transitional Age Youth & Young Adults (18-30 years old)</p> <ul style="list-style-type: none"> • Culturally specific groups <p>While this program is focusing on increasing the Hispanic and multiracial ethnic populations served, the program does not exclude services based on any culture or race</p> <ul style="list-style-type: none"> • Regions served <p>Monterey County</p> <ul style="list-style-type: none"> • Any special diagnostic category to be served <p>Those who are experiencing mental health or emotional challenges</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? <p>The public health and community benefits include the provision of services for those who are seeking mental health wellness and recovery. The center works to help individuals find a meaningful role in their community, to gain self-empowerment, to learn advocacy and leadership skills, and to educate the public on mental health and recovery.</p> <ul style="list-style-type: none"> • How will this program improve clients' quality of life? <p>OMNI provides an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and recovery. Peers come together to socialize, interact with one another, attend support groups and join in planned activities. Additionally, the center offers skills and tools to those who choose to become leaders among their peers and take an active role in the wellness and recovery movement at the center and the community. Through mutual support, self-empowerment and effective programming, the center's goal is that each individual will be able to connect, meet their challenges, and find balance in their life and a meaningful role in their community.</p> <ul style="list-style-type: none"> • What are the goals and outcomes this program is trying to achieve? <p>1. At least 40 participants per month return to the center, and 80% or more of survey responses agree that their choice of goals is being honored, participants feel safe in the program, and participants made a good decision in coming to this program.</p>

	<p>2. At least 25% of participants attend groups/activities, and average attendance is 25 or more new & returning participants.</p> <p>3. Increase equality of access: at least 25% of participants belong to an un-served or underserved demographic.</p> <p>4. Participants experience an improved quality of life, confidence, and self-esteem: at least 80% of surveyed participants agree that they are learning to develop meaningful daytime activities, believe they can work, and that they are learning to be more independent. Additionally, at least 20% of participants are attending programs & activities to assist with and maintain their recovery.</p> <p>5. 80% of surveyed participants agree that staff respond promptly and appropriately to participant needs.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <p>OMNI staff conduct at least four outreach opportunities a year and facilitate two groups in Spanish in East Salinas. Staff also facilitate a bilingual Spanish group at the center three times per week. OMNI also offers OMNI After Hours, a program that specifically serves transitional age youth and young adults from 18-30 years old.</p> <ul style="list-style-type: none"> • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? <p>One of the biggest barriers to accessing services has been transportation. OMNI relocated in July 2014 to a site that is closer to the transit station. OMNI also provides transportation once a week for residents living in board & care facilities, and transportation for the OMNI After Hours group. Both services are provided to residents of Salinas only.</p> <ul style="list-style-type: none"> • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>OMNI provides transportation and peer-led support groups for transitional age youth & young adults twice per week and one Saturday per month, serving an average of 12 participants per group. OMNI also offers two groups in East Salinas on a weekly basis that are specifically for Spanish speakers. Each group in East Salinas serves between 5-7 people. Additionally, OMNI offers a bilingual Spanish-speaking support group three times per week at the center, serving approximately 10-12 people per group. OMNI staff conduct outreach in the community at least 4 times per year in East Salinas, making contact with an average of 30 people per event.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	500	\$532,179	\$1,064
2015-16	500	\$502,963	\$1,006
2016-17	500	\$523,081	\$1,046

Program Name	Interim: Wesley Oaks
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>Wesley Oaks supports adults with serious mental illness who were homeless or at risk of homelessness by helping tenants obtain and maintain residency. The supportive services focus on achieving wellness, stability, and recovery.</p> <p>Wesley Oaks was a County operated service in conjunction with CHISPA's construction of an MHSA Housing Program. When the County was unable to provide the services to the tenants, the County asked Interim to take over the service provision. The level of service provision for Wesley Oaks is required by the MHSA Housing agreement that the County executed with the State.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups Adults and transition age youth age 18 and over • Culturally specific groups We serve all groups. Our clients are referred through MCBHB and have a serious mental health diagnosis. • Regions served Monterey County • Any special diagnostic category to be served Seriously mentally ill who were homeless or at risk of homelessness
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? Individuals with psychiatric disabilities are given a place or residence and the necessary services to achieve recovery and reintegrate into the community. • How will this program improve clients' quality of life? Homeless clients will receive housing and support on their path to recovery. • What are the goals and outcomes this program is trying to achieve? 1. 100% of residents (4 residents) will be successful in meeting the terms of their lease. 2. 100% of residents will receive assistance in accessing benefits. 3. 100% of residents will have case management, including assistance with individual goal setting, independent skill development, access to healthcare services, crisis intervention, dual diagnostic treatment and support for drug/alcohol disorders. 4. 100% of residents will receive transportation assistance, assistance with money management, emergency assistance with food and clothing, supportive employment and education services. 5. Provide recreational and social activities.
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? MCBHB refers all of our clients. We serve economically disadvantaged populations who meet the standards for low-income status or are Short-Doyle/Medi-Cal eligible. • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? The greatest challenge has been finding individuals who are willing to live in east Salinas. It is also a challenge to find individuals who are able to live cohesively

together.

- Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the [D3, Data driven decisions guide which can be found here](#)

MCHOME refers clients who are homeless with a psychiatric disability.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	4	\$108,214	\$27,054
2015-16	4	\$108,214	\$27,054
2016-17	4	\$108,214	\$27,054

Program Name	Interim: Workforce Education & Training (WET)
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>WET promotes successful employment of consumers and family members in the public mental health system in Monterey County. Our program provides outreach, recruitment, training and orientations for all consumers and families employed by Interim and MCBHB in peer and family support positions. We also provide employment and educational support services, job recruitment, job analysis, training, and job coaching for mental health consumers to promote a diverse and stable mental health workforce.</p> <p>All services are consistent with MHSA guidelines and incorporate the General Standards set forth in Title 9, California Code of Regulations (CCR), Section 3320:1) wellness, recovery and resilience, 2) cultural competence, 3) consumer and family driven mental health services, 4) an integrated service experience, and 5) collaboration with the community.</p> <p>WET is a MHSA funded initiative.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups <p>Adults and transition age youth age 18 and over</p> <ul style="list-style-type: none"> • Culturally specific groups <p>We serve all groups</p> <ul style="list-style-type: none"> • Regions served <p>Monterey County</p> <ul style="list-style-type: none"> • Any special diagnostic category to be served <p>Consumers and family members in the public mental health system in Monterey County</p>
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? <p>The community benefits include having those who understand and who have experienced the mental health system as consumers or family members share their first-hand experience. Also, this program allows for diversity and improvement to the mental health workforce.</p> <ul style="list-style-type: none"> • How will this program improve clients' quality of life? <p>WET provides consumers with gainful employment in the mental health workforce thereby giving them an ability to influence the system of care. This program also helps promote recovery, and creates a more collaborative community.</p> <ul style="list-style-type: none"> • What are the goals and outcomes this program is trying to achieve? <ol style="list-style-type: none"> 1. The fulltime Employment Training and Development Specialist supports recovery taskforces and workforce collaboratives which support employment of consumers and family members. 2. Provide up to 30 trainings per fiscal year on skill development areas such as social rehabilitation, Medi-Cal billing, work expectations (i.e. how to receive feedback on work performance) and peer counseling. Topics will be developed by utilizing input from consumers and supervisors. 3. Provide 2 to 3 support groups per month for vocational support of consumers and family members who are employed in the public mental health system.

	<p>4. Provide individual job support to 60 consumers. Services offered include job coaching, benefits counseling referrals, negotiation of reasonable accommodations and individual counseling.</p> <p>5. The Employment Training and Development Specialist will work with local, regional and statewide collaboratives which promote hiring people with psychiatric disabilities.</p>
<p>Strategies to Engage Underserved Populations</p>	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? <p>The program serves individuals who are interested in working in the public mental health system and who have lived experience or who are family members of those with a serious mental illness.</p> <ul style="list-style-type: none"> • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? <p>One challenge is workforce preparation. This includes making sure that the consumers within the workforce are well prepared for positions that are built around lived experience and peer to peer support. The program is committed to the successful hiring of a diverse lived experience workforce that models best practices. The program also promotes consistent job descriptions that feature core competencies with opportunities to grow and climb a career ladder like other professional positions. Staff will continue with the ongoing training and supervision and will collaborate in order to determine approaches that build in retention strategies.</p> <ul style="list-style-type: none"> • Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here <p>The program staff will continue to provide support (60 consumers) through ongoing trainings (30 a year) that will enhance the growth and development of skills of individuals working in the public mental health system.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	30	\$109,534	\$3,651
2015-16	60	\$197,379	\$3,290
2016-17	60	\$205,274	\$3,421

Services for Older Adults

Program Name	Drake House
Background and Community Need	Drake House is a 49 bed Residential Care Facility for the Elderly located in the City of Monterey. The facility is designed to enable seniors with a variety of disabilities and problems of daily living to live in a beautiful setting with supervision and support. The facility was the first of its kind to operate in Monterey County and allows clients previously placed in facilities outside the county to live closer to their families. Drake House addresses one of the unmet service needs of older adults with mental illness as identified in Monterey County’s Proposition 63/Mental Health Services Act (MHSA) community planning process.
Population of Focus	This is a full service partnership program providing services to adults 60 years and older who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment. These older adults have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and are at high risk for skilled nursing care. Drake House may also serve adults age 18-59 when the needs of the adult are compatible with older adult residents. The facility provides 23 beds for the County of Monterey.
Service Goals and Public Health Benefit	<p>What are the public health benefits or benefits to the community?</p> <p>Drake House provides adults and older adults with 24 hour residential care, intensive mental health and case management services intended to help individuals maintain stable housing and reduce the number of hospitalizations and Emergency Room visits. By helping clients be successful in their community, the public health benefits include a healthier and more stable older adult population requiring fewer community services and resulting in fewer individuals living in higher levels of care, such as skilled nursing facilities.</p> <p>How will this program improve clients’ quality of life?</p> <p>Front St. Inc. is a recovery based agency that, in collaboration with clients and other stakeholders, establishes strength-based programming to assist clients in maintaining and regaining the skills they need to live independently. One of Front St. Inc.’s core values is to provide person-centered practices which provide the opportunity for individuals to participate fully in their recovery and to utilize their talents, strengths, hope, resilience and inherent worth. Front St. Inc. assesses clients’ needs, hopes, goals and motivational levels. This assessment will help establish the framework for developing an achievable plan of action and determine the types of support that will be needed to help the client achieve his/her life goals. This assessment also helps staff understand clients’ physical, psychological and mental health demands as well their familial, social and financial needs. The services are designed to maximize their participation in their recovery, and enhance their quality of life while living in their community.</p>

	<p>What are the goals and outcomes this program is trying to achieve? The goals of Drake House include:</p> <ul style="list-style-type: none"> • Reducing the incidences of hospitalization • Reducing the length of hospitalization stays • Community integration as evinced by successfully transitioning service recipients to lower levels of care • Increasing life-long independence by helping reduce the incidence of co-morbidity • Increasing activities to stimulate the mind with a variety of learning opportunities including reading, writing, discussion groups and exercises. • Increasing family involvement and participation in care • Maintaining a high rate of client satisfaction • Meeting the cultural needs of our clients and families • Ensure stability in the community and in housing
<p>Strategies to Engage Underserved Populations</p>	<p>What is this program doing to help address disparities and engage underserved populations? The services provided by Drake House are entirely dedicated to serving older adults with severe and persistent mental illness, an identified unmet service need as per Monterey County’s Proposition 63/Mental Health Services Act (MHSA) community planning process.</p> <p>Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? Drake House works collaboratively with the Monterey County Behavioral Health Division to ensure an efficient and effective referral and admission process to maximize the number of individuals served and limit vacancies.</p> <p>Does the program have goals to increase services to underserved populations? Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here Front St. Inc. and Monterey County Behavioral Health Division have decided to maintain a population of 23 individuals at Drake House. Front St. Inc. will work with Monterey County Behavioral Health Division in future years to assess increased services at Drake House.</p>

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	25	1,172,329	46,893
2015-16	23	1,210,053	52,611
2016-17	23	1,210,053	52,611

Program Name	Senior Peer Counseling
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>The Senior Peer Counseling Program (SPC) provides no-cost mental health intervention and emotional support to older adults suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Peer Counselors, trained and supervised by mental health professionals, provide short-term one-on-one counseling that may be home-based, office-based, or at long term-care facilities.</p> <p>Volunteers and staff facilitate support groups that foster emotional support, encouragement, self-empowerment and connection to others. Staff organize wellness workshops and lectures (by professionals in the field) to prepare older adults to understand and better cope with common concerns that arise in later life.</p> <p>During the 2008-09 fiscal year, with funding from MHSA, the SPC was expanded to include bi-lingual/bicultural program services. Bilingual/bicultural volunteers were trained to provide counseling and support groups to unserved Latino older adults, mainly in Salinas. Wellness lectures were introduced throughout Salinas and South County, with an emphasis on issues related to Latino adults. Outreach and peer counseling services were offered in culturally and linguistically appropriate settings.</p> <p>With additional funding in the 2013-2014 fiscal year, a new staff person was added to focus services in South County. Spanish-speaking support groups, facilitated by program staff, are currently offered in Greenfield, Soledad, and at two venues in Gonzales. A Wellness Festival is planned this spring in Greenfield. Three Spanish-speaking Peer Counselors that reside in South County completed training in December, 2014 and provide counseling to their peers. They attend twice monthly in-service/supervision meetings in Gonzales. For the next training cycle, recruitment of volunteers will focus on increasing the number of Peer Counselors in South County.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups • Culturally specific groups • Regions served • Any special diagnostic category to be served <p>The SPC program serves older adults 55+ that reside throughout all regions of Monterey County. There is an emphasis on providing services to Latino clients and they currently comprise around 50% of total clients served. Clients generally do not have serious mental illness (who are often seen by County Behavioral Health Division) but commonly suffer from depression, anxiety, and adjustment</p>

	disorders.
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? • How will this program improve clients' quality of life? • What are the goals and outcomes this program is trying to achieve? <p>Strong evidence has been reported for the relationship between social isolation in older adults and all aspects of health and well-being, including mental illness (J Prim Prev, 2012). In addition, depression in older adults has long been recognized as a major risk factor for late-life suicide (JAMA, 2004; American Psychological Association (APA), 2009), poorer health behaviors, and “excess disability” (APA, 2009).</p> <p>The SPC Program addresses all of these issues head-on by providing no-cost counseling and support groups to isolated, depressed, and home-bound older adults. Clients' quality of life is enhanced by being socially connected, listened to by a compassionate individual, encouraged to comply with medical advice, guided in problem solving, and provided with community resources.</p> <p>Further, according to the APA (2009), the baby boom cohorts are experiencing depression at significantly higher rates than previous groups. The SPC Program offers community wellness education, in part, to encourage boomers to emotionally prepare for aging.</p> <p>The primary goal of the SPC program is to provide counseling to older adults, by their peers, who may face financial, cultural, transportation, or disability barriers, free from the stigma associated with more conventional mental health interventions. Secondary goals are to encourage social connection with others and personal empowerment by participation in support groups and to promote healthy aging through wellness lectures and workshops. The outcomes that are anticipated are enhanced quality of life and increased psychological well-being.</p>
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> • What is this program doing to help address disparities and engage underserved populations? • Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? • Does the program have goals to increase services to underserved populations? <p>The SPC Program has made considerable progress in providing services to the underserved Latino populations by recruiting and training Spanish-speaking volunteers. For the first time, in 2014, Spanish-speaking volunteers were trained in a separate class by bicultural/bilingual staff, using Spanish-language training materials. As mentioned previously, currently around 50% of clients served are Latino.</p> <p>Substantial headway has been made in serving Latino clients residing in South County by providing support groups and wellness education in many locations</p>

where older adults congregate, including low-income residential communities. We will continue to strive to provide services but do not foresee significant growth due to budgetary and staff limitations.

It has been challenging to recruit and retain Latino volunteers who often have demanding personal responsibilities and financial constraints that impede their ability to serve in the program. It might be necessary to offer Peer Counseling training more often to allow for attrition among this population.

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	600 participants <i>Units of service:</i> 1600 counseling sessions 1500 support group units (1 client attends 1 meeting) 500 wellness lecture units (1 client attends 1 lecture or workshop) Total = 3,600 units of service	\$230,589.00	\$384.315 per client \$64.00 per contact
2015-16	As above	(total budget)	(projected cost per client)
2016-17	As above	(total budget)	(projected cost per client)

Program Name	Senior Companion Program – Seniors Council
Background and Community Need	<p>Include a brief explanation of the program, and how the program was brought about or substantively modified by Mental Health Services Act/Prop 63 funding.</p> <p>The Seniors Council Senior Companion Program serves Santa Cruz, San Benito, Monterey and Santa Clara Counties. The Program recruits, trains and places Senior Companions to work with: homebound clients and clients who live alone; clients with chronic disabilities; clients whose caregiver needs respite from their responsibilities; clients with mental health issues; and clients who are visually or hearing impaired. Senior Companions volunteer an average of 20 hours per week. The Program works to assist clients served by Senior Companions to maintain independent living and achieve the highest quality of life possible.</p> <p>The Program started at Monterey County Behavioral (MCBH) in January 2015 after a presentation to the MCBH – Mental Health Commission and a long process to determine how the program could best serve MCBH Clients. The need for a Peer Support model on intervention for MCBH clients, especially in south county, is clear. According to the FY 12-13 MCBH Annual Report 6.3% of low-income older adults have a serious mental illness. This group is disproportionately likely to die of suicide. Older adults (those 65+) in the County comprise 10% of the population but account for 25% of suicides.</p> <p>Our Program will deliver a minimum of 1,900 hours of service to MCBH clients assigned to a Senior Companion by the South County Behavioral Health Services Manager. The result of Program services will be that MCBH clients served will maintain or improve their ability to live in their homes.</p>
Population of Focus	<p>Outline the key population of focus to be served noting:</p> <ul style="list-style-type: none"> • Specific age groups MCBH Clients with Psychiatric Disabilities • Culturally specific groups N/A • Regions served South County • Any special diagnostic category to be served Diagnosis of Major Mental Illness
Service Goals and Public Health Benefit	<ul style="list-style-type: none"> • What are the public health benefits or benefits to the community? N/A • How will this program improve clients' quality of life? Assist older adult MCBH clients to avoid hospitalization by providing companionship services to increase or maintain socialization activities and follow-thru with Mental Health Treatment. • What are the goals and outcomes this program is trying to achieve? Build positive relationships with clients or support client caregivers by providing respite services

	100% Of clients will improve their ability to live in their home
Strategies to Engage Underserved Populations	<ul style="list-style-type: none"> What is this program doing to help address disparities and engage underserved populations? The Program focuses services on MCBH clients with major mental illness referred to our program by MCBH staff. Generally this population is stigmatized in society and has fewer opportunities to achieve a happy quality of life. Senior Companions provide approximants 20 hours per week of service accumulating 1,900 hours of service to their clients. Are there any challenges to reaching specific populations? What interventions will be conducted to address these challenges? N/A Our Program does not recruit or provide outreach to clients. These activities are carried out by MCBH staff. So we cannot address this questions. Does the program have goals to increase services to underserved populations? NO - Not specifically. Please quantify this as much as possible; for baseline data feel free to use the numbers in the D3, Data driven decisions guide which can be found here

Year	Annual Goal	Annual Cost	Cost Per Client
2014-15	(number of clients that will be served) 9	(total budget)	(projected cost per client)
2015-16	(number of clients that will be served) 9	(total budget)	(projected cost per client)
2016-17	(number of clients that will be served) To be determined	(total budget)	(projected cost per client)