



MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

FY 2018-19 Mental Health Services Act Annual Update

FINAL

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Introduction

Monterey County Behavioral Health (MCBH) is pleased to present this FY18/19 Mental Health Services Act (MHSA) Annual Update. This is the first Annual Update to occur in the current 3-Year MHSA planning period. In November 2017, the Monterey County Board of Supervisors approved the FY18-20 MHSA 3-Year Program and Expenditure Plan. Significant planning efforts took place in the development of that strategic plan, resulting in a transformation of our local MHSA programming efforts. This transformation included a directive from the Monterey County Mental Health Commission to increase services to Latino communities, continued dedication for expanding capacity for mental health services in South County, and a commitment to improving local stakeholder planning processes. Additionally, the FY18-20 strategic plan presented a new framework for structuring our local MHSA programs to be in greater compliance with the state regulations. As such, the FY16/17 program data to be reviewed as part of this Annual Update will correspond to this new framework.

As stated in the FY18-20 MHSA 3-Year strategic plan, MCBH has a goal to increase the service utilization rate of Latino's by 7% by the end of FY20. As the safety net provider for mental health services, MCBH looks to the Medi-Cal eligible population as a proxy for determining where needs are greatest in our community and how MCBH services may be best directed. Service utilization data has consistently indicated the Latino population to be drastically underserved, as they represent 75% of the Medi-Cal eligible population and comprise 52% of beneficiaries served by MCBH. In response to this gap in the equitable distribution of services, MCBH has set aside funding in the 3-Year plan for information sessions to be held in Latino communities., Additionally, we are emphasizing Latino engagement in a new round of Innovation (INN) project planning. MCBH used the stakeholder planning process involved in developing this FY 19 MHSA Annual Update to receive additional feedback from Latino community stakeholders to refine and prioritize the goals of these new opportunities in the context of existing MHSA-funded efforts.

FY16/17 also marked the first year for new State regulations going into effect, which entail new data reporting requirements for Prevention and Early Intervention (PEI) and INN. These service reports reflect the same data to be reviewed in this Annual Update, and as such, are electronically referenced along with MCBH's system-wide "FY 16/17 Data Driven Decisions (D3)" report and the "FY18-20 MHSA 3-Year Program and Expenditure Plan", providing the greatest level of transparency regarding current evaluation efforts.

A lot of great work was accomplished over FY16/17, and is continuing into this current fiscal year. As we prepare for FY18/19 and beyond, MCBH is eager to keep pushing for a more responsive mental health system, continue developing enhanced evaluation capacity and engagement with our community stakeholders.

Mental Health Services Act Background

In 2004, California voters approved Proposition 63 to enact the Mental Health Services Act (MHSA) with the intention of expanding and transforming public mental health systems across the state. More than two million children, adults and seniors in California are affected by a potentially disabling mental illness each year. The MHSA was created, and approved by Californians, to create a mental health system that can guarantee the same level of care already extended to those who face other kinds of disabilities. Failure to address and treat mental illness as a public health issue not only creates grief and emotional pain, but it undoubtedly imposes significant public costs from increased levels of hospitalizations, unemployment, homelessness, academic failure and incarcerations. The MHSA was approved to enable local jurisdictions to build capacity to implement robust systems of care for greater accessibility and effectiveness of treatment services across the continuum of prevention to recovery. The MHSA was also approved to develop a skilled workforce and build cultures of acceptance and awareness of mental health issues and resources throughout their communities.

The MHSA generates dedicated funding by an additional 1% tax imposed on California residents with personal incomes greater than one million dollars. MHSA funds accumulated by the State are then redistributed to each mental health jurisdiction (all 58 counties, and 2 cities) according to their population size. To receive MHSA funds, jurisdictions must produce and locally approve a stakeholder informed plan to describe how funds will be utilized. Local MHSA plans must include services for all ages, and may also fund programs specific the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years) and older adults (60 years and older). MHSA programs must also comply with the MHSA funding component service descriptions and reporting requirements as set forth in the regulations.

MHSA Funding Components

Community Services & Supports (CSS) –Eighty-percent (80%) of MHSA funds received by counties must be allocated for the CSS component. MHSA funds may only be used to pay for those portions of the mental health programs/services for which there is no other source of funding available. CSS programs serve individuals affected by moderate to severe mental illness and their families. These services are community based, recovery-oriented and culturally competent. Funding can only be used for voluntary services and no less than fifty-percent (50%) must be allocated to “full service partnerships” (FSP). FSP services provide a “whatever it takes” level of services, also referred to as “wraparound” services, to support the most severely mentally ill clients and their families, twenty-four hours a day, seven days a week. These wraparound services can include treatment, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, as well as socialization and recreational activities, based upon the individual’s needs to obtain successful treatment outcomes.

Prevention & Early Intervention (PEI) – Twenty-percent (20%) of MHSA funds received by counties must be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one

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

Innovation (INN) – Funds for the INN component consists of five percent (5%) of CSS funds and five percent (5%) of PEI funds received by the County. Innovation Programs are defined as novel, creative, and/or ingenious mental health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of unserved and underserved individuals. The Innovation Component allows counties the opportunity to “try out” new approaches that can inform current and future mental health practices/approaches and contributes to learning rather than having a primary focus on providing a service. Innovation projects can only be funded one time and are time-limited. Innovation projects must also use quantifiable measurements to evaluate their efficacy.

Workforce Education & Training (WET) - programs are intended to enhance the recovery-oriented treatment skills of the public mental health service system and to develop recruitment and retention strategies for qualified professionals serving community mental health. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency. Funds for WET were provided to counties as a one-time distribution in 2007. In Monterey County, WET funds were invested to conduct a workforce needs assessment, workforce training and education activities, as well as a feasibility study on the development of a local Graduate Program in Social Work (MSW). In collaboration with California State University Monterey Bay, the Master in Social Work Program was created, and in 2010, began accepting students into the program. MCBH is the currently the largest internship site for CSUMB MSW students.

Capital Facilities & Technological Needs (CFTN) - funds allow counties to acquire, develop or renovate buildings to house and support MHS programs. Technological Needs funds support counties in transforming and modernizing clinical and administrative information systems as well as increasing consumer and family member’s access to health information within a variety of public and private settings. In Monterey County, CFTN funds were used to acquire and renovate the Integrated Health Center in Marina, as well as implement “Avatar”, an electronic medical record system utilized by County Behavioral Health staff and many of our contract providers.

Monterey County Demographics

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur, as well as its fertile Salinas Valley that is dubbed the “Salad Bowl of the World.” With a total population of 428,441, and land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula at the coast. The City of Salinas is the county seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California and the agricultural sector supplies most jobs in the county.

Government and Tourism are the second and third largest sectors of the county economy, respectively, with Post-Secondary Education and Specialized Business Services in the technology sector expected to show the highest rates of growth in coming years. Monterey County also carries a military presence, as it is home to three Army bases, a Coast Guard Station, the Defense Language Institute and Naval Postgraduate School.

Gender & Age

The median age in Monterey County is 33, trending a couple years younger than the state median. Adults ages 25-59 make up 46% of the population, with Older Adults aged 60+ making up another 17%. Children under 5 years old represent 8% of the population, while Youth ages 5-15 and Transitional Age Youth (TAY) ages 16-24 equally represent 15% of the population. Regarding gender, 51% of Monterey County residents are male and 49% are female.

Ethnicity, Race & Language

Hispanic/Latino individuals represent the majority of Monterey County residents, at 57% of the population. The remainder of the population is comprised of individuals identified as White (32%), Asian (6%), African American (3%), Native Hawaiian and Other Pacific Islander (1%) and Native American and Other representing 2% of the population. As may be expected, with the majority population being Hispanic/Latino, Spanish is the most common language spoken at home (47% of the households in Monterey County). English is the preferred language in 46% of households, while 4% prefer Asian or other Pacific Islander languages, 2% prefer an Indo-European language, and 1% speak an “Other” Language. Similarly, Hispanic/Latino individuals and a preference for Spanish language services are the majority groups in the Medi-Cal beneficiary population as well.

Geographic Distribution

Monterey County has four geographic regions: The Salinas Valley, the Coastal Region, North County and South County. The Salinas Valley region is comprised of the City of Salinas and immediately adjacent towns. The Coastal Region encompasses all cities on the coast from Marina to Big Sur, and includes Carmel Valley. North County is made up of the small, rural and/or agricultural towns and districts north of Salinas. South County is the expansive area of Monterey County south of Salinas. The South County region consists of several larger cities with populations above 15 and 30 thousand people, as well as several remote, sparsely populated rural districts. Figure 4 illustrates the distribution of Medi-Cal beneficiaries across these geographic regions. As the City of Salinas is by far the most populous area of

the county, its region has a corresponding majority of beneficiaries. Alternatively, the combined cities of the Coastal Region that total a population size close to that of Salinas has a proportionally low number of Medi-Cal beneficiaries. The relatively small North County region has an equal proportion of beneficiaries, while about 1 in 5 Medi-Cal beneficiaries in Monterey County are found in the expansive South County region. As the “safety net” mental health care provider, being aware of the geographic distribution of Monterey County’s highest-needs populations is critical for effective planning and service delivery.

Income, Housing & Poverty

The total number of housing units in Monterey County is 139,794, with 49% being owner-occupied. As with much of coastal California regions, Monterey County has a high cost of living relative to income levels. The average home value in Monterey County is \$506,300 and the average household income is \$58,783. For the 51% of residents that are renters, nearly 47% incur rental costs that are greater than 35% of their household income. The total poverty rate in Monterey County is 17%, with 25% of all children in Monterey County living below the poverty level. The latest Monterey County Homeless Census conducted by Applied Survey Research found there are approximately 2,308 individuals who are homeless in the County.

Community Stakeholder Process

The development of this Annual Update involved a robust stakeholder process, building on the momentum gained during the recent community planning process for the 3-Year MHSA strategic plan.

The stakeholder process for this Annual Update was conducted over 4 community planning sessions in different regions of the county. Three meetings were conducted in English, with Spanish translation services available. One meeting, in South County, was conducted in Spanish, with English translation services available. Bi-lingual documents and resources were made available at all meetings. Bi-lingual notifications for the meetings were emailed to the following: Mental Health Commissioners, Monterey County Board of Supervisors, school district personnel, community based providers and contract providers, community members who had attended a previous MCBH event and all MCBH staff. Facebook events were created and posted on the County Health Department website, the Behavioral Health Department website and County Board of Supervisor websites.

FY19 MHSA Annual Update Stakeholder Meetings

Meeting Location (County Region)	Meeting Date	Number of Attendees
Marina Library (Peninsula)	2/27/2018	22
OMNI Resource Center (Salinas)	3/1/2018	44
Castroville Library (North County)	3/6/2018	17
Soledad High School (South County)	3/8/2018	31

Each of the meetings followed the same process and lasted a minimum of one hour. A background on MHSA and terminology was provided prior to a review of MHSA funded programs and services occurring in the county. A review of feedback received during the recent 3-Year strategic planning process was

then provided, along with service utilization data, to provide context for discussions on the two active program planning areas: community information sessions and the current round of Innovation project plans. To inform the development of community information sessions, topics of interest were gathered from stakeholders and posted on the wall alongside topics previously identified during prior community planning processes. Participants were then asked to prioritize information session topics by marking them with stickers indicating their preference and priority. This was a valuable activity for engaging stakeholders in meaningful dialogue about what they and their communities need to know to better utilize mental health services and to support their mental health and wellness. A presentation on Innovation plans to be proposed to the State Mental Health Services Oversight and Accountability Commission (MHSOAC) was then provided, providing a final opportunity for stakeholders to offer their questions, comments, concerns and approval for these prospective projects. The presentation slideshow is in Appendix III.

In total, 114 participants attended these meetings. These participants represented the following stakeholder groups:

FY19 MHSA Annual Update Stakeholder Meeting Participants

Stakeholder Group	Individual Count
Community Based Agency	22
Monterey County staff	14
County Supervisor or Designee	2
Mental Health Commissioner	4
Family Member	1
Consumer/Client	2
Community Member	65
Law Enforcement	1
Legislative Representative or Designee	3
Total:	114

Stakeholder Input on Information Sessions

The following table presents the topics identified by community members and how attendees prioritized the information session topics by number of votes.

Information Topics Identified in 3-Year Strategic Planning Process	Number of Priority Votes Cast by Stakeholders
How to access services and what is available in Monterey County	50
Mental health as part of overall health and wellbeing	41
Parenting education	33
Signs and symptoms of mental illness	32
Talking with your child/teen about drugs, gangs and other issues	26
Insurance and costs associated with mental health services	20
Managing stress and self-care	19
Alcohol and substance abuse education	14
Suicide prevention	13

Information Topics Identified in Annual Update Planning Process	Number of Priority Votes Cast by Stakeholders
Anxiety and Depression	24
Crisis Response	16
Information for family members about mental health	12
Conservatorship	11
Law enforcement and their involvement in mental health	11
More information about mental health in the churches	9
Mental Health taboos in the Latino community	7
Information to help partners understand mental health and how to provide support	6
Housing and mental health	6
How to help young children and youth manage stress related to major changes in their lives	6
Bullying	4
Culturally based discussion about stigma and services to mental health	4
Help parents identify warning signs and problems in their children	4
Immigration	3
Define mental health and identify services that are provided to children, youth, and adults	3
Men and depression	2
Anxiety in children and youth	2
Confidentiality	1

Stakeholder Input on Innovation Plans

Input from the community meetings regarding the proposed Innovation projects was informative. In each meeting, there was consensus that MCBH should move forward with developing the projects and submitting them for approval to the state. The following is a summary of comments and feedback related to each project.

- Transportation Coaching by Wellness Navigators
 - Recommendation to coordinate with local agencies who provide transportation, such as the Monterey Salinas Transit, as there are resources available through Measure Q
 - Concerns were expressed about security being needed in public transportation and possibly for this project
 - Emphasis was expressed on the need for bilingual services and to make sure the community knows what resources are available
 - Interest expressed in the project providing jobs for peers as transportation coaches and benefit to peer coaches was noted. Emphasis on finding the appropriate people to provide transportation coaching was noted
 - The need for flexibility was noted, especially for youth who can change their mind related to attending Behavioral Health appointments
- Web-based Application for Screening & Referrals

- Concerns were expressed that “older people” might not like this application
- Lack of internet service was noted as concern for some people.
- Questions about who could use the application were raised. Discussion ensued around making this widely available, both for personal use and for providers/partners, such as law enforcement, in-home care providers and promotores.
- Recommendation to partner with libraries and schools
- Application was seen as a possible way for parents to engage with youth around mental health topics
- Micro-Innovations for Engaging Latino Communities
 - Questions about amount of funding that would be available
 - Question of how services can get to the community
 - Liked that this could provide an opportunity for people with lived experience to speak about challenges and how they overcame barriers
 - Recommendation to ask people who are receiving mental health services about their needs

General Stakeholder Feedback on MHSA Annual Update

The following feedback and comments arose during the regional community meetings:

Marina community meeting: **2/27/18** -Additional comments from participants:

- Recommendation for outreach to the African American community through churches .
- Services are needed to meet basic needs such as: housing, childcare, food, transportation, afterschool programs for African American and Latino children.
- Need grief counseling.
- Need an advocate to help with navigating mental health, probation, and Individualized Educational Plans (IEP’s).
- Suggestion for community social worker who could work across systems and help families.
- Question about what supports are available for parents who have a “male” child/youth who may have behavioral issues, where can they go? What about respite?
- Recommendation to include strategies to reach out to Asian Pacific Islanders (API) regarding mental health as there is large population in Marina.
- Recommendation to have strategies for reaching teen parents, especially young fathers.

Salinas community meeting: **3/1/18** -Additional comments from participants:

- In parenting classes, there are more “pathways” to destigmatize mental health in the Latino community.
- Need easier access to mental health services.
- Language is very important and MCBH should use more non-stigmatizing language and find the way the community wants to communicate.
- Have peers present during informational sessions.
- Conduct meetings in Spanish to get the Latino community to speak.
- Have welcoming environments and kind treatment.

- Provide resources, such as general education classes, at the wellness centers.
- Have a professional (therapist) partner with Promotores and go out to the community with them at various hours (day & evening) to connect with the Latino community.
- More supports for individuals who are homeless.
- Have a nurse at the wellness centers.

Castroville community meeting: **3/6/18** -Additional comments from participants:

- Provide flyers in the library with a paragraph describing the purpose for the session.
- Have a counselor/therapist come to our community or to an organization where people can feel comfortable.
- Send info to schools so students bring it home.

Soledad community meeting: **3/8/18** -Additional comments from participants:

- Present data on South County as compared with the rest of the county to track equity goals.
- Conduct surveys about services – Link with existing organizations/committees and conduct surveys in places such as medical clinics.
- Send flyers to residences sharing information where services are available.
- Collaborate with schools grades K-12 to have a psychologist do classroom observation with parental consent.
- Have a clinic in Greenfield – there is plenty of need.
- Focus on special needs population – (This comment stemmed from parent reporting that their child with developmental delays was denied mental health services because of the developmental delay. Parent stated, “children with special needs can also have depression”).
- Collaborate with places of worship –such as the churches in Soledad.
- Have a mobile clinic.
- Have a translated (Spanish) page for the County website e.g., Behavioral Health.
- Need for improved continuity of care –IEP’s should be continuous and agencies should collaborate to provide needed services– parents/guardians need help to understand their rights- additional problems exist when a child is involved with foster care/adoptions and the IEP needs to be transferred to another district.
- Have more law enforcement trained in responding to mental health crisis.
- Go out to the agricultural fields and provide mental health information.
- Provide childcare.
- Collaborate with other agencies to schedule meetings on different days.
- Start meetings at 6pm to accommodate those that are working in agriculture.

Changes to MHSA Programs

The following changes to MHSA programs were completed during FY16/17:

- The Juvenile Sexual Offender Response Team (JSORT) Innovation project was concluded and moved to be funded by the CSS-03: Juvenile Justice FSP beginning FY17/18.
- The Positive Behavioral Health Intervention and Supports (PBIS) Innovation project was concluded. PBIS activities will no longer be funded by MHSA, but will continue to be implemented and funded by participating schools and school districts.

The following changes that have been presented and approved in the FY18-20 MHSA 3-Year Program and Expenditure Plan have been implemented during FY17/18:

- General System Development components of the TAY Avanza program is funded as part of the CSS-09: TAY & Youth Adult Mental Health program. Intensive services for TAY will continue to be funded as part of CSS-04: Transition Age Youth FSP.
- The Salinas Home Partners Program and Family Preservation Program, previously General System Development services have been combined to form the CSS-12: Family Stability program.
- MHSA funding provided to the Village Project, Inc., is allocated with the outreach component of their activities supported through PEI funding in PEI – 03: Outreach for Increased Awareness of Early Signs of Mental Illness, and services related to intervention, referral and treatment services are supported in the CSS-07: Access Regional Services.
- GLBT Outreach and Counseling services provided by Community Human Services, The Health Promotion/Addressing Disparities services and The Child Advocacy Program are no longer supported through MHSA resources.
- PEI:11-Responsive Crisis Interventions will receive additional funding to staff and expand mobile crisis services to children and youth.

The following changes that have been presented and approved in the FY18-20 MHSA 3-Year Program and Expenditure Plan will be implemented starting FY18/19:

- CSS-05: Adults with Serious Mental Illness FSP will receive additional funding to augment these Adult System of Care (ASOC) services.
- PEI:03-Outreach for increased Awareness of Early Signs of Mental Illness will receive additional funding to support Community Information Sessions provided by County staff in response to educational needs expressed by during stakeholder planning processes.

The following change to the FY18-20 MHSA 3-Year Program and Expenditure Plan will be implemented starting FY18/19:

- Nueva Esperanza, a program providing pregnant or parenting women with substance use disorder treatment and recovery services, will be funded as part of the County's implementation of the Drug Medi-Cal Organized Delivery System.

MHSA Program Update FY19

Prevention

PEI-01: Open Access Wellness Centers

The Open Access Wellness Centers program supports neighborhood based wellness centers where community members can access resources and social support in non-stigmatizing settings. MCBH has dedicated PEI funding to community based organizations to operate wellness centers that will be open to all community members and will focus on providing information, on-site support to address needs and linkages to other entities that provide additional resources. The following two wellness centers have been developed with community input and have been providing much needed supports for our community. The OMNI Wellness Center provides holistic supports to adult consumers and welcomes all individuals to participate in events and programming (Appendix II). The Epicenter was created to support youth who have experienced adverse life events as well as offer information, socialization and developmentally appropriate programming for all Monterey County youth ages 16-25(Appendix II).

PEI-02: Family Support and Education

The Family Support and Education Program provides family support groups, psycho-education and parenting classes to parents and caregivers to help them optimize their child's developmental potential and their family's functioning. MCBH provides Family Support Groups program which was developed by MCBH in response to families in the community who were seeking additional support for themselves. Family Support groups are open to the community; all family members are welcome and they do not have to have a relative currently in treatment with MCBH (Appendix II). The Multi-Lingual Parent Education Partnership offers 8-10 week evidence based parenting programs serving English and Spanish-speaking families in Salinas, Seaside, South County and North County (Appendix II).

PEI-03: Outreach for Increased Awareness of Early Signs of Mental Illness

The Outreach for Increased Awareness of Early Signs of Mental Illness Program supports established non-profits that have effective strategies for providing community education on mental health issues. NAMI has been successful in creating a local chapter and provides direct support for individuals with mental illness and their family members and advocates on behalf of consumers, families, and friends of people with mental illness (Appendix II). "Promotores de Salud" programs operated the Center for Community Advocacy and Central Coast Citizens Project improve mental health awareness and access to services for the unserved Latino population of Monterey County by implementing a sustainable outreach and access model that has been integrated into the service delivery model of MCBH (Appendix II). Additionally, PEI funds are allocated to support the outreach activities of The Village Project, Inc. to enable clients in taking charge of their lives, to prevent mental illness or any other psychological/emotional issues from becoming severe and disabling (Appendix II). MCBH has also begun engaging stakeholders and planning staff assignments for Community Information Sessions that will be implemented in FY18/19.

PEI-04: Stigma and Discrimination Reduction

The Stigma and Discrimination Reduction Program supports the “Success Over Stigma” (SOS) campaign operated by Interim. The goal of this program is to directly confront stigma surrounding mental health issues by supporting those with serious mental illness in self-efficacy and exposing the community to a mental health consumer’s experience. This program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. To address stigma on a systemic level, SOS promotes consumer involvement in advocating for public policies that support and empower people with psychiatric disabilities (Appendix II). Additionally, PEI funds support the California Mental Health Services Authority (CalMHSA) to actively engage communities through: social media in Each Mind Matters/SanaMente; Know the Signs/Reconozca Las Senales: Walk In Our Shoes/Ponte En Mis Zapatos and Directing Change; new culturally-adapted Spanish-language stigma reduction and/or suicide prevention outreach materials; and mini-grants to local CBOs serving Latino and other diverse communities (Appendix II).

PEI-05: Prevention/Peer Services to Older Adults

The Prevention/Peer Services to Older Adults provides companion supports and peer counseling services. The Seniors Council Senior Companion 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. The program works to assist clients served by Senior Companions to maintain independent living and achieve the highest quality of life possible (Appendix II). The Alliance on Aging’s 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 (Appendix II). Fortaleciendo el Bienestar, a Spanish language wellness education series, is focused on engaging Latino seniors in Salinas and South County (Appendix II).

PEI-06: Suicide Prevention

The Suicide Prevention Program supports the Suicide Prevention Service, a program of Family Service Agency of the Central Coast, serving Monterey, Santa Cruz, and San Benito residents since 1967. The primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. Their integrated method of service delivery includes a 24/7/365 free, multi-lingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide. Outreach personnel are also trained to offer a variety of training programs for community groups including: ASIST, SafeTalk, and Mental Health First Aid (Appendix II).

Early Intervention

PEI-07: Access Regional Services

The Access Regional Services Program supports a diverse community based organizations who have demonstrated creative strategies to address the challenges and barriers community members have faced when accessing mental health treatment. CSUMB's Chinatown Community Learning Center (CCLC) collaborative offers qualified Master of Social Work (MSW) interns to provide support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center (Appendix II). The Veteran's Reintegration Transition Program (VRTP) is to provide education and awareness to veterans, their dependents and survivors on entitled benefits to include mental health services in the community (Appendix II). 2-1-1, a program of United Way Monterey County, is a phone number, but also a system for connecting people quickly and efficiently to social and health services they are seeking, including mental health treatment and services (Appendix II). The 2-1-1 program now features two-way texting, in English and Spanish. Individuals can text their zip code to 898-211 to start a chat with a Contact Specialist.

PEI-08: Student Mental Health

The Student Mental Health Program supports school-based counseling and case management services in local school systems. Pajaro Valley Prevention and Student Assistance (PVPSA) serves Monterey County children and their families attending schools in the North Monterey County area (Pajaro/Las Lomas) who are Medi-Cal eligible and require mental health services (Appendix I; Appendix II). The goal of the MHSA funded PVPSA school counseling program is to assist children with developing coping skills to manage their impairment(s) and to function in day-to-day life and overall academic performance. Harmony At Home's Sticks & Stones School-Based Counseling Program is a prevention program for children exposed to violence and trauma in Monterey County. The program provides short-term intervention focusing on reducing stigma surrounding domestic violence and mental health issues, while also improving child and family functioning (Appendix II).

PEI-09: Juvenile Justice Diversion

Behavioral Health staff works with many community based service providers to create a collaborative network to meet the needs of at-risk youth and juveniles involved in the justice system. Silver Star Resource Center is a multi-agency collaborative offering gang prevention and out-patient mental health services to at-risk youth prior to their involvement with the Juvenile Justice System (Appendix I; Appendix II). The Seaside Youth Diversion Program is a collaborative partnership between Seaside Police Department, Monterey County Probation, and MCBH in an effort to identify and treat underlying mental health issues in at-risk youth that may lead to more complex problems within the community and contribute to later involvement in the Juvenile Justice System (Appendix I; Appendix II).

PEI-10: Prevention and Recovery for Psychosis Disorders

MHSA funding supports a local program that has demonstrated effective outcomes in our community, the Prevention and Recovery in Early Psychosis (PREP) program. The PREP Monterey program provides an integrated package of evidence-based treatments designed for remission of early psychosis among

individuals age 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder (Appendix I; Appendix II).

PEI-11: Responsive Crisis Interventions

The Response to Crisis Intervention Program supports trauma counseling, education and referral supports and crisis response team services. The Archer Child Advocacy Center provides a child-friendly central location for forensic interviews where there are allegations of child sexual exploitation and abuse. Children's Behavioral Health (CBH) provides mental health risk and treatment needs assessment, crisis stabilization, psycho-education, linkage or provision of mental health treatment services as needed (Appendix II). Behavioral Health Mobile Crisis Services are in partnership with local law enforcement utilizing a regional model. Staff are dispatched out to calls for service through county communications at law enforcement's request and these calls take priority. However, an additional function provided by mobile crisis is coordination with outpatient services as an additional resource (Appendix II).

Community Services & Supports – Full Service Partnerships (FSP)

CSS-01: Family Stability FSP

Family Stability Full Service Partnerships (FSP) for children and families are designed to prevent out-of-home placement of children and youth whose emotional, social, and/or behavioral problems that create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. Family Reunification Partnership is a unique and innovative program model that integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSS) social workers into one cohesive program to help families in the reunification process and the Adoption Preservation FSP program addresses on-going needs of post-adoptive families (Appendix I).

CSS-02: Dual Diagnosis FSP

The Dual Diagnosis FSP supports critical programs for youth with co-occurring mental health and substance use disorders. Door to Hope's Integrated Co-Occurring Treatment (ICT) is an intensive community-based program which provides an evidence based practice for adolescents and young adults in a strength based, home visitation model (Appendix I). The focus of Door to Hope's Santa Lucia Residential Program is to identify, assess, and treat adolescent females in a residential facility who exhibit significant levels of co-occurring mental health and substance abuse needs (Appendix I).

CSS-03: Juvenile Justice FSP

Monterey County works in partnership amongst public agencies and community partners in providing the Juvenile Justice FSP's comprehensive programming for youth involved with MCBH, Juvenile Justice and/or the Department of Family and Children Services. The Juvenile Mental Health Court - Community Action Linking Adolescents (CALA) Program offers Probation, Juvenile Court and Behavioral Health supervision and support to youth and their families (Appendix I). The Juvenile Sex Offender Response Team (JSORT) is a collaborative partnership between Monterey County Probation and MCBH, providing specialty mental health services to adolescents who have committed a sexual offence (Appendix I). The Incarceration to Success (I2S) Program is a multi-agency collaborative effort that provides transitional housing for male transition age youth (TAY) who are exiting the Monterey County Youth Center,

involved with Juvenile Probation and MCBH, unable to return home, and are in need of stable housing with independent living coaching (Appendix I).

CSS-04: Transition Age Youth FSP

MCBH provides a FSP model program for TAY who are experiencing symptoms of serious mental illness who need intensive services. In this program, goals are tailored to each youth, ranging from achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental illness (Appendix I).

CSS-05: Adults with Serious Mental Illness FSP

The Adults with Serious Mental Illness FSP offers a range of services and supports to Adults and Older Adults with serious mental illness in reaching their recovery goals and live in the least restrictive environment as possible. The Creating New Choices Adult Mental Health Court Program, (CNC) is a collaborative effort between the Superior Court, Behavioral Health, Probation Department, District Attorney's Office, Public Defender's Office and the Sheriff's Office to reduce the repetitive cycle of arrest and incarceration for adults with serious mental illness by providing intensive case management, psychiatric care, probation supervision and therapeutic mental health court (Appendix I). Interim's intensive permanent and transitional supportive housing programs provide a Full Service Partnership level of services to very low-income individuals age 18 and older with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness (Appendix I). For adults with serious mental illness, which can also include those with a co-occurring substance use disorder, FSP services will be offered as an intensive outpatient alternative to the array of residential treatment services and housing-based FSPs that often have long wait lists for entry to services (Appendix I).

CSS-06: Older Adults FSP

The Older Adult FSP provides intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. MCBH outpatient services are focused on reducing unplanned emergency services and admissions to inpatient psychiatric hospitals, as well as preventing out of county and locked placements (Appendix I). The Drake House Program serves older adults who have co-occurring mental health and physical conditions. This residential program assists residents with medication, medical appointments, daily living skills, money management, and provides structured activities daily (Appendix I).

Community Services & Supports – General System Development (NON-FSP)

CSS-07: Access Regional Services

MCBH ACCESS clinics and community based organizations to provide regionally based services to address the needs of our community. ACCESS clinics function as entry points into the Behavioral Health system. ACCESS programs serve children, youth and adults, and offer walk-in clinics in four regions of the county to provide early intervention and referral services for mental health and substance use issues. ACCESS clinics are located in Marina, Salinas, Soledad and King City (Appendix I). The Kinship Center's South County (King City) Clinic operated by the Kinship Center provides outpatient mental health services to eligible children and their families residing in the southern portion of Monterey

County (Appendix I). Community Human Services provides the Community Partnership - HIV/AIDS provides outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for those with HIV/AIDS and their significant others to improve their mental and emotional health (Appendix II). The Village Project, Inc. is an all-encompassing agency in respect to the age groups for which it provides services and has provided therapy for children and youth, adults, seniors, families and couples (Appendix I).

CSS-08: Early Childhood Mental Health

The Early Childhood Mental Health CSS Program provides specialized care for families with children age 0-5. The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services for children ages 0-5 and their caregivers/family members to support positive emotional and cognitive development in children and increase caregiver capacity to address their children's social/emotional needs (Appendix I). Door to Hope's MCSTART is a collaborative early intervention program that provides services for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services (Appendix I).

CSS-09: Transition Age Youth and Young Adult Mental Health

Non-FSP CSS service for TAY include the TAY Avanza program provides mental health treatment and peer mentoring to youth and young adults ages 16 through 25 who have significant mental health disorders by providing therapy, groups, comprehensive case management and opportunities for positive social interactions. In this program treatment goals are tailored to each youth, with a general focus on decreasing mental health symptoms so the youth can have a stable, successful transition into adulthood. Individual goals can range from achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental health challenges (Appendix I).

CSS-10: Supported Services to Adults with Mental Illness

In the Supported Services to Adults with Mental Illness Program, Behavioral Health staff collaborates with local agencies to provide supportive services to adults ages 18 years and older with serious and persistent mental illness who are served by the various programs in the Adult System of Care. This includes Wellness Navigators (WNs) stationed at each Adult Services clinic to welcome clients into the clinic, help support completion of intake screening tools, and help clients understand the services available to them (Appendix II). Interim's Peer Partners for Health is a voluntary training and peer support program focusing on creating a welcoming and recovery oriented environment where clients accessing services at MCBH outpatient clinics can feel welcome and supported by someone who may have a similar experience (Appendix I). This program was requested by consumers through the Recovery Task Force. With the assistance of a WN team, consisting of peers, consumers are connected to community-based follow up services in a culturally sensitive manner. The Central Coast Center for Independent Living offers the Return to Work Benefits Counseling supports adults and Transition Age

Youth with mental health disabilities, to increase the number of consumers returning to the workforce and increase independence, by providing: proving problem solving and advocacy, benefits analysis and advising, benefits support planning and management, housing assistance, independent living skills training, assistive technology services and information, and referral services (Appendix I).

CSS-11: Dual Diagnosis

Non-FSP Dual Diagnosis services for those impacted by substance abuse and mental illness provide intensive and cohesive supports. Interim's Dual Recovery Services/Co-Occurring Disorders Integrated Care program is an outpatient program for adults with co-occurring serious mental illness and substance use disorders. The program aims to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs (Appendix I).

CSS-12: Family Stability

Family Stability general system support programs are for children and families are designed to prevent out-of-home placement of children and youth whose emotional, social, and/or behavioral problems that create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. These programs compliment the Family Stability FSP programs by serving the same population where less intensive services are required along the continuum of care. The Family Preservation program is an intensive, short-term, in-home crisis intervention and family education program 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 (Appendix I). Kinship Center's Trauma Services Program provides outpatient mental health services to eligible children 0-5 and their families (Appendix I). The Kinship Center D'Arrigo Children's Clinic provides outpatient mental health services to eligible children and their families. Mental health services consist of individual, family or group therapies and interventions designed to reduce mental disability and improve/maintain functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency (Appendix I).

Innovation

INN: Juvenile Sexual Offender Response Team

The Juvenile Sexual Offender Response Team (JSORT) program was an attempt to create and test a comprehensive and collaborative approach to treatment for juveniles who committed sexual offenses. JSORT provided intensive services for these youths and their families, serving an average of 44 youth per year (Appendix I). MCBH and JSORT believe the project was very successful in reducing rates of re-offense and promoting recovery, while also building a robust interagency program with the Department of Probation. This demonstrated success has led MCBH to continue funded the JSORT program as an FSP under CSS funding.

INN: Positive Behavioral Interventions & Supports

The Positive Behavioral Intervention and Supports (PBIS) Innovation project was created to be a systems approach for establishing the social culture and individual behavior supports needed for schools to

achieve both social and academic success for all students while preventing problem behaviors. The PBIS program was implemented in 15 schools, serving 9,916 students. With a high degree of confidence, the PBIS implementation correlated to significant reductions in disciplinary referrals, suspensions, expulsions, loss of instructional days. Additionally, 75% of students surveyed felt secure in approaching an adult if they needed help concerning their mental well-being. Results from this program were consistent across all demographics. The demonstrated success of the PBIS project led participating schools to continue operations under their own funding sources. MHSA no longer funds PBIS activities.

MHSA Program Summary and Reference Tables

The tables presented in this section of the Annual Update provide hyperlinked access to applicable program descriptions and service reports that follow at the end of this Annual Update. The reports are also available on the MCBH website. Links in the “Program” column connect detailed program descriptions to the FY18-20 MHSA 3-Year Program and Expenditure plan. Links in the “Provider” column connect to relevant service data in the FY17 PEI Evaluation Report and/or the FY17 Data Driven Decisions (D3) Report.

Table 1: Prevention Programs

Program	Services Included	Provider
PEI-01: Open Access Wellness Centers	Education, Peer Support, Screening, Referrals	<ul style="list-style-type: none"> • Interim, Inc. • EpiCenter
PEI-02: Family Support & Education	Family Support Groups, Parenting Classes	<ul style="list-style-type: none"> • Behavioral Health • Community Human Services (CHS)
PEI-03: Outreach for Increased Awareness and Early Signs of Mental Illness	Community Education, Workshops, Promotores, Screening & Referrals	<ul style="list-style-type: none"> • NAMI • Behavioral Health (FY19) • Latino Community Partnership (1,2) • Village Project
PEI-04: Stigma & Discrimination Reduction	Consumer Advocacy and Public Policy, Educational Marketing Campaigns	<ul style="list-style-type: none"> • Interim, Inc. • CalMHSA
PEI-05: Prevention/Peer Services to Older Adults	Companion Supports, Peer Counseling, Fortaleciendo el Bienestar	<ul style="list-style-type: none"> • Seniors Council • Alliance on Aging
PEI-06: Suicide Prevention	Crisis Hotline, Educational Marketing Campaign, Crisis Response Training	<ul style="list-style-type: none"> • Family Service Agency of the Central Coast

Table 2: Early Intervention Programs

Program Focus	Services	Provider
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PEI-07: Access Regional Services	Information Hotline and Textline, Homeless & Veterans Supports, Resource & Learning Center	<ul style="list-style-type: none"> • United Way • CSUMB/Interim, Inc. • Monterey County Veterans Office
PEI-08: Student Mental Health	School-Based Counseling, Case Management	<ul style="list-style-type: none"> • Pajaro Valley Prevention & Student Assistance (1,2) • Harmony at Home
PEI-09: Juvenile Justice	Counseling, Gang Prevention, Education & Family Support	<ul style="list-style-type: none"> • Behavioral Health (1,2,3,4)
PEI-10: Prevention & Recovery for Early Psychosis	Screening, Counseling, Case Management	<ul style="list-style-type: none"> • Felton Institute (1,2)
PEI-11: Response Crisis Intervention	Trauma Counseling, Education and Referral Supports, Response Teams	<ul style="list-style-type: none"> • Archer Child Advocacy Center • Behavioral Health

Table 3: CSS Full Service Partnerships

Program Focus	Services	Provider
CSS-01: Family Stability	Family Preservation, Adoption Preservation	<ul style="list-style-type: none"> • Behavioral Health • Kinship Center
CSS-02: Dual Diagnosis	Co-occurring Treatment, Residential Care	<ul style="list-style-type: none"> • Door to Hope (1,2,3)
CSS-03: Juvenile Justice	Mental Health Court, JSORT, Transitional Housing	<ul style="list-style-type: none"> • Behavioral Health (1,2) • Peacock Acres
CSS-04: Transition Age Youth	Education & Employment Assistance, Peer Mentors	<ul style="list-style-type: none"> • Behavioral Health
CSS-05: Adult System of Care	Mental Health Court, Residential Care, Homeless Services, Outpatient Services	<ul style="list-style-type: none"> • Behavioral Health • Interim (1,2,3,4)
CSS-06: Older Adult	Residential Care	<ul style="list-style-type: none"> • Behavioral Health • Front St.

Table 4: General System Development Programs

Program Focus	Services	Provider
CSS-07: Access Regional Services	Walk-in Clinics, Counseling, Case Management	<ul style="list-style-type: none"> • Behavioral Health • Kinship Center • CHS • Village Project

CSS-08: Early Childhood Mental Health	Specialized Care for Families with Children 0-5	<ul style="list-style-type: none"> Behavioral Health(1,2) Door to Hope
CSS-09: Transition Age Youth	Counseling, Peer Mentors	<ul style="list-style-type: none"> Behavioral Health
CSS-10: Supported Services to Adults with Serious Mental Illness	System Navigation, Peer Supports, Benefits Assistance, Housing and Employment Assistance	<ul style="list-style-type: none"> Behavioral Health Interim, Inc. (1,2,3) CCCIL
CSS-11: Dual Diagnosis	Co-occurring Treatment, Outreach and Aftercare	<ul style="list-style-type: none"> Door to Hope Interim, Inc.
CSS-12: Family Stability	Family Preservation, Trauma Response, Family Supports	<ul style="list-style-type: none"> Kinship Center Behavioral Health (1,2)

Cost Per Client and Number of Clients to Be Served by Project FY19

Prevention & Early Intervention

Project	Count of Clients to Be Served	Estimated Cost Per Client
Open Access Wellness Centers	1,002	\$694
Family Support and Education	881	\$352
Outreach for Increased Awareness of Early Signs of Mental Illness	6,949	\$144
Stigma and Discrimination Reduction ¹	N/A	N/A
Peer to Peer Services for Older Adults	356	\$855
Suicide Prevention	7,044	\$32
C Access Regional Services	3,382	\$57
Student Mental Health	470	\$1,024
Juvenile Justice Diversion	52	\$3,997
Prevention Recovery Early Psychosis	62	\$8,065
Crisis Interventions	488	\$994

Community Services and Supports

Project	Count of Clients to Be Served	Estimated Cost Per Client
Family Stability FSP	68	\$17,685
Dual Diagnosis FSP	119	\$10,835
Juvenile Justice FSP	68	\$17,450
Transition Age Youth FSP	9	\$90,642
Adult SMI FSP	300	\$17,323
Older Adult FSP	34	\$40,507
Access Regional Services	4,342	\$2,710

¹ "Stigma and Discrimination Reduction" provides marketing services with a diffuse impact that is not accurately quantifiable.

Early Childhood Intervention	711	\$3,894
Transition Age Youth	229	\$3,708
Supported Services to SMI	245	\$2,642
Dual Diagnosis	145	\$7,047
Family Stability	161	\$9,086

FY19 MHSA Budget Narrative

The FY19 MHSA Annual Update (“Annual Update”) contains continued funding for previously approved CSS and PEI components. As uncertain financial conditions persist, no program expansions are planned for the budget year. This Annual Update aims to maintain levels of services at the same or similar level as in FY18, and allocate resources to unserved or underserved areas with critical needs for mental health services.

Last year, it was anticipated that the No Place Like Home State initiative would be implemented during FY18. The initiative would reduce Monterey County’s annual MHSA revenue receipts by an estimated \$1.5M to \$2.0M. Due to pending litigation, the initiative has not been implemented, which improved the revenue forecast for the FY19 Annual Update. As a result, the additional resources were sufficient to neutralize local cost increases and maintain the same funding level for existing programs.

Due to a continued uncertain fiscal outlook, volatility of MHSA revenue, and increasing cost of doing business at the local level, this Annual Update was prepared with a balanced approach, limiting expenditures to the anticipated level of revenue to be realized during the budget year. Continued prudent fiscal planning will help mitigate impacts to programs, as the County anticipates costs will continue to rise sharply in the coming fiscal years.

FY19 MSHA Budget Worksheets

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan							
Funding Summary							
County:	Monterey					Date:	3/16/18
		MSHA 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 2017/18 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	0	0	3,104,482			
2.	Estimated New FY2017/18 Funding	14,060,000	3,515,000	925,000			
3.	Transfer in FY2017/18 ^{a/}	(563,541)					563,541
4.	Access Local Prudent Reserve in FY2017/18	0	335,896				(335,896)
5.	Estimated Available Funding for FY2017/18	13,496,459	3,850,896	4,029,482	0	0	
B. Estimated FY2017/18 MSHA Expenditures		13,496,459	3,850,896	0	0	0	
C. Estimated FY2018/19 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	(0)	0	4,029,482	0	0	
2.	Estimated New FY2018/19 Funding	15,960,000	3,990,000	1,050,000			
3.	Transfer in FY2018/19 ^{a/}	(1,319,436)					1,319,436
4.	Access Local Prudent Reserve in FY2018/19	0	(205,998)				205,998
5.	Estimated Available Funding for FY2018/19	14,640,564	3,784,002	5,079,482	0	0	
D. Estimated FY2018/19 Expenditures		14,640,564	3,784,002	5,060,000	0	0	
E. Estimated FY2019/20 Funding							
1.	Estimated Unspent Funds from Prior Fiscal Years	(0)	0	19,482	0	0	
2.	Estimated New FY2019/20 Funding	15,960,000	3,990,000	1,050,000			
3.	Transfer in FY2019/20 ^{a/}	(563,541)					563,541
4.	Access Local Prudent Reserve in FY2019/20		283,937				(283,937)
5.	Estimated Available Funding for FY2019/20	15,396,459	4,273,937	1,069,482	0	0	
F. Estimated FY2019/20 Expenditures		13,496,459	3,681,091	1,063,750	0	0	
G. Estimated FY2019/20 Unspent Fund Balance		1,900,000	592,847	5,732	0	0	
H. Estimated Local Prudent Reserve Balance							
1.	Estimated Local Prudent Reserve Balance on June 30, 2017	2,217,675					
2.	Contributions to the Local Prudent Reserve in FY 2017/18	563,541					
3.	Distributions from the Local Prudent Reserve in FY 2017/18	(335,896)					
4.	Estimated Local Prudent Reserve Balance on June 30, 2018	2,445,320					
5.	Contributions to the Local Prudent Reserve in FY 2018/19	1,319,436					
6.	Distributions from the Local Prudent Reserve in FY 2018/19	205,998					
7.	Estimated Local Prudent Reserve Balance on June 30, 2019	3,970,754					
8.	Contributions to the Local Prudent Reserve in FY 2019/20	563,541					
9.	Distributions from the Local Prudent Reserve in FY 2019/20	(283,937)					
10.	Estimated Local Prudent Reserve Balance on June 30, 2020	4,250,358					

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.

Community Services and Supports (CSS) Component Worksheet						
	Fiscal Year 2018/19					
	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. Family Stability	1,053,361	\$ 545,093	451,503	0	56,765	0
2. Dual Diagnosis	1,289,327	\$ 226,647	666,340	0	396,340	0
3. Juvenile Justice	1,253,716	\$ 975,621	195,850	0	82,245	0
4. Transition Age Youth	596,078	\$ 518,623	77,455	0	0	0
5. Adult SMI	5,853,777	\$ 3,211,465	2,296,057	250,000	0	96,255
6. Older Adult	1,478,057	\$ 1,186,336	291,721	0	0	0
Non-FSP Programs						
7. Access Regional Services	11,950,233	3,235,179	3,203,259	5,305,864	205,931	0
8. Early Childhood Intervention	2,718,410	294,891	1,556,460	0	867,059	0
9. Transition Age Youth	1,390,848	378,496	1,012,352	0	0	0
10. Supported Services to SMI	303,490	303,490		0	0	0
11. Dual Diagnosis	639,736	275,319	271,141	0	93,276	0
12. Family Stability	1,592,120	297,404	657,868	0	636,848	0
CSS Administration	3,192,000	3,192,000				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	33,311,153	14,640,564	10,680,006	5,555,864	2,338,464	96,255
FSP Programs as Percent of Total	78.7%					

Prevention and Early Intervention (PEI) Component						
	Fiscal Year 2018/19					
	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. Open Access Wellness Center	768,385	768,385	0	0	0	0
2. Family Support and Education	312,695	312,695	0	0	0	0
3. Outreach for Increased Awareness and Early Signs of Mental Illness	930,580	596,580	214,000	120,000	0	
4. Stigma and Discrimination Reduction	300,011	300,011	0	0	0	0
5. Prevention / Peer Services to Older Adults	304,204	304,204	0	0	0	0
6. Suicide Prevention	228,859	178,859	0	0	0	50,000
PEI Programs - Early Intervention						
7. Access Regional Services	192,317	192,317	0	0	0	0
8. Student Mental Health	481,120	151,873	212,247	0	117,000	0
9. Juvenile Justice	352,300	253,962	98,338	0		0
10. Prevention and Recovery for Early Psychosis	600,000	250,000	212,734	0	37,266	100,000
11. Responsive Crisis Interventions	506,999	355,416	151,583	0	0	
PEI Administration	119,700	119,700				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	5,097,170	3,784,002	888,902	120,000	154,266	150,000

Innovations (INN) Component Worksheet						
	Fiscal Year 2018/19					
	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. Transportation Coaching by Wellness Navigators	1,000,000	1,000,000				
2. Web-Based Application for Screening and Referrals	2,400,000	2,400,000				
3. Micro-Innovations Grants for Engaging Latino Communities	1,000,000	1,000,000				
INN Administration	660,000	660,000				
Total INN Program Estimated Expenditures	5,060,000	5,060,000	0	0	0	0*

*This Innovation budget for FY 19 reflects full expenditure of our Innovation funds, inclusive of those received to date as well as new funds as estimated. Monterey County is in the process of contesting the State's fiscal analysis of Innovation funds from Fiscal Year 09/10 that may be subject to reversion.

Notice of 30-Day Public Comment Period

The California Welfare and Institutions Code Section 5848 states that the draft of the Annual Update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy. At the conclusion of this public review period, the Mental Health Commission shall conduct a public hearing on the draft of the Annual Update, to adopt and make any recommendations for revisions.

On March 23, 2018, this FY19 Annual Update was made available to the public for review, in both English and Spanish, by posting the document files on the MCBH website (<http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act>) and by disseminating documents files to community partners through email. Hard copies are available upon request by contacting Behavioral Health Administration at 755-4510. Notice of this public review period was also posted on the appropriate Monterey County Facebook and Twitter accounts.

Public comments must be in writing and can be submitted via the MCBH website, regular mail to Behavioral Health Administration, 1270 Natividad Rd., Salinas, CA 93906 or delivered anytime Monday through Friday between 8 a.m. and 5 p.m. Comments can also be sent via email to HendricksA@co.monterey.ca.us.

All comments MUST BE RECEIVED by Monday, April 23, 2018 at 5:00 PM.

The Behavioral Health Commission Public Hearing to review, make recommendations for revision and/or adopt this FY19 Annual Update will be conducted at 5:30 p.m. on Thursday, April 26, 2018 at the Monterey County Integrated Health Services Clinic Training Room located at 299 12th Street in Marina. The public is invited to attend; Spanish language interpretation services will be available.

Appendix I: CSS Program Data

CCCIL Return to Work Benefits Counseling Program

Program Analysis

Dates: July 1, 2016 to March 31, 2017 and July 1, 2017 to March 31, 2018

General System Development Programs

Provider: Central Coast Center for Independent Living (CCCIL)

Population of Focus: Persons with disabilities:

Description: *Return to Work* Benefits Assistance: Problem Solving and Advocacy, Benefits Analysis and Advisement, Benefits Support Planning and Benefits Management.

Additional Services: Benefits Assistance, Housing Assistance, Independent Living Skills Training, Assistive Technology services & Information, Referral & Assistance services.

State Regulation Program Categories: Supported Services to Adults with Serious Mental Illness

State Regulation Program Strategies: Access and Linkage to Treatment & Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources: CCCIL Data Management System/ CCCIL MCBH monthly reporting form

Service Location: Salinas & King City

Program Activities and Outreach

7/1/16 – 3/31/17

- 57 *new* consumers served
- 119 *re-served* consumers served
- Outreach non-open files - 10
- Presentations - 3
- Outreach Events -1

7/1/17-3/31/18

- 88 *new* consumers served
- 73 *re-served* consumers served
- Outreach non-open files - 35
- Presentations - 19
- Outreach Events - 24

Participants Demographics

Age:

7/1/16 - 3/31/17 :

Under 14 - 8
14-24 - 13
25-59 - 124
60 Plus - 31

7/1/17-3/31/18 :

Under 14 - 9
14-24 - 18
25-59 - 115
60 Plus - 19

Ethnicity:

Hispanic/Latino	44%
White	43%
African American	2%
Two or More Ethnicities	5%
Asian	2%
Native Hawaiian	2%
Other	3%

Participant Residence: Monterey County

2016-2017

Salinas	98
Greenfield	10
Monterey	8
Soledad	9
Gonzales	2
Marina	15
Seaside	10
Pacific Grove	5
Sand City	1
King City	8
Castroville	6
Royal Oaks	1
Prunedale	1
San Ardo	1
Unknown	1

2017-2018

Salinas	91
Greenfield	4
Monterey	7
Soledad	10
Gonzales	2
Marina	11
Seaside	5
Pacific Grove	4
Sand City	0
King City	20
Castroville	3
Royal Oaks	0
Prunedale	2
San Ardo	1
Carmel	1

Zip codes Percentages

(176 consumers served)

93901	30	17%
93902	1	1%
93905	16	9%
93906	35	20%
93907	13	7%
93908	1	1%

Zip codes Percentages

(161 consumers served)

93901	27	17%
93905	18	9%
93906	29	16%
93907	11	7%
93908	1	1%
93912	3	2%

93912	3	2%	93915	2	1%
93915	1	1%	93927	3	2%
93926	2	1%	93930	19	12%
93927	8	5%	93933	15	9%
93930	6	3%	93940	8	5%
93933	22	13%	93950	4	2%
93940	9	5%	93955	4	2%
93942	1	1%	93960	9	6%
93950	5	3%	95012	3	2%
93955	7	4%	95076	2	1%
93960	5	3%	Unknown	3	2%
95012	5	3%			
95062	1	1%			
95076	3	2%			
Unknown	2	1%			

**Total percentage of South Monterey County residents served from 7/1/16-3/31/17 is 17%.*

**Total percentage of South Monterey County residents served from 7/1/17 – 3/31/18 is 23%.*

Services received (7/1/16 to 3/31/17):

Benefits Counseling - 148

Benefits Assistance - 32

Housing Assistance - 78

Independent Living Skills Training - 129

Assistive Technology Services -11

New consumers received and percentage:

68 new consumers (42%)

6 new consumers (4%)

18 new consumers (11%)

27 new consumers (17%)

3 new consumers (2%)

Services received (7/1/17 to 3/31/18):

New consumers services received and percentage:

3

Benefits Counseling -129	<i>59 new consumers 34%</i>
Benefits Assistance -57	<i>35 new consumers 20%</i>
Housing Assistance -71	<i>53 new consumers 30%</i>
Independent Living Skills Training -138	<i>60 new consumers 34%</i>
Assistive Technology Services -24	<i>12 new consumers 7%</i>

Community Services:

Information & Assistance contacts - 10	Information & Assistance contacts - 35
Outreach Events - 1	Outreach Events - 24
Presentations - 3	Presentations - 19

Summary

In a collaboration with the Monterey County Behavioral Health Department, CCCIL was granted use of King City MCBH offices on August 17, 2017. A CCCIL Case Manager serves South County consumers from that location one day per week (Thursday). Although we've seen a small increase in the number of consumers being served from other South County communities, there has been a marked increase in the number of consumers being served that are residents of King City.

We are well aware of the transportation issues faced by many residents with disabilities living in the most rural part of the County, however, in order to increase the number of consumers being served it is important that CCCIL to be stationed in South County a second day, possibly in the City of Soledad, to accommodate those consumers unable to travel to Salinas or King City. An additional day would also allow us to provide more outreach, networking opportunities and participation in local activities. We are current members of South County Outreach Efforts (SCORE) and also participate in meetings of the County of Monterey Mental Health South County Subcommittee.

The following pages have been extracted from the "FY 2016-17 Data Driven Decisions Report", or "D3".

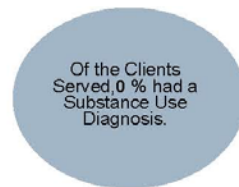
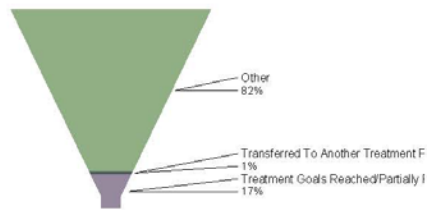
To view the D3 in its entirety, please visit our Quality Improvement website:
<http://qi.mtyhd.org/wp-content/uploads/2014/09/D3-16-17-with-QI-REPORT-Final.pdf>

SERVICE AREA: Adoption Preservation

Adoption Preservation services are designed to improve the child's overall functioning, support the child's parent/caregiver, reduce parental stress, and improve the family's well-being. Kinship Center a local agency, provides mental health, case management, and psychiatry services to children and their families.

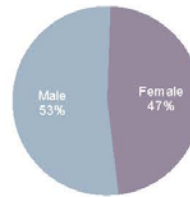
Number of Clients Served: 190
Total Service Value: \$1,882,837.26
Average Service Value per Client: \$9,909.67
Average Age: 9
Number of New Clients: 63
Number of Clients Discharged: 84

Discharge Disposition/Outcome

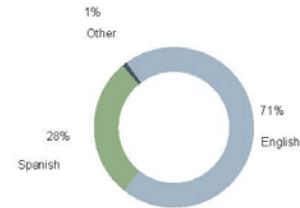


Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	90%
Private Insurance	7%
Self Pay/Other	3%

Gender



Language of Preference



Top 5 Primary Diagnosis

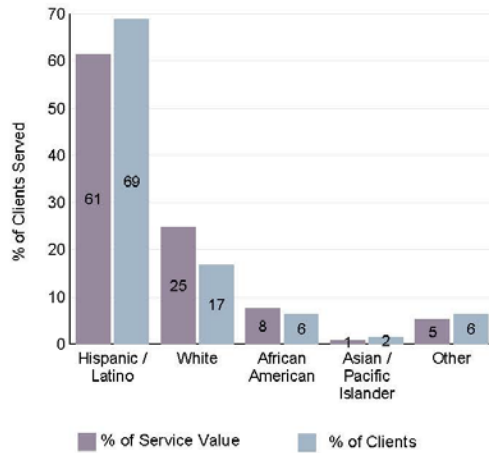
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	71%
Mood Disorders	12%
Disruptive Behavior Disorders	11%
OTHER	5%
Neurodevelopmental Disorders	1%

Breakdown of Service Type

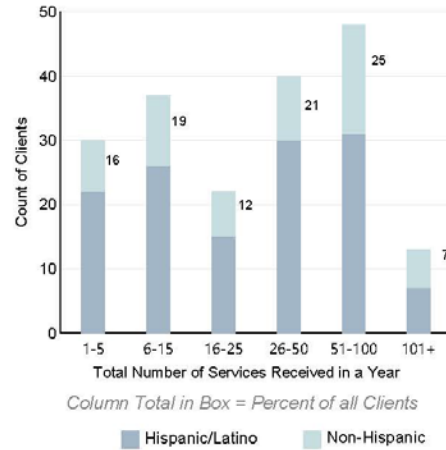
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,008	15%	92%
Collateral/Family Therapy	681	8%	61%
Group Counseling	542	5%	18%
Linkage/Brokerage	1,602	13%	87%
Medication Support	112	1%	11%
Mental Health Counseling	3,739	58%	83%
Total	7,684	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

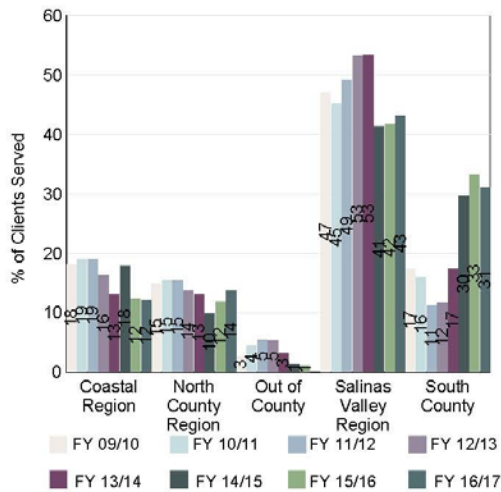


Clients Served Grouped by Number of Services Received During the Year

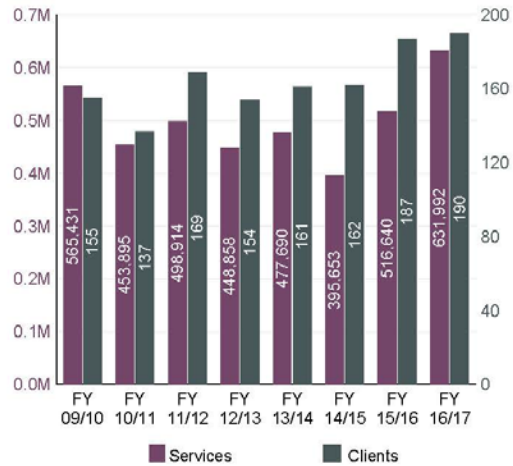


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

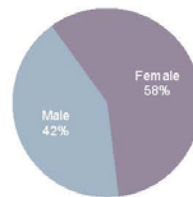


SERVICE AREA: Adult Homeless Services

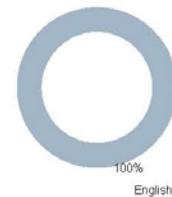
Behavioral Health staff collaborates with local homeless service providers to provide outreach, assessments, intensive case management services, and psychiatry services for adults with a psychiatric disability who are homeless or at high risk of homelessness.

Number of Clients Served: 81
Total Service Value: \$853,515.76
Average Service Value per Client: \$10,537.23
Average Age: 48
Number of New Clients: 36
Number of Clients Discharged: 28

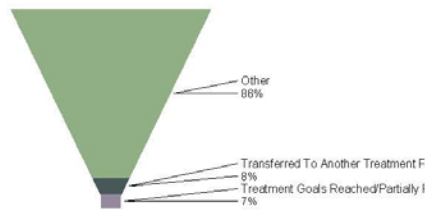
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	53%
Schizophrenia Spectrum	42%
Anxiety Disorders	2%
Substance Related Addictive D/O	1%

Of the Clients Served, 63 % had a Substance Use Diagnosis.

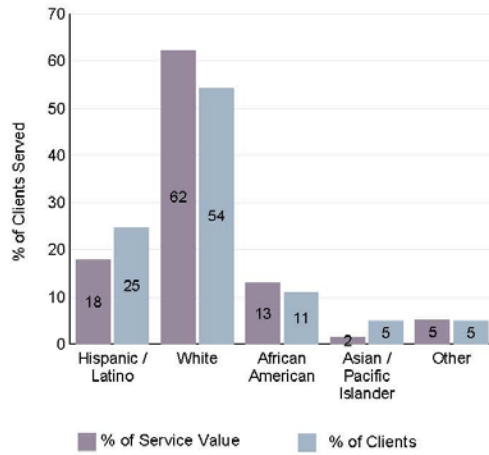
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	76%
Medicare B	20%
Self Pay/Other	4%

Breakdown of Service Type

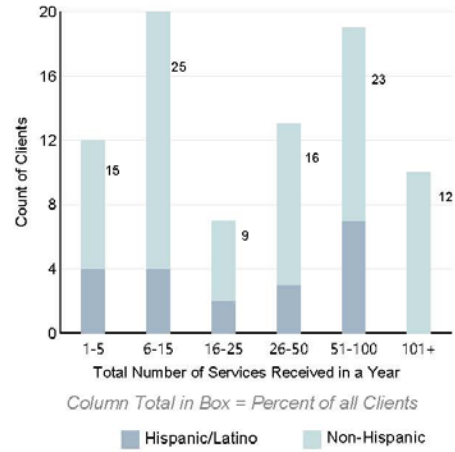
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	146	7%	57%
Collateral/Family Therapy	35	1%	23%
Group Counseling	288	5%	35%
Linkage/Brokerage	890	26%	86%
Medication Support	385	6%	65%
Mental Health Counseling	1,522	47%	80%
Non Billable	521	6%	75%
Other	48	1%	19%
Total	3,835	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

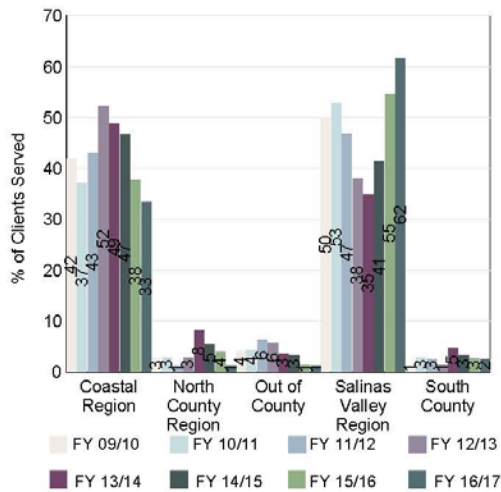


Clients Served Grouped by Number of Services Received During the Year

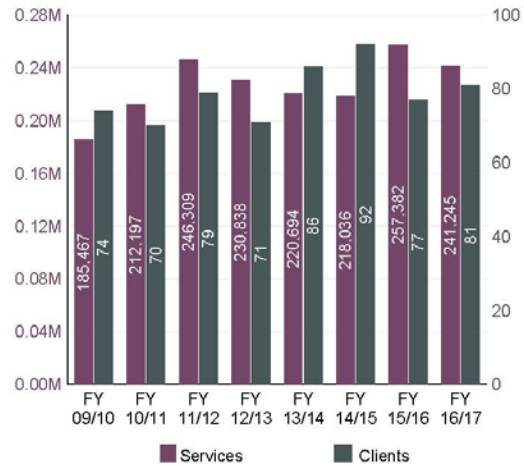


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

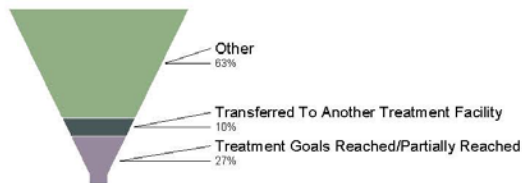


PROGRAM/PROGRAM GROUP: Access to Treatment

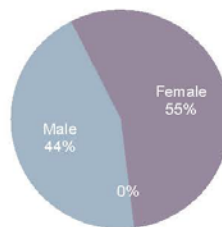
Access to Treatment programs are primary entry point for eligible county residents of Monterey County seeking mental health services. After an initial assessment, treatment services are typically provided in group settings and/or individual counseling sessions that focus on skill-building and support. 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: 3,861
Total Service Value: \$4,655,197.76
Average Service Value per Client: \$1,205.70
Average Age: 32
Number of New Clients: 2,485
Number of Clients Discharged: 2,909

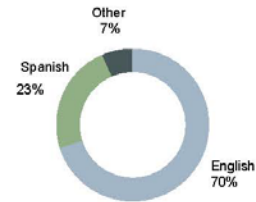
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

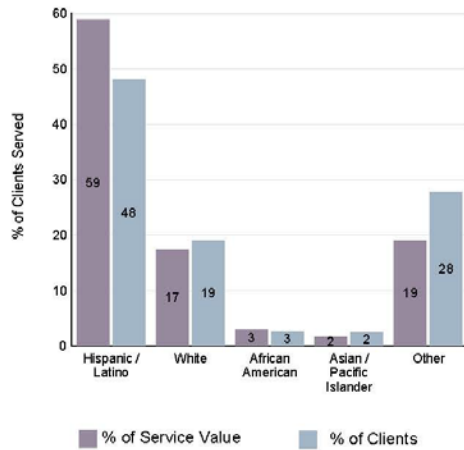
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	26%
OTHER	23%
Anxiety Disorders	20%
Schizophrenia Spectrum	4%
Disruptive Behavior Disorders	3%

Breakdown of Service Type

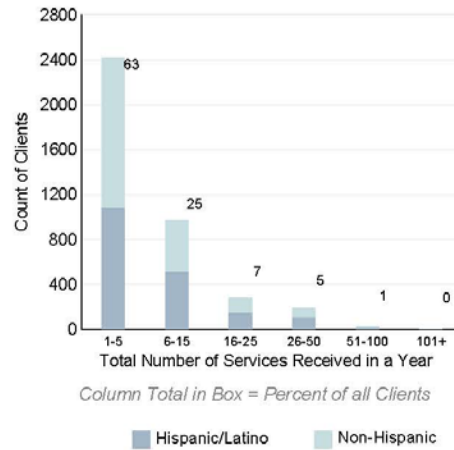
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	4,308	30%	56%
		Collateral/Family Therapy	349	1%	4%
		Crisis Intervention	210	1%	2%
		Group Counseling	779	3%	7%
		Linkage/Brokerage	4,941	13%	44%
Medi-Cal	79%	Medication Support	2,169	7%	17%
Medicare B	8%	Mental Health Counseling	2,857	16%	13%
Private Insurance	5%	Non Billable	12,260	29%	85%
Self Pay/Other	8%	Other	162	0%	2%
		Total	28,035	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

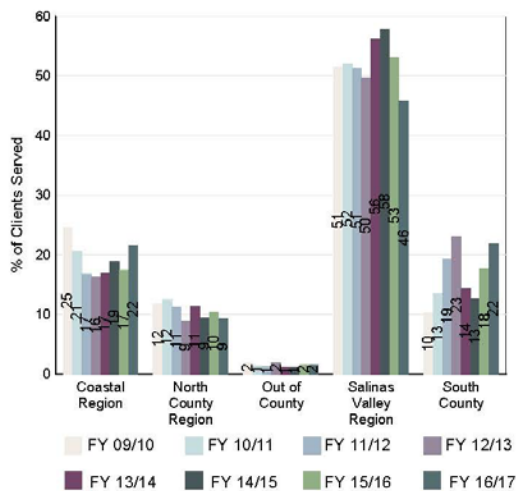


Clients Served Grouped by Number of Services Received During the Year

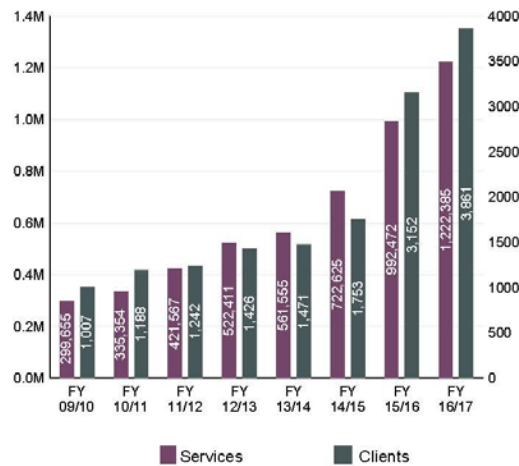


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

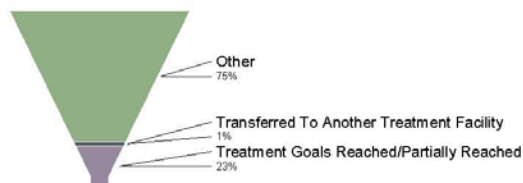


PROGRAM/PROGRAM GROUP: CHS Family Counseling Center

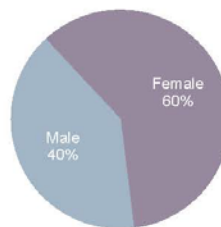
Community Human Services will provide outpatient mental health services to Monterey County Medi-Cal beneficiaries as authorized by the Monterey County Health Department, Behavioral Health Division

Number of Clients Served: 641
Total Service Value: \$689,482.92
Average Service Value per Client: \$1,075.64
Average Age: 27
Number of New Clients: 377
Number of Clients Discharged: 331

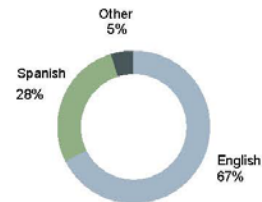
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

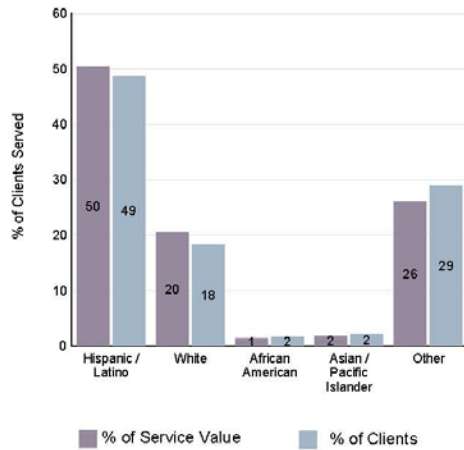
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	42%
Mood Disorders	33%
Disruptive Behavior Disorders	8%
OTHER	7%
Schizophrenia Spectrum	2%

Breakdown of Service Type

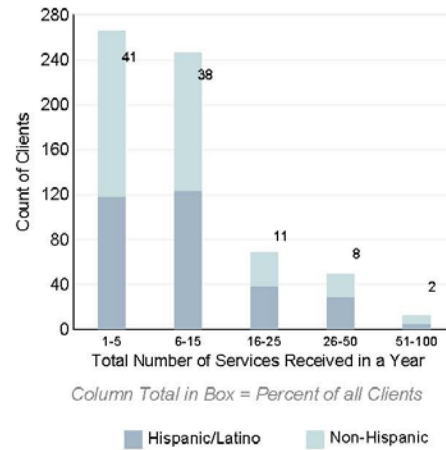
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	1,054	20%	70%
		Collateral/Family Therapy	141	3%	10%
		Group Counseling	35	0%	1%
		Linkage/Brokerage	1,500	13%	61%
		Mental Health Counseling	2,735	46%	76%
Medi-Cal	90%	Non Billable	861	13%	37%
Medicare B	4%	Other	410	4%	10%
Private Insurance	2%	Total	6,736	100%	100%
Self Pay/Other	4%				

Health Equities

Breakdown of Clients Served by Ethnicity

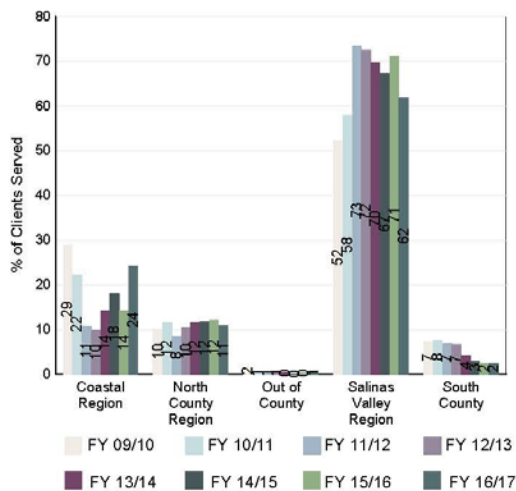


Clients Served Grouped by Number of Services Received During the Year

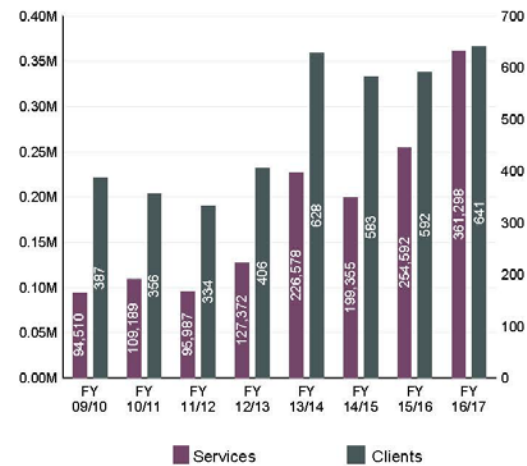


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

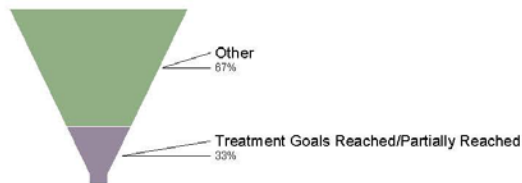


PROGRAM/PROGRAM GROUP: The Village Project, Inc.

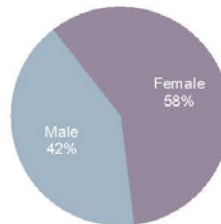
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families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

Number of Clients Served: 118
Total Service Value: \$121,683.53
Average Service Value per Client: \$1,031.22
Average Age: 26
Number of New Clients: 75
Number of Clients Discharged: 72

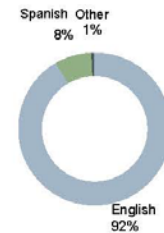
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

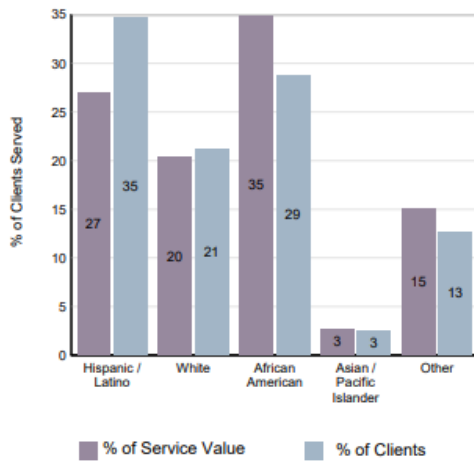
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	47%
Mood Disorders	13%
OTHER	5%
Disruptive Behavior Disorders	3%
Organic Disorders	1%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	71%
Medicare B	2%
Self Pay/Other	27%

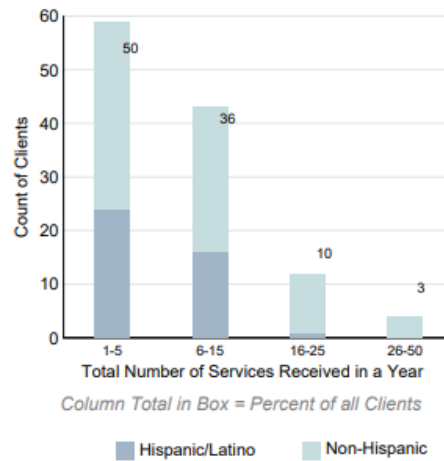
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	260	34%	76%
Collateral/Family Therapy	67	6%	14%
Linkage/Brokerage	18	1%	8%
Mental Health Counseling	553	59%	63%
Non Billable	20	0%	9%
Other	1	0%	1%
Total	919	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

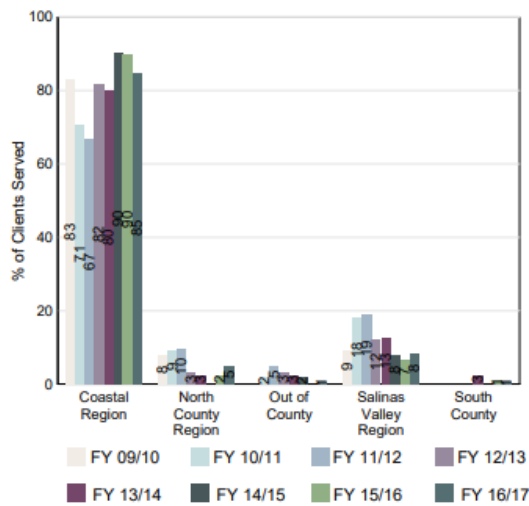


Clients Served Grouped by Number of Services Received During the Year

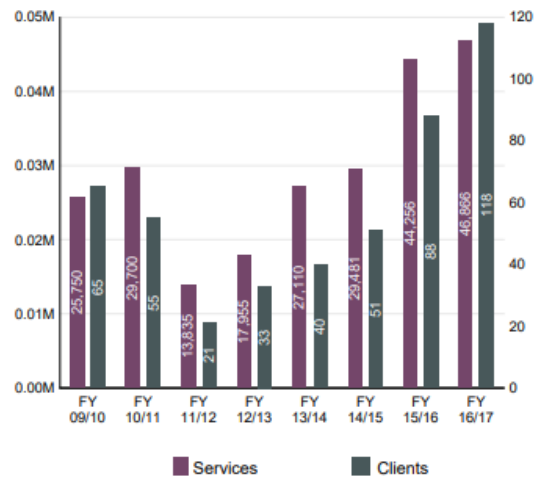


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: CS Archer Child Advocacy Center

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

Number of Clients Served: 169

Total Service Value: \$162,931.38

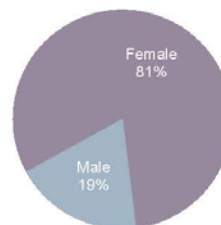
Average Service Value per Client: \$964.09

Average Age: 10

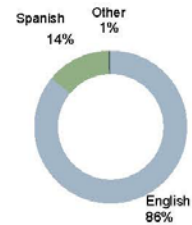
Number of New Clients: 167

Number of Clients Discharged: 152

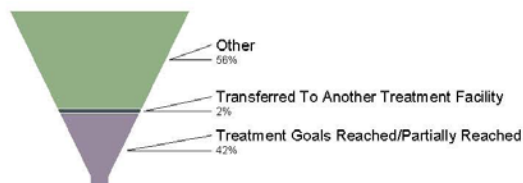
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

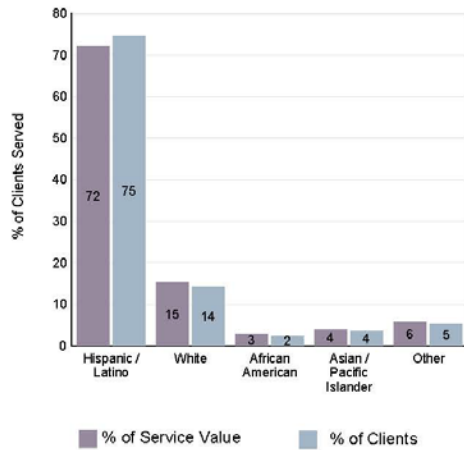
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	83%
OTHER	4%
Mood Disorders	2%
Disruptive Behavior Disorders	1%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	69%
Private Insurance	3%
Self Pay/Other	28%

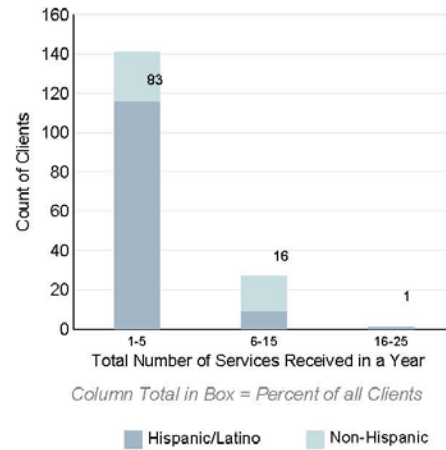
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	194	79%	96%
Collateral/Family Therapy	5	0%	1%
Linkage/Brokerage	302	16%	79%
Mental Health Counseling	1	0%	1%
Non Billable	155	4%	41%
Other	3	0%	2%
Total	660	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

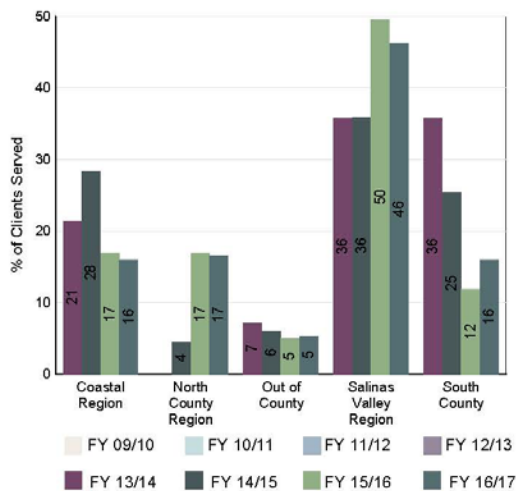


Clients Served Grouped by Number of Services Received During the Year

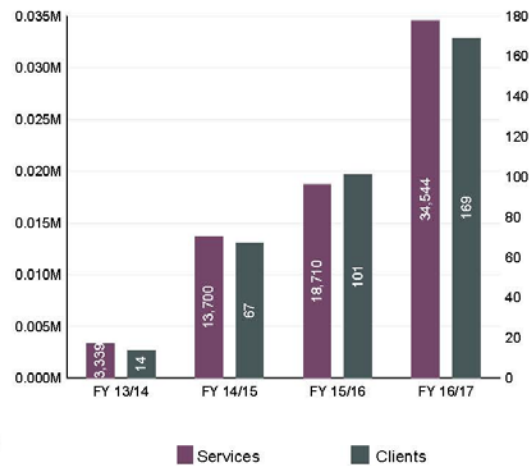


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: CS Family Reunification FSP

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

Number of Clients Served: 38

Total Service Value: \$299,014.52

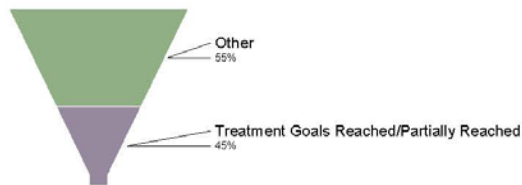
Average Service Value per Client: \$7,868.80

Average Age: 11

Number of New Clients: 20

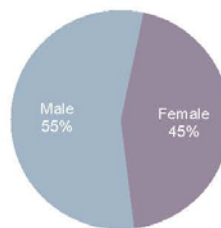
Number of Clients Discharged: 18

Discharge Disposition/Outcome



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

Gender



Language of Preference



Top 5 Primary Diagnosis

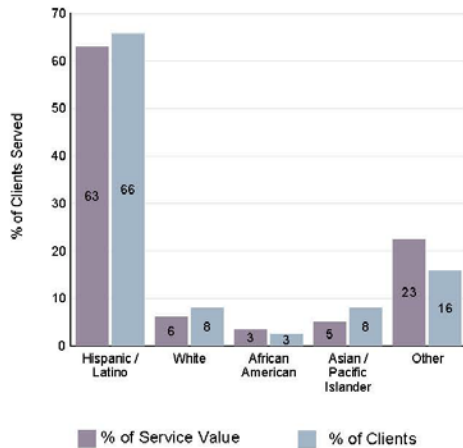
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	66%
Mood Disorders	8%
Disruptive Behavior Disorders	5%
OTHER	3%

Breakdown of Service Type

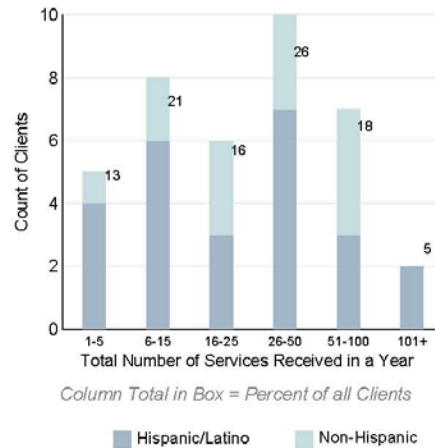
Primary Insurance Source of Clients Served	% of clients served	Breakdown of Service Type		
		Number of Services	% of Total Service Minutes	% of Clients
Medi-Cal	98%	Assessment/Evaluation	14	1%
		Collateral/Family Therapy	195	11%
		Linkage/Brokerage	88	7%
		Medication Support	1	0%
		Mental Health Counseling	920	79%
		Non Billable	29	2%
Self Pay/Other	2%	Total	1,247	100%

Health Equities

Breakdown of Clients Served by Ethnicity

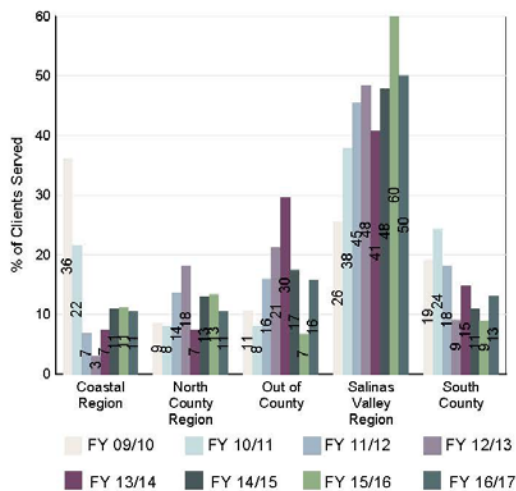


Clients Served Grouped by Number of Services Received During the Year

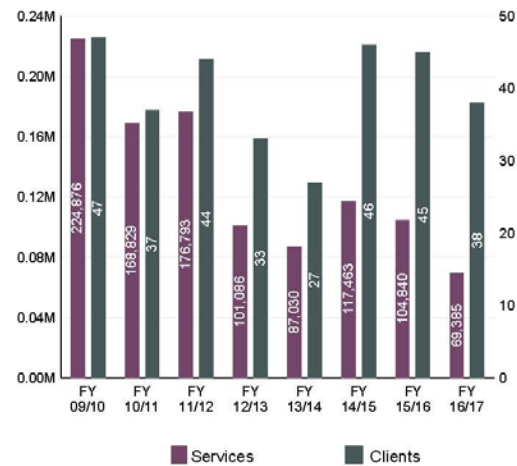


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: CS JJ CALA MH Court FSP

Community Action Linking Adolescents program provides intensive mental health services & case management for youth in the juvenile justice system. Probation, Juvenile Court and Behavioral Health collaborate to provide supervision and support to youth and their families. As an MHSA/Full Service Partnership (FSP) program, this team adopts a whatever it takes approach, in treating at risk youth and their families. The CALA Youth Program was 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: 23

Total Service Value: \$208,882.89

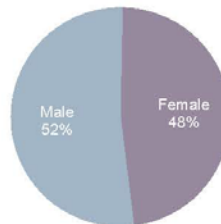
Average Service Value per Client: \$9,081.86

Average Age: 16

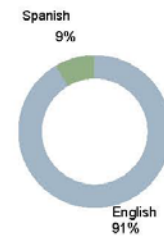
Number of New Clients: 9

Number of Clients Discharged: 13

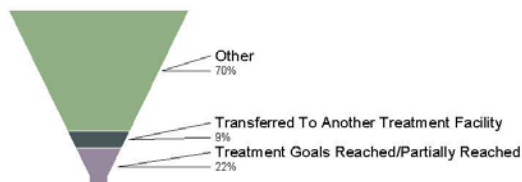
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

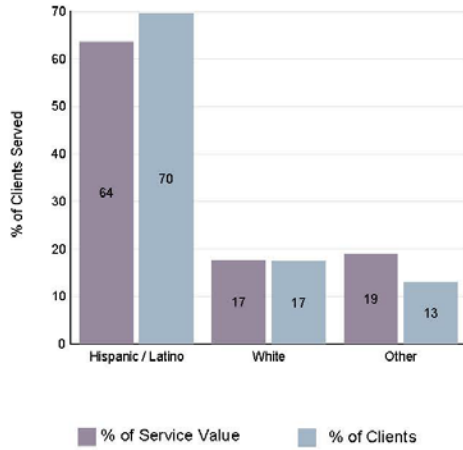
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	43%
Mood Disorders	35%
Schizophrenia Spectrum	9%
Organic Disorders	4%
Disruptive Behavior Disorders	4%

Breakdown of Service Type

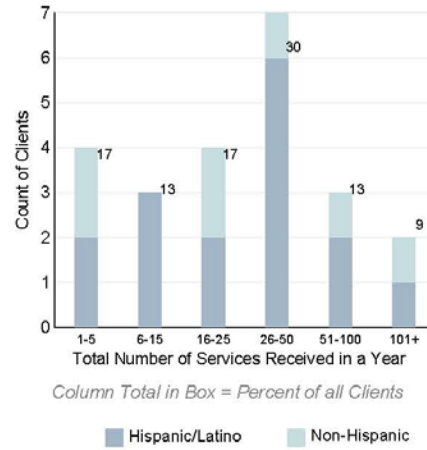
Primary Insurance Source of Clients Served	% of clients served		Number of Services	% of Total Service Minutes	% of Clients
Medi-Cal	94%	Assessment/Evaluation	59	9%	74%
Private Insurance	3%	Collateral/Family Therapy	36	7%	52%
Self Pay/Other	3%	Crisis Intervention	14	1%	9%
		Group Counseling	4	1%	13%
		Linkage/Brokerage	218	30%	96%
		Medication Support	39	5%	35%
		Mental Health Counseling	186	28%	83%
		Non Billable	248	20%	96%
		Total	804	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

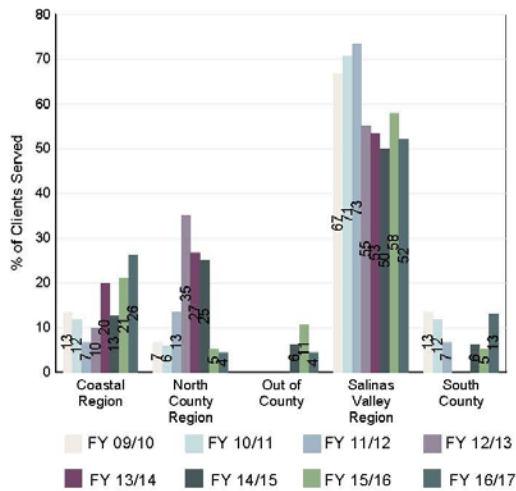


Clients Served Grouped by Number of Services Received During the Year

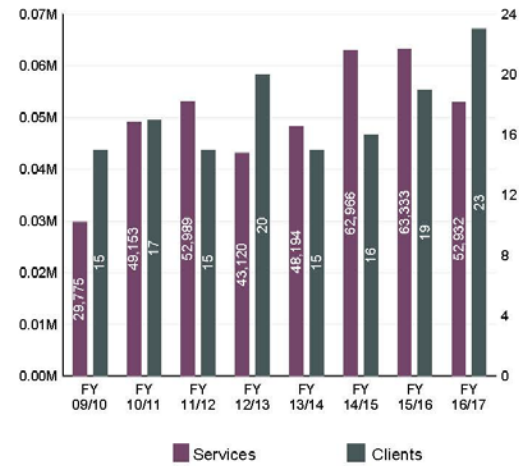


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

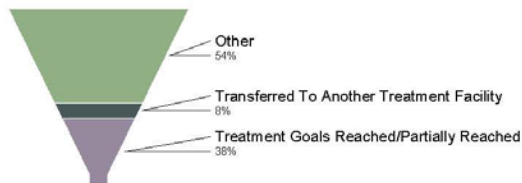


PROGRAM/PROGRAM GROUP: CS JJ JSORT

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

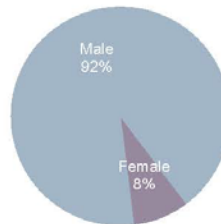
Number of Clients Served: 36
Total Service Value: \$266,109.80
Average Service Value per Client: \$7,391.94
Average Age: 16
Number of New Clients: 15
Number of Clients Discharged: 20

Discharge Disposition/Outcome

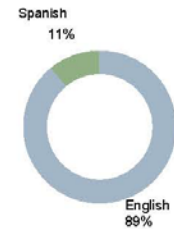


Of the Clients Served, 8 % had a Substance Use Diagnosis.

Gender



Language of Preference



Top 5 Primary Diagnosis

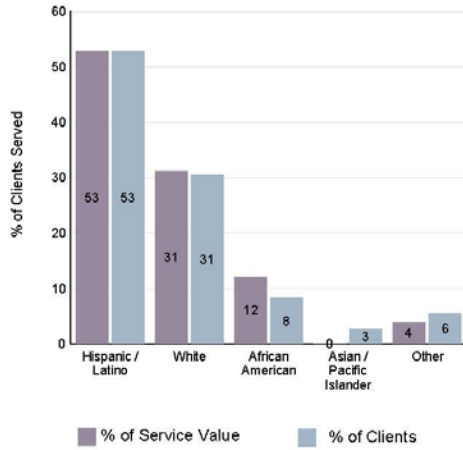
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	39%
Mood Disorders	28%
Disruptive Behavior Disorders	28%
Personality Disorders	3%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	68%
Private Insurance	0%
Self Pay/Other	31%

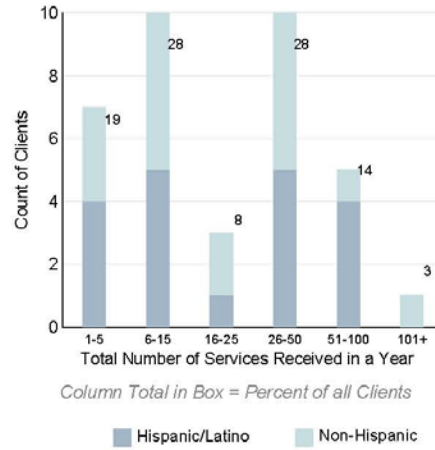
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	130	19%	69%
Collateral/Family Therapy	34	4%	39%
Group Counseling	6	1%	6%
Linkage/Brokerage	257	21%	72%
Medication Support	18	2%	17%
Mental Health Counseling	350	41%	64%
Non Billable	229	12%	86%
Total	1,024	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

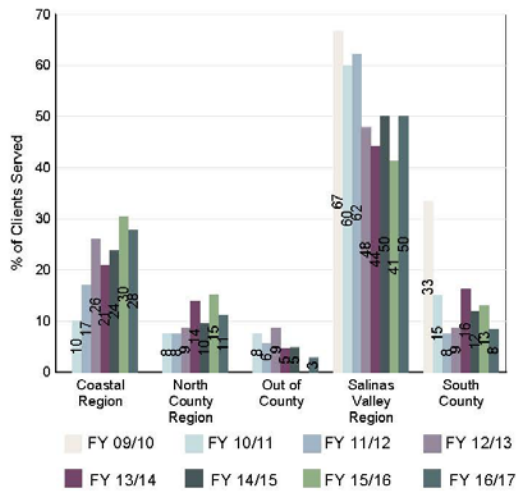


Clients Served Grouped by Number of Services Received During the Year

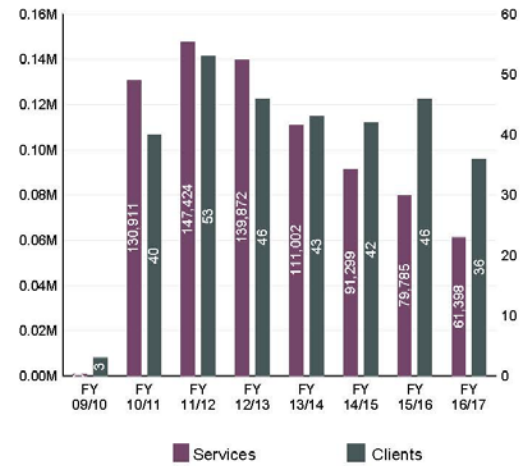


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

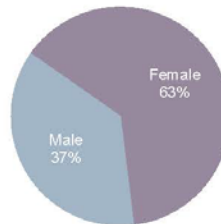


PROGRAM/PROGRAM GROUP: CS JJ Silver Star Resource

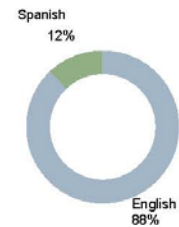
Silver Star Resource Center is a Gang Prevention and Intervention Program which offers out-patient services to youth at risk and prior to involvement with the Juvenile Justice System. The Silver Star Resource Center is one of the few Juvenile Justice programs that will accept referrals for youth at risk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

Number of Clients Served: 41
Total Service Value: \$178,113.28
Average Service Value per Client: \$4,344.23
Average Age: 16
Number of New Clients: 22
Number of Clients Discharged: 30

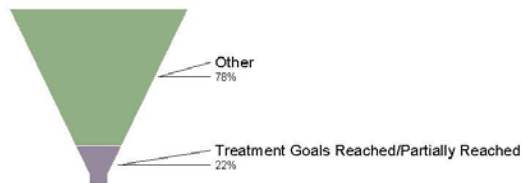
Gender



Language of Preference



Discharge Disposition/Outcome



Of the Clients Served, 20 % had a Substance Use Diagnosis.

Top 5 Primary Diagnosis

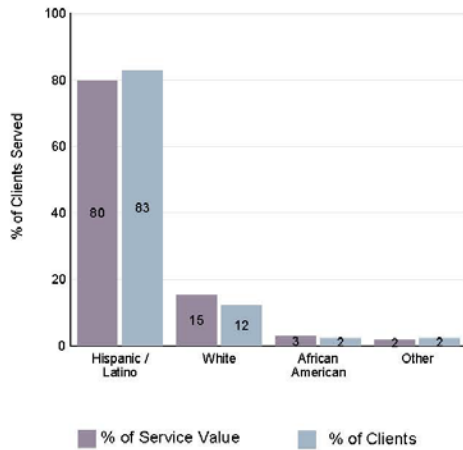
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	46%
Anxiety Disorders	22%
Disruptive Behavior Disorders	12%
OTHER	2%

Breakdown of Service Type

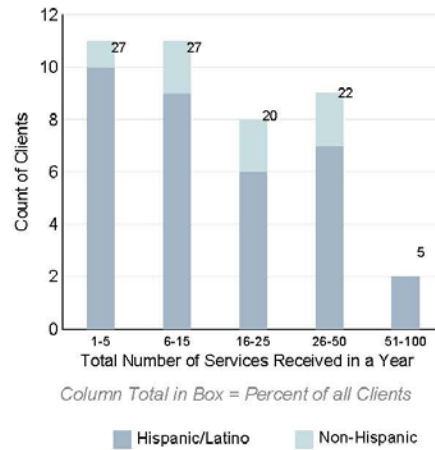
			Number of Services	% of Total Service Minutes	% of Clients
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	64	14%	54%
		Collateral/Family Therapy	64	10%	49%
		Crisis Intervention	2	0%	5%
		Linkage/Brokerage	198	19%	85%
Medi-Cal	80%	Medication Support	15	2%	7%
Private Insurance	15%	Mental Health Counseling	210	37%	56%
		Non Billable	226	18%	88%
Self Pay/Other	6%	Total	779	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

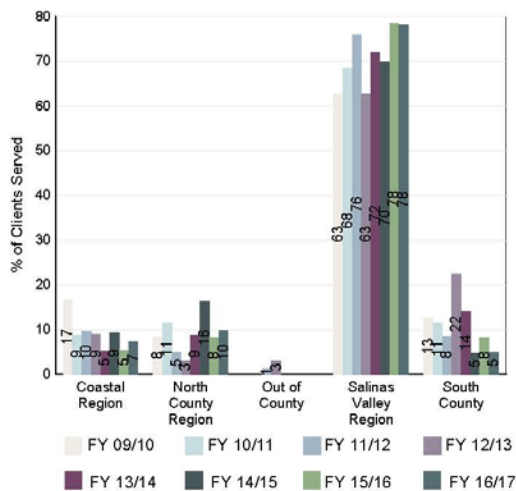


Clients Served Grouped by Number of Services Received During the Year

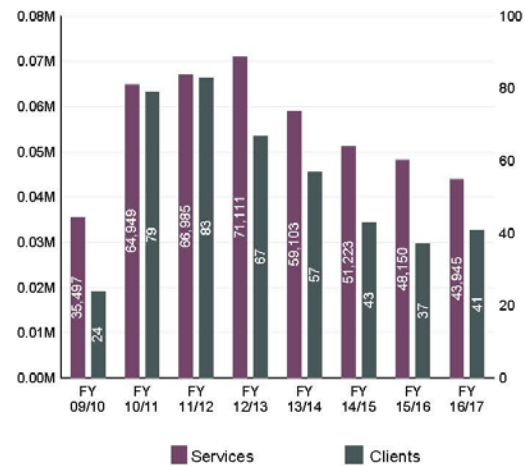


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: CS JJ Youth Diversion Seaside

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

Number of Clients Served: 11

Total Service Value: \$29,949.18

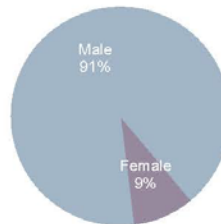
Average Service Value per Client: \$2,722.65

Average Age: 15

Number of New Clients: 2

Number of Clients Discharged: 11

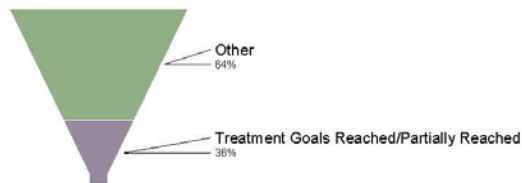
Gender



Language of Preference



Discharge Disposition/Outcome



Of the Clients Served, 36 % had a Substance Use Diagnosis.

Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	55%
Disruptive Behavior Disorders	36%
Mood Disorders	9%

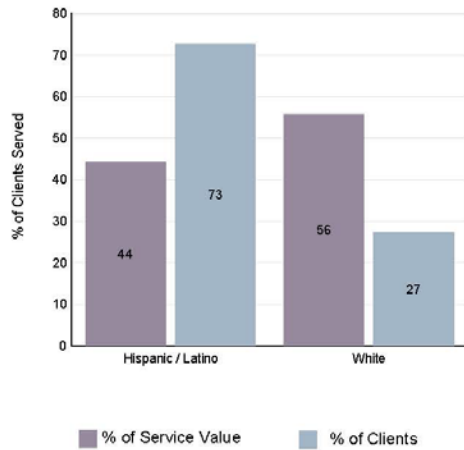
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	52%
Self Pay/Other	48%

Breakdown of Service Type

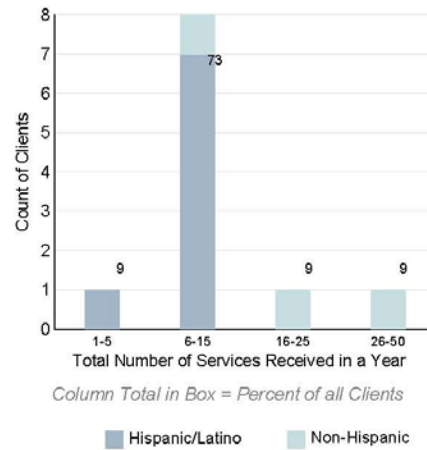
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	6	7%	36%
Collateral/Family Therapy	14	14%	36%
Group Counseling	10	9%	27%
Linkage/Brokerage	17	11%	64%
Medication Support	1	1%	9%
Mental Health Counseling	32	28%	73%
Non Billable	46	31%	100%
Total	126	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

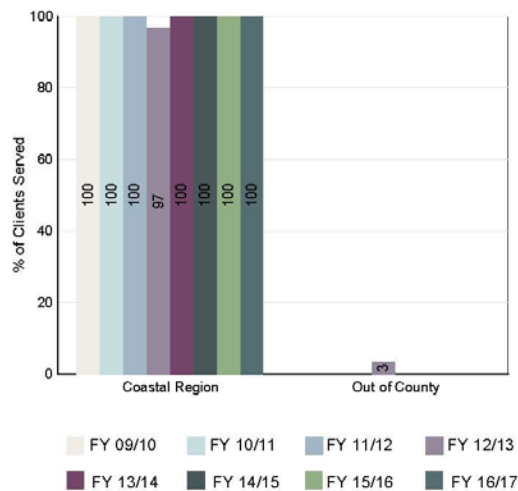


Clients Served Grouped by Number of Services Received During the Year

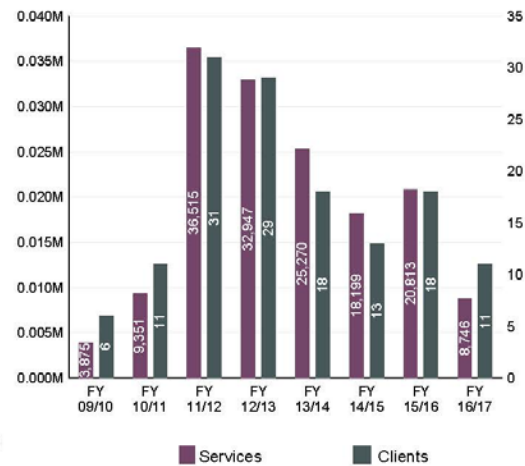


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

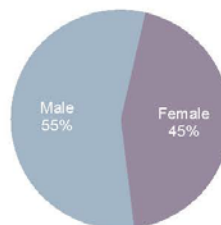


PROGRAM/PROGRAM GROUP: CS MCSTART

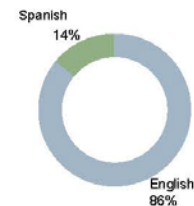
MCSTART is a collaborative program with Door To Hope as the lead agency. MCSTART provides services for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services. The CS MCSTART data represents the services provided by county staff. Behavioral Health staff provide therapeutic treatment and psychological assessments for children age 0-5 and work with family members in treatment using evidence based practices such as Parent Children Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP). Children and families may also receive case management, occupational therapy, medical screening, medication management and Parents as Teachers. Services are provided at the MCSTART clinic in collaboration with Door to Hope staff, in county regional clinics and in client homes.

Number of Clients Served: 92
Total Service Value: \$1,161,423.91
Average Service Value per Client: \$12,624.17
Average Age: 5
Number of New Clients: 28
Number of Clients Discharged: 41

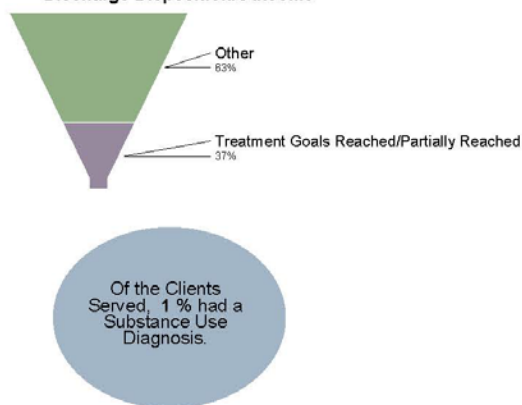
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

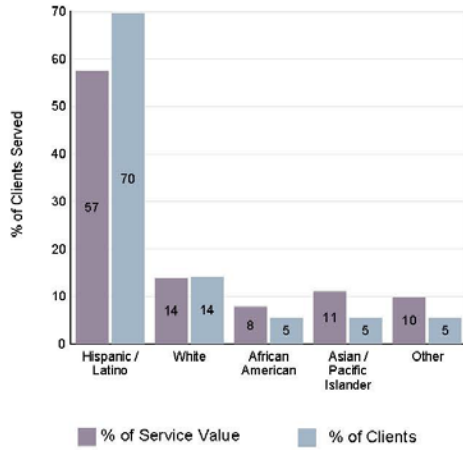
Diagnosis Type	% of Clients with this Diagnosis Type
Disruptive Behavior Disorders	42%
Anxiety Disorders	27%
Neurodevelopmental Disorders	9%
OTHER	7%
Mood Disorders	5%

Breakdown of Service Type

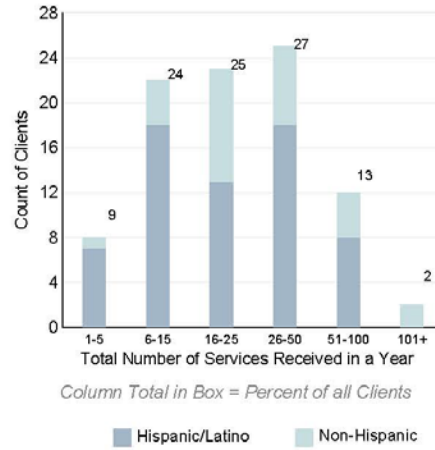
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	668	37%	98%
		Collateral/Family Therapy	1,003	40%	79%
		Crisis Intervention	1	0%	1%
		Linkage/Brokerage	585	15%	90%
Medi-Cal	99%	Medication Support	52	1%	7%
Private Insurance	1%	Mental Health Counseling	85	4%	21%
		Non Billable	252	3%	73%
Self Pay/Other	0%	Total	2,646	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

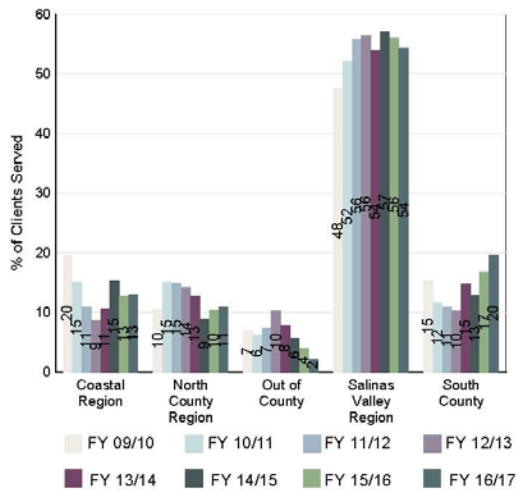


Clients Served Grouped by Number of Services Received During the Year

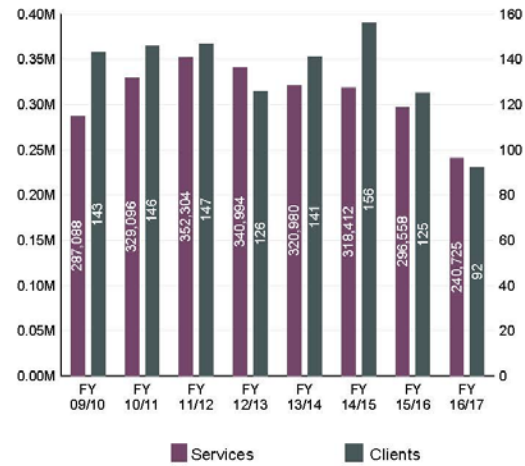


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: CS Salinas Home Partners

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

Number of Clients Served: 17

Total Service Value: \$549,414.51

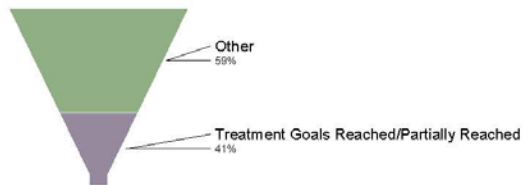
Average Service Value per Client: \$32,318.50

Average Age: 10

Number of New Clients: 15

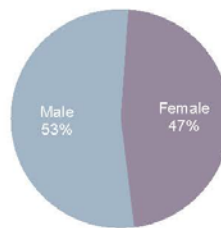
Number of Clients Discharged: 11

Discharge Disposition/Outcome

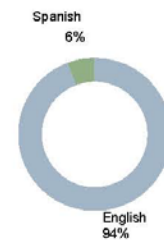


Of the Clients Served, 0 % had a Substance Use Diagnosis.

Gender



Language of Preference



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	59%
Mood Disorders	24%
Disruptive Behavior Disorders	12%

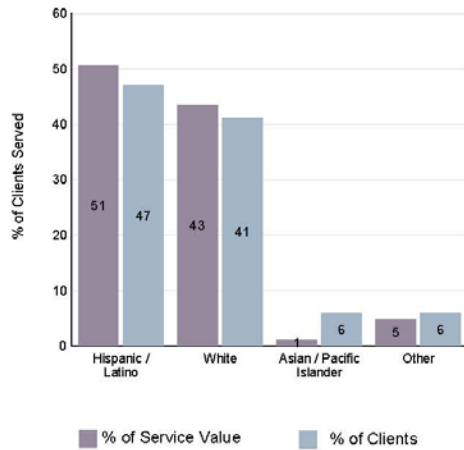
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	85%
Private Insurance	15%

Breakdown of Service Type

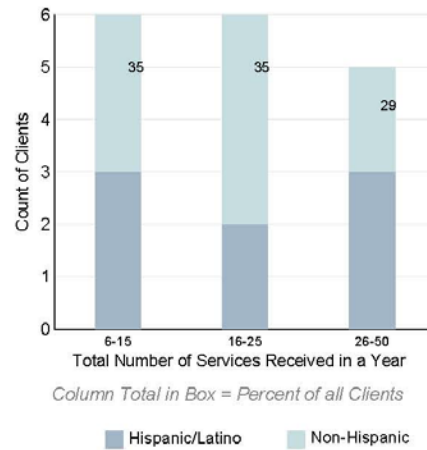
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	27	5%	94%
Collateral/Family Therapy	36	6%	71%
Crisis Intervention	1	0%	6%
Linkage/Brokerage	23	2%	47%
Medication Support	1	0%	6%
Mental Health Counseling	269	84%	100%
Non Billable	24	3%	59%
Total	381	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

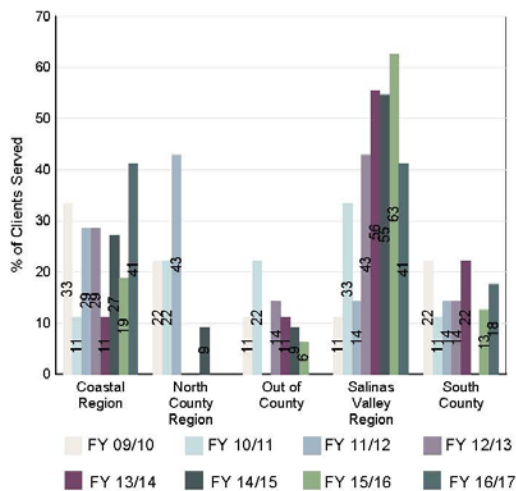


Clients Served Grouped by Number of Services Received During the Year

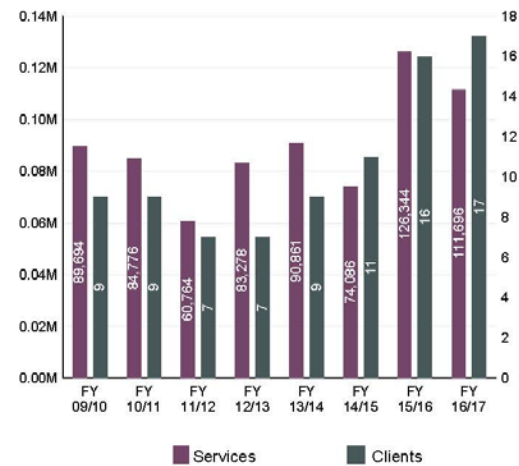


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

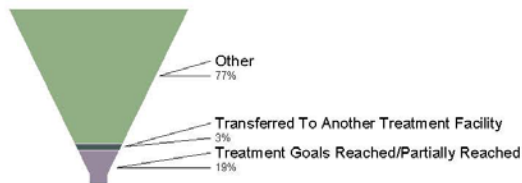


PROGRAM/PROGRAM GROUP: CS Secure Families

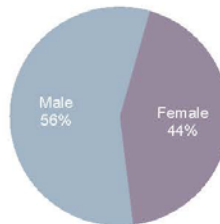
The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive 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: 222
Total Service Value: \$1,499,268.08
Average Service Value per Client: \$6,753.46
Average Age: 7
Number of New Clients: 162
Number of Clients Discharged: 109

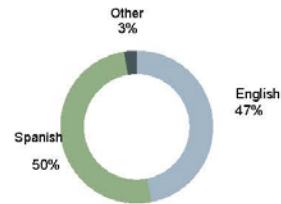
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

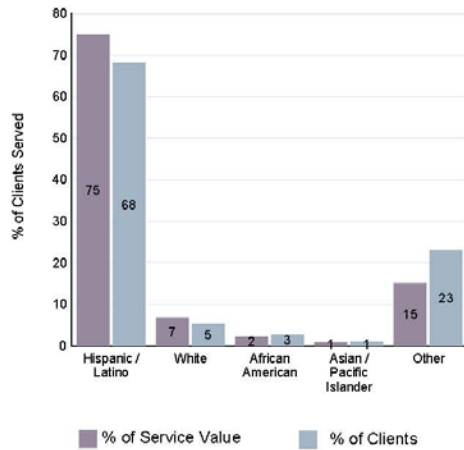
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	32%
Disruptive Behavior Disorders	29%
OTHER	20%
Mood Disorders	8%
Neurodevelopmental Disorders	3%

Breakdown of Service Type

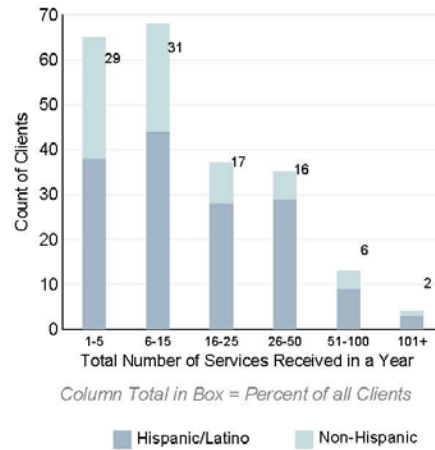
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	881	32%	68%
		Collateral/Family Therapy	1,032	29%	49%
		Crisis Intervention	8	0%	2%
		Group Counseling	69	2%	7%
		Linkage/Brokerage	703	13%	69%
Medi-Cal	86%	Medication Support	80	1%	7%
Medicare B	0%	Mental Health Counseling	414	14%	18%
Private Insurance	7%	Non Billable	952	9%	92%
Self Pay/Other	6%	Other	2	0%	0%
		Total	4,141	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

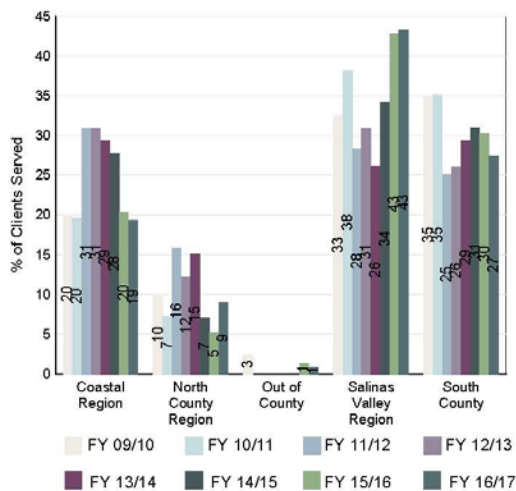


Clients Served Grouped by Number of Services Received During the Year

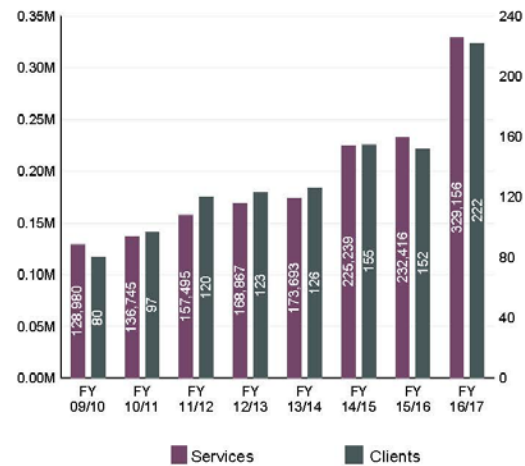


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

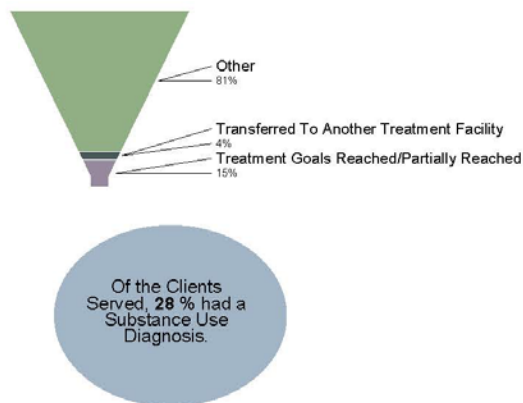


PROGRAM/PROGRAM GROUP: CS Transitional Aged Youth

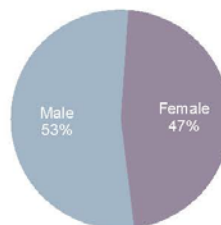
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental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

Number of Clients Served: 236
Total Service Value: \$2,012,835.08
Average Service Value per Client: \$8,528.96
Average Age: 21
Number of New Clients: 87
Number of Clients Discharged: 105

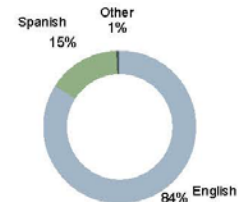
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

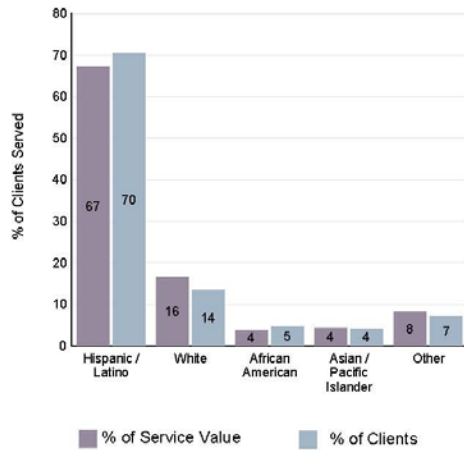
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	42%
Schizophrenia Spectrum	22%
Anxiety Disorders	16%
OTHER	5%
Disruptive Behavior Disorders	2%

Breakdown of Service Type

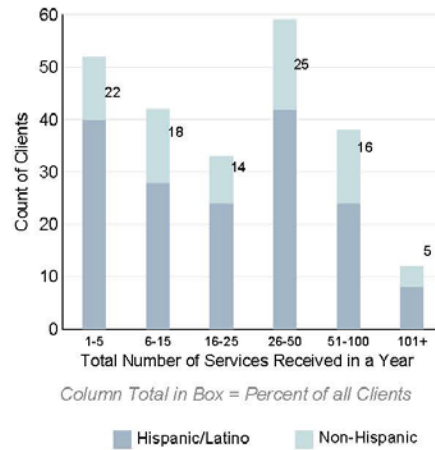
		Breakdown of Service Type			
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	557	10%	64%
		Collateral/Family Therapy	213	3%	31%
		Crisis Intervention	36	0%	5%
		Group Counseling	276	9%	14%
Medi-Cal	82%	Linkage/Brokerage	2,080	24%	81%
Medicare B	3%	Medication Support	914	9%	54%
Private Insurance	13%	Mental Health Counseling	1,300	28%	56%
Self Pay/Other	2%	Non Billable	2,132	15%	89%
		Other	87	2%	13%
		Total	7,595	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

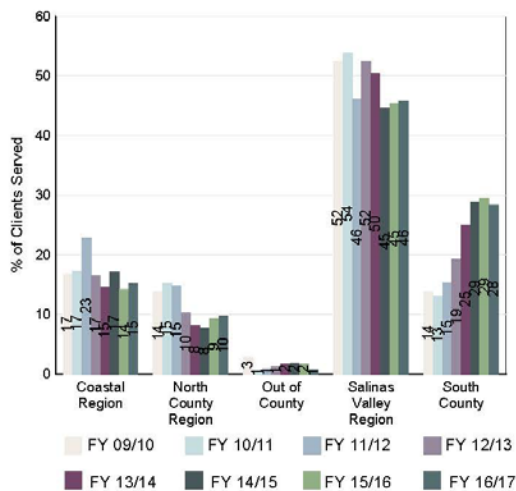


Clients Served Grouped by Number of Services Received During the Year

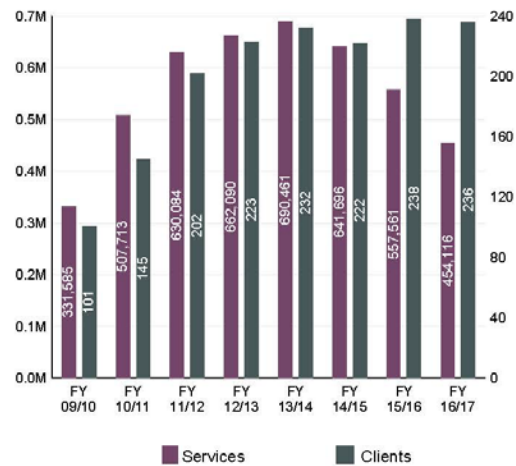


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: DTH Co-occurring Disorder FSP

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

Number of Clients Served: 12

Total Service Value: \$136,132.34

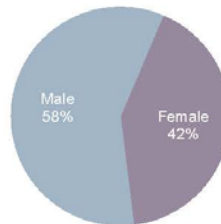
Average Service Value per Client: \$11,344.36

Average Age: 21

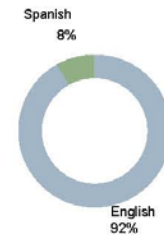
Number of New Clients: 9

Number of Clients Discharged: 10

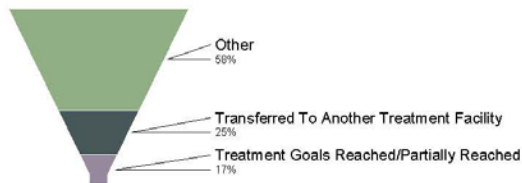
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	75%
Anxiety Disorders	17%
Schizophrenia Spectrum	8%

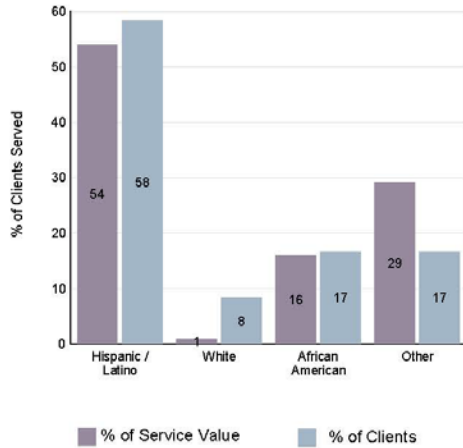
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	72%
Private Insurance	28%

Breakdown of Service Type

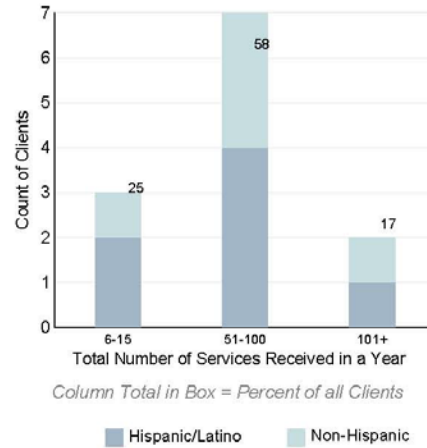
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	50	9%	75%
Collateral/Family Therapy	44	5%	75%
Group Counseling	80	5%	58%
Linkage/Brokerage	286	25%	100%
Mental Health Counseling	277	53%	100%
Non Billable	29	2%	67%
Other	1	0%	8%
Total	767	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

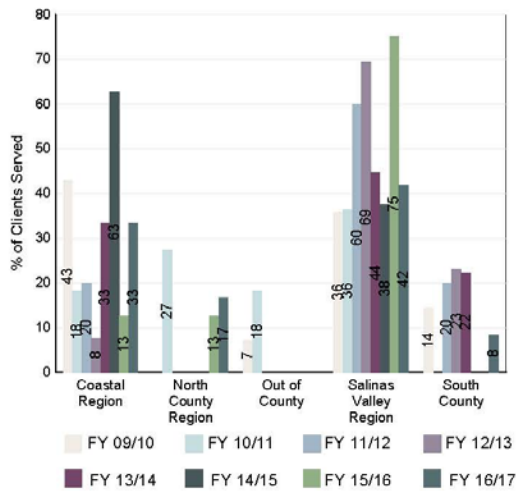


Clients Served Grouped by Number of Services Received During the Year

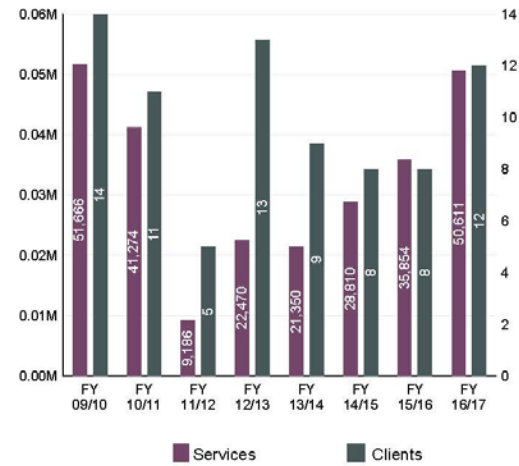


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: DTH Co-occurring Disorder 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: 92

Total Service Value: \$617,830.87

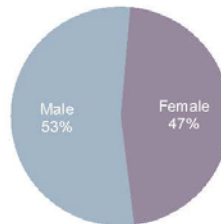
Average Service Value per Client: \$6,715.55

Average Age: 18

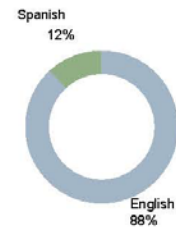
Number of New Clients: 60

Number of Clients Discharged: 59

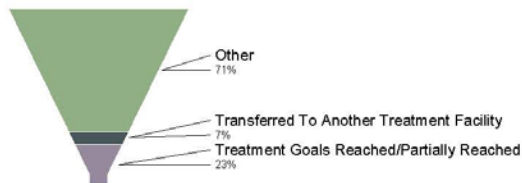
Gender



Language of Preference



Discharge Disposition/Outcome



Of the Clients Served, 90 % had a Substance Use Diagnosis.

Top 5 Primary Diagnosis

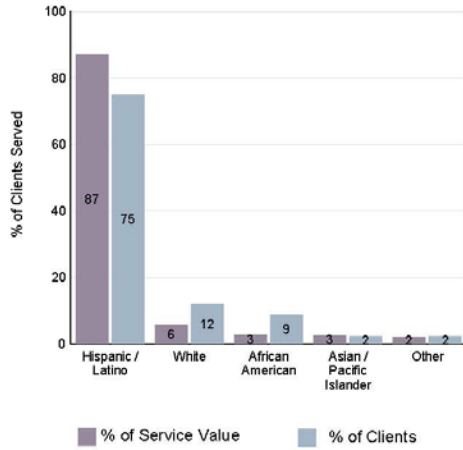
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	54%
Anxiety Disorders	39%
OTHER	2%
Schizophrenia Spectrum	2%
Disruptive Behavior Disorders	1%

Breakdown of Service Type

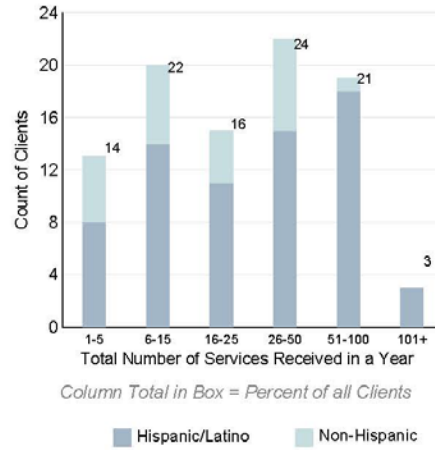
			Number of Services	% of Total Service Minutes	% of Clients
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	256	10%	70%
		Collateral/Family Therapy	244	7%	38%
		Group Counseling	271	5%	34%
		Linkage/Brokerage	1,013	23%	90%
		Mental Health Counseling	1,211	54%	75%
Medi-Cal	85%	Non Billable	136	1%	52%
Private Insurance	4%	Other	2	0%	2%
Self Pay/Other	12%	Total	3,133	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

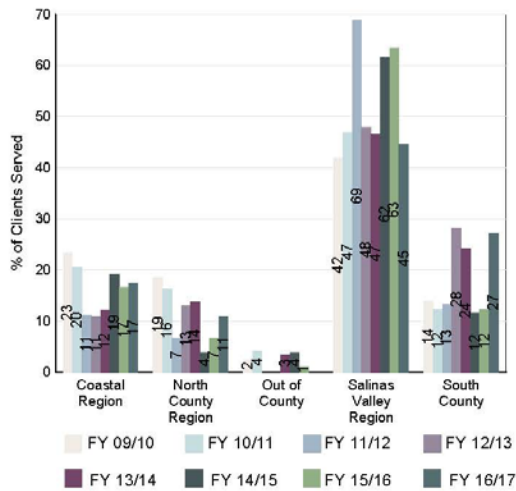


Clients Served Grouped by Number of Services Received During the Year

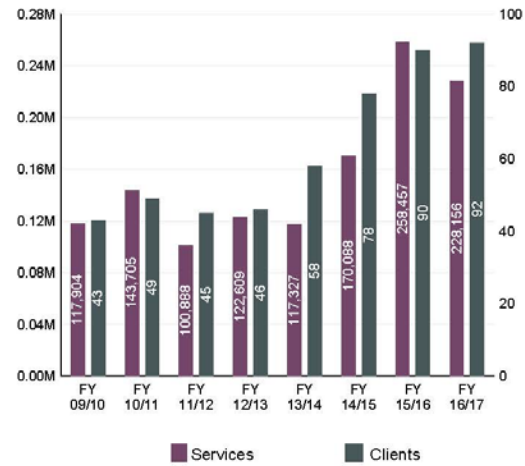


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: DTH MCSTART

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

Number of Clients Served: 544

Total Service Value: \$2,149,727.06

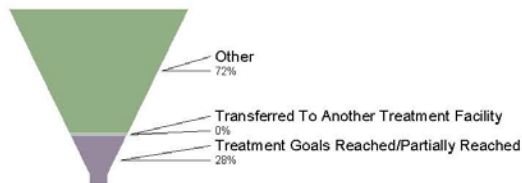
Average Service Value per Client: \$3,951.70

Average Age: 4

Number of New Clients: 213

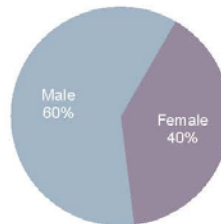
Number of Clients Discharged: 274

Discharge Disposition/Outcome

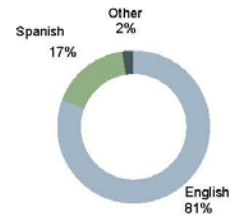


Of the Clients Served, 0 % had a Substance Use Diagnosis.

Gender



Language of Preference



Top 5 Primary Diagnosis

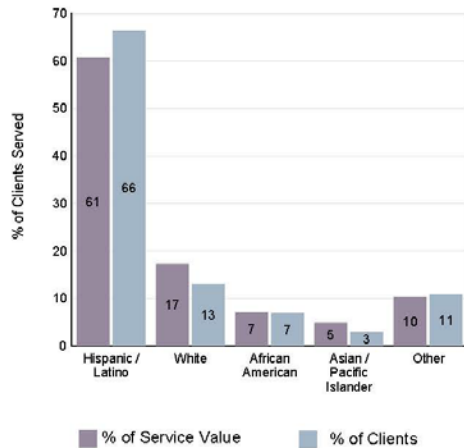
Diagnosis Type	% of Clients with this Diagnosis Type
Disruptive Behavior Disorders	54%
Anxiety Disorders	33%
OTHER	4%
Neurodevelopmental Disorders	2%
Mood Disorders	2%

Breakdown of Service Type

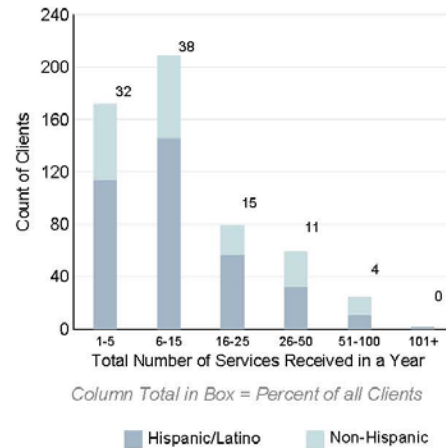
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	1,181	19%	76%
		Collateral/Family Therapy	1,498	17%	66%
		Group Counseling	8	0%	1%
		Linkage/Brokerage	1,754	17%	80%
		Medication Support	510	8%	52%
Medi-Cal	91%	Mental Health Counseling	2,660	38%	47%
Private Insurance	6%	Non Billable	142	1%	15%
Self Pay/Other	3%	Other	1	0%	0%
		Total	7,754	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

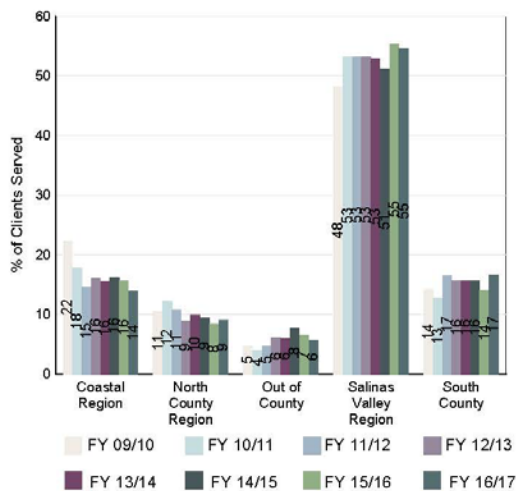


Clients Served Grouped by Number of Services Received During the Year

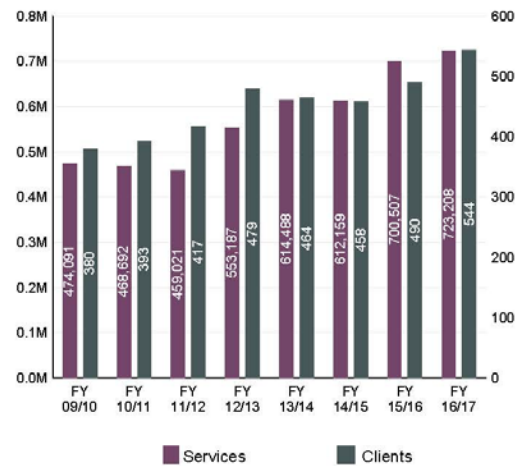


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: DTH Santa Lucia

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

Number of Clients Served: 15

Total Service Value: \$495,127.57

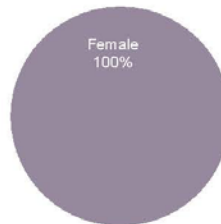
Average Service Value per Client: \$33,008.50

Average Age: 16

Number of New Clients: 9

Number of Clients Discharged: 9

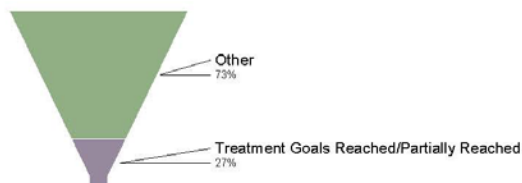
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	47%
Anxiety Disorders	40%
OTHER	7%

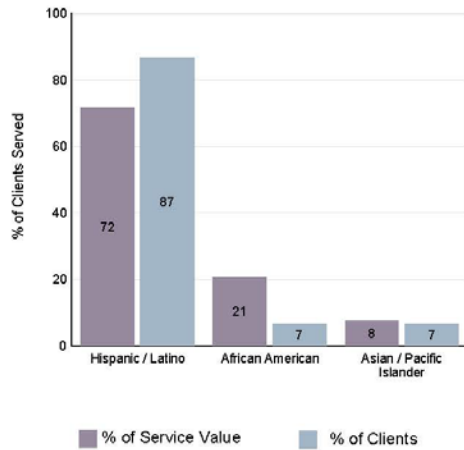
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	81%
Private Insurance	19%

Breakdown of Service Type

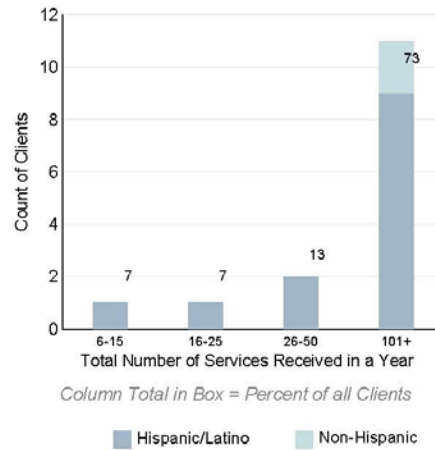
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	58	3%	87%
Collateral/Family Therapy	208	9%	93%
Group Counseling	1,457	23%	100%
Linkage/Brokerage	321	12%	100%
Mental Health Counseling	1,331	53%	100%
Non Billable	9	0%	53%
Other	6	0%	40%
Total	3,390	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

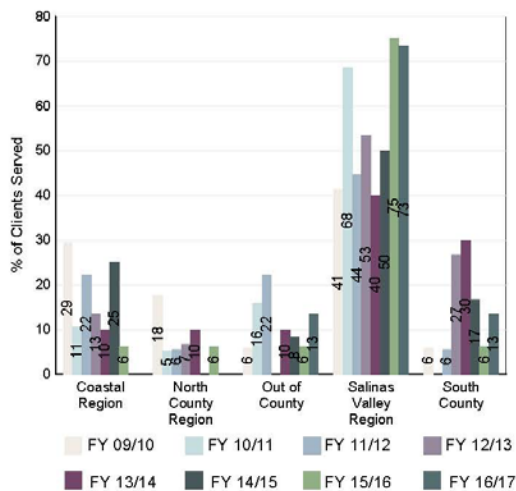


Clients Served Grouped by Number of Services Received During the Year

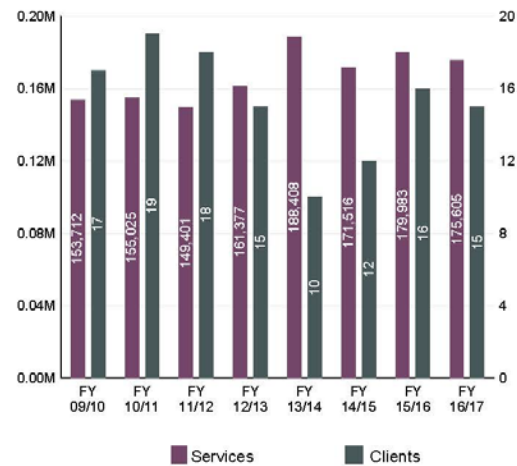


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: Family Service Agency of San Francisco

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

Number of Clients Served: 62

Total Service Value: \$347,969.35

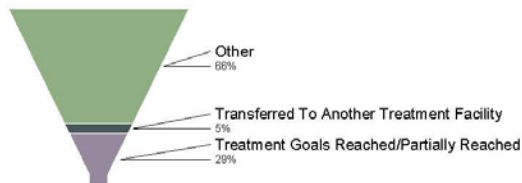
Average Service Value per Client: \$5,612.41

Average Age: 22

Number of New Clients: 29

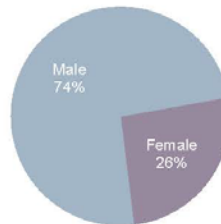
Number of Clients Discharged: 34

Discharge Disposition/Outcome

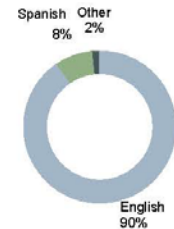


Of the Clients Served, 8 % had a Substance Use Diagnosis.

Gender



Language of Preference



Top 5 Primary Diagnosis

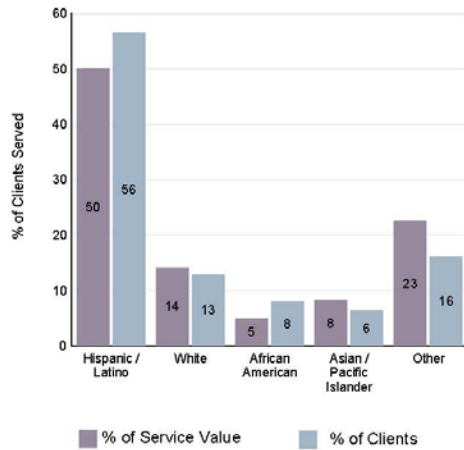
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	90%
Mood Disorders	5%
OTHER	2%
Neurodevelopmental Disorders	2%
Substance Related Addictive D/O	2%

Breakdown of Service Type

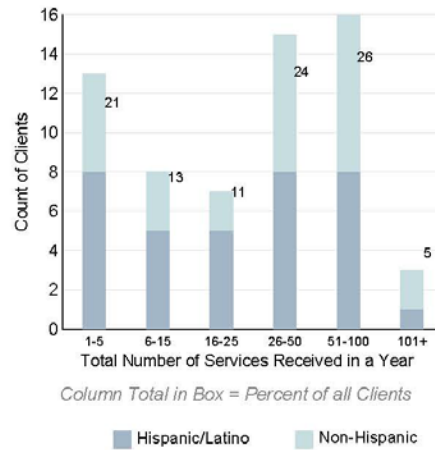
			Number of Services	% of Total Service Minutes	% of Clients
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	226	16%	92%
		Collateral/Family Therapy	235	9%	63%
		Crisis Intervention	42	1%	21%
		Linkage/Brokerage	624	29%	84%
Medi-Cal	70%	Medication Support	331	8%	73%
Medicare B	3%	Mental Health Counseling	578	34%	71%
Private Insurance	25%	Non Billable	243	2%	82%
		Other	15	1%	13%
Self Pay/Other	2%	Total	2,294	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

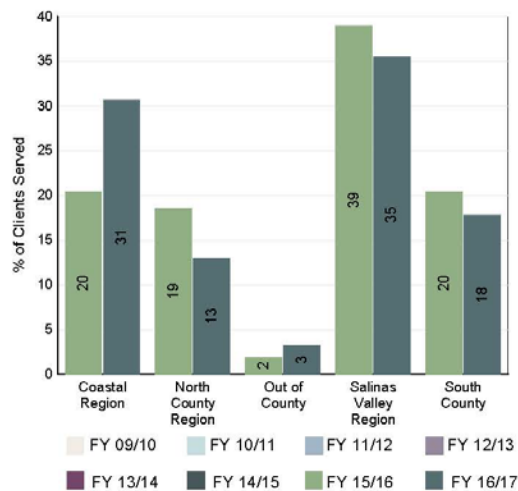


Clients Served Grouped by Number of Services Received During the Year

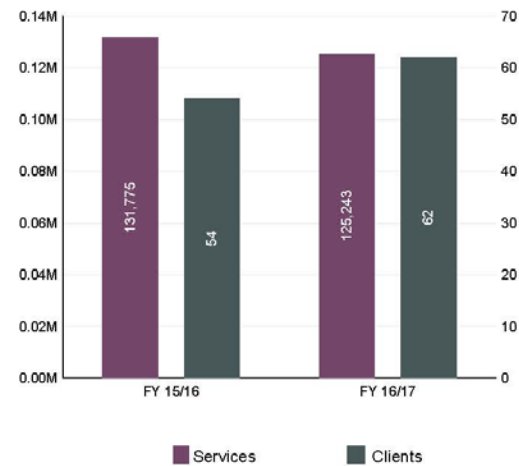


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: Kinship Center

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

Number of Clients Served: 188

Total Service Value: \$1,851,307.49

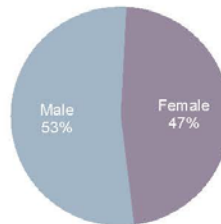
Average Service Value per Client: \$9,847.38

Average Age: 9

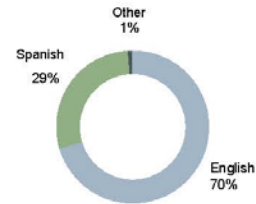
Number of New Clients: 63

Number of Clients Discharged: 83

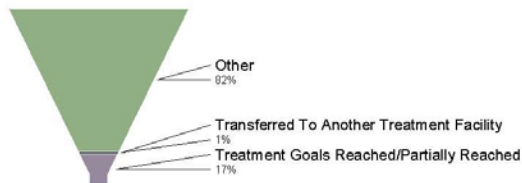
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

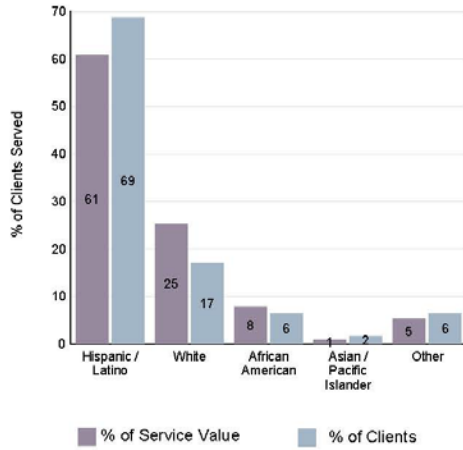
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	70%
Mood Disorders	12%
Disruptive Behavior Disorders	11%
OTHER	5%
Neurodevelopmental Disorders	1%

Breakdown of Service Type

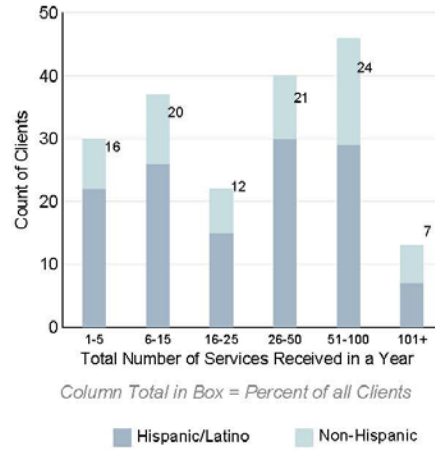
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	1,002	15%	91%
		Collateral/Family Therapy	676	8%	61%
		Group Counseling	542	5%	19%
		Linkage/Brokerage	1,570	13%	87%
Medi-Cal	90%	Medication Support	94	1%	10%
Private Insurance	7%	Mental Health Counseling	3,674	58%	82%
Self Pay/Other	3%	Total	7,558	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

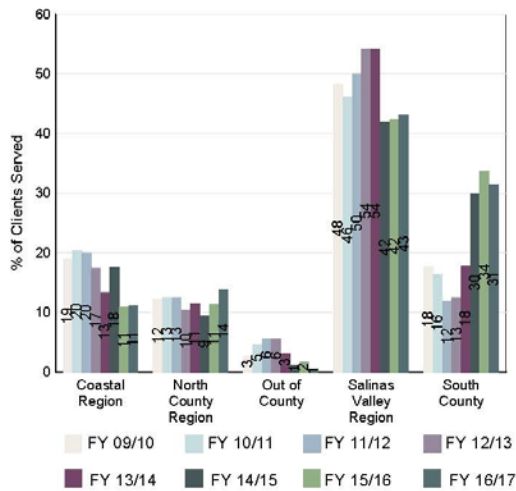


Clients Served Grouped by Number of Services Received During the Year

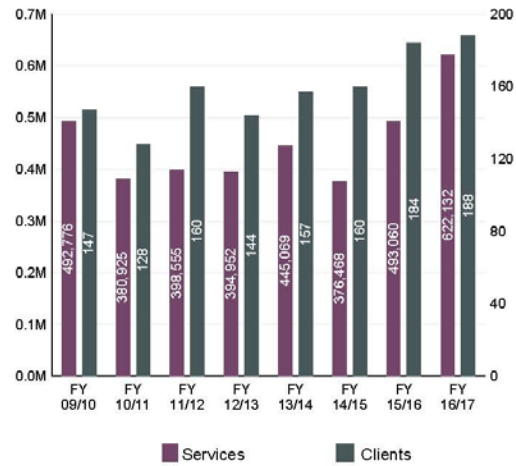


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

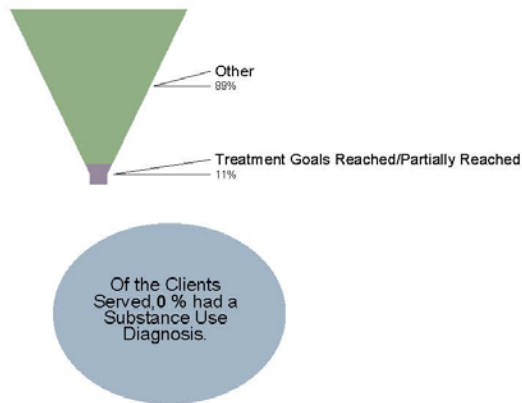


PROGRAM/PROGRAM GROUP: Pajaro Vly Prevention + Student Assist

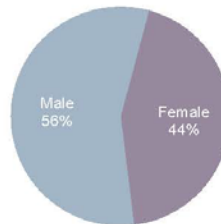
Provider will provide mental health services to North Monterey County children attending schools in the Pajaro/Las Lomas area and their family members who are Medi-Cal or Non-Medi-Cal eligible and who suffer from a broad range of mental health needs

Number of Clients Served: 123
Total Service Value: \$378,689.88
Average Service Value per Client: \$3,078.78
Average Age: 9
Number of New Clients: 74
Number of Clients Discharged: 43

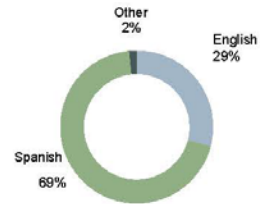
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

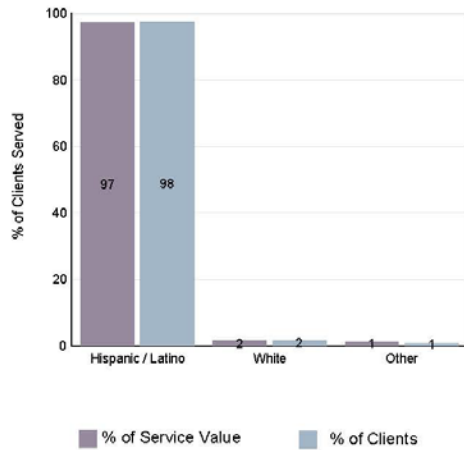
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	67%
Disruptive Behavior Disorders	19%
Mood Disorders	13%
Personality Disorders	1%

Breakdown of Service Type

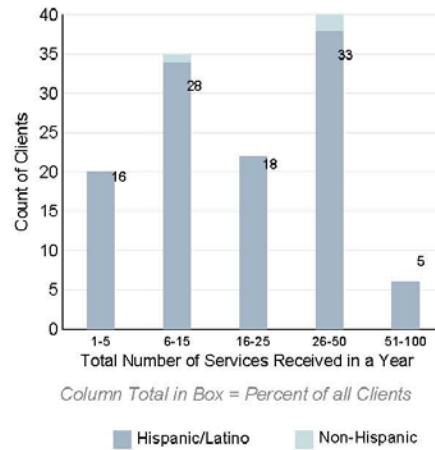
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Assessment/Evaluation	611	29%	83%
		Collateral/Family Therapy	253	8%	39%
		Group Counseling	75	2%	12%
		Linkage/Brokerage	40	2%	10%
		Mental Health Counseling	1,642	59%	85%
Medi-Cal	89%	Total	2,621	100%	100%
Private Insurance	9%				
Self Pay/Other	2%				

Health Equities

Breakdown of Clients Served by Ethnicity

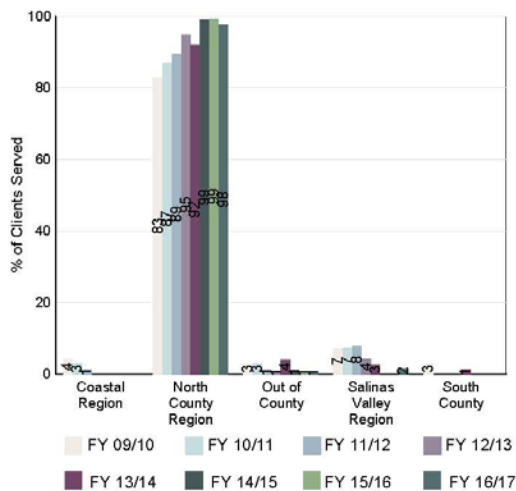


Clients Served Grouped by Number of Services Received During the Year

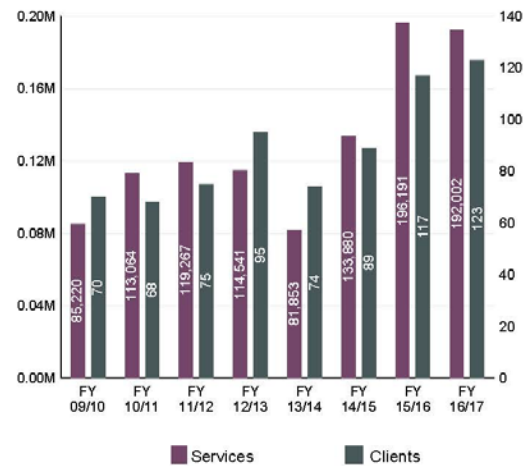


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

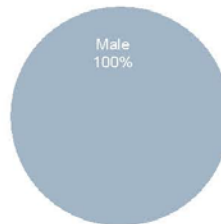


PROGRAM/PROGRAM GROUP: Peacock Acres, Inc.

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

Number of Clients Served: 9
Total Service Value: \$294,382.32
Average Service Value per Client: \$32,709.15
Average Age: 18
Number of New Clients: 5
Number of Clients Discharged: 4

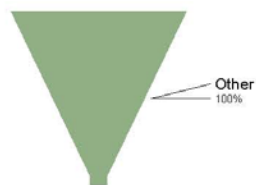
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

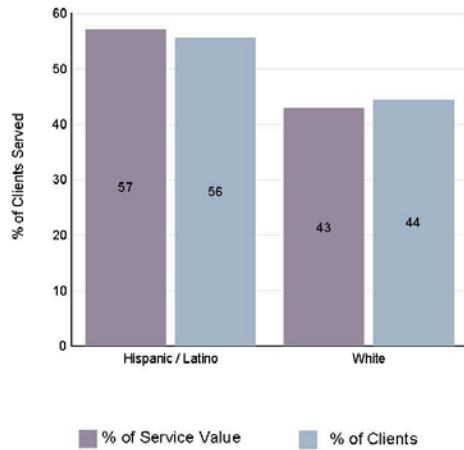
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	44%
Disruptive Behavior Disorders	33%
Mood Disorders	11%
Personality Disorders	11%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	99%
Self Pay/Other	1%

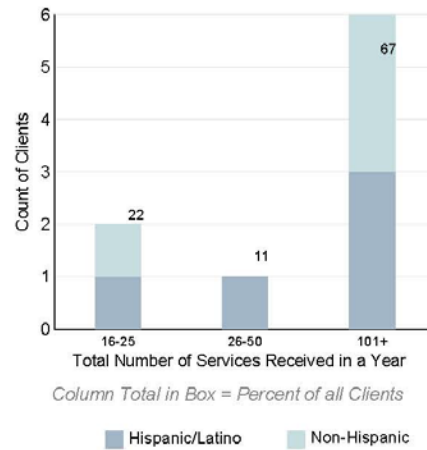
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Board and Care	1,320	2%	100%
Collateral/Family Therapy	1	0%	11%
Linkage/Brokerage	249	42%	100%
Mental Health Counseling	226	54%	89%
Non Billable	22	2%	44%
Total	1,818	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

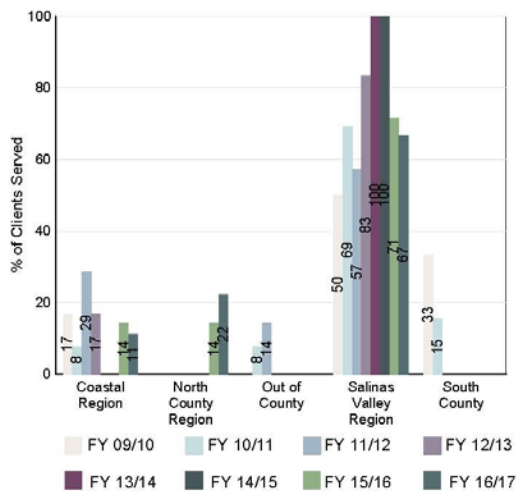


Clients Served Grouped by Number of Services Received During the Year

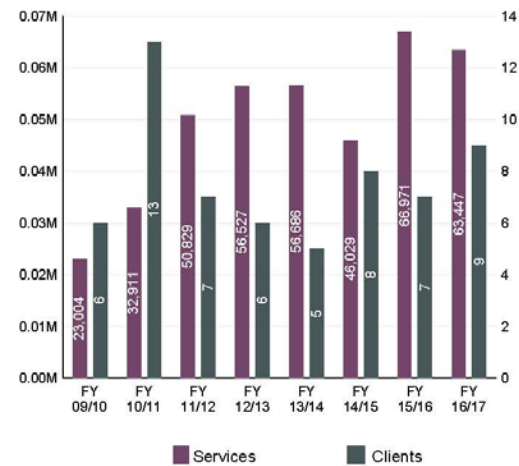


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

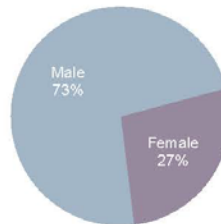


PROGRAM/PROGRAM GROUP: AS Creating New Choices FSP

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

Number of Clients Served: 44
Total Service Value: \$539,094.06
Average Service Value per Client: \$12,252.14
Average Age: 36
Number of New Clients: 23
Number of Clients Discharged: 23

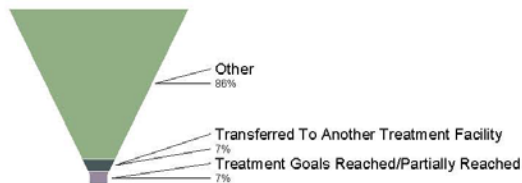
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	68%
Mood Disorders	18%

Of the Clients Served, 57 % had a Substance Use Diagnosis.

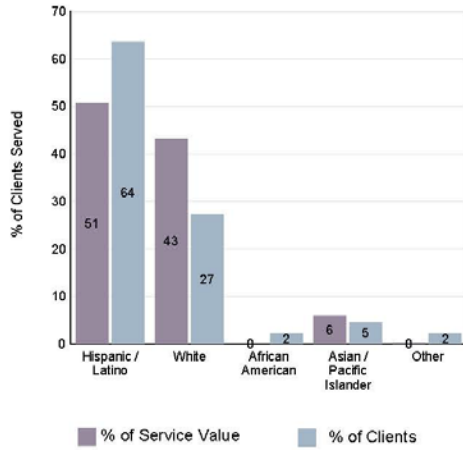
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	42%
Medicare B	52%
Private Insurance	6%
Self Pay/Other	0%

Breakdown of Service Type

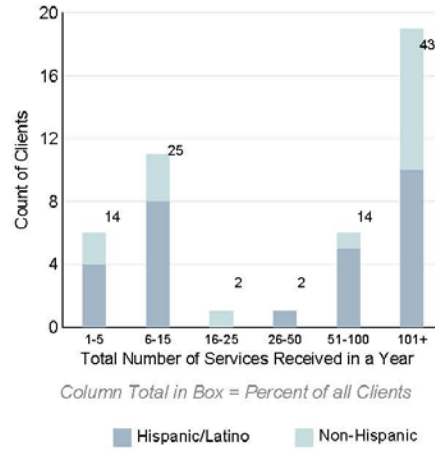
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	29	3%	48%
Collateral/Family Therapy	4	0%	7%
Crisis Intervention	15	0%	14%
Group Counseling	1,997	20%	50%
Linkage/Brokerage	1,023	27%	68%
Medication Support	265	6%	59%
Mental Health Counseling	158	6%	30%
Non Billable	1,558	37%	98%
Other	1	0%	2%
Total	5,050	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

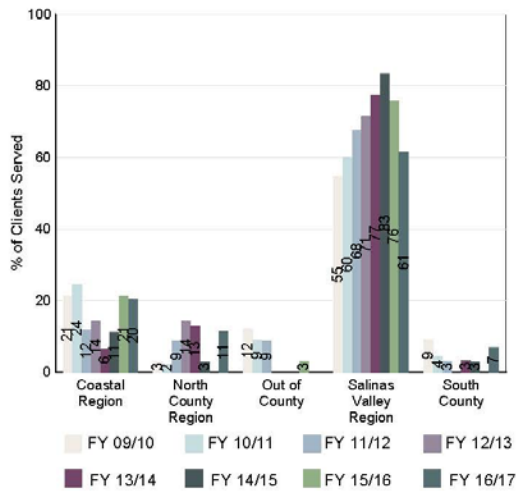


Clients Served Grouped by Number of Services Received During the Year

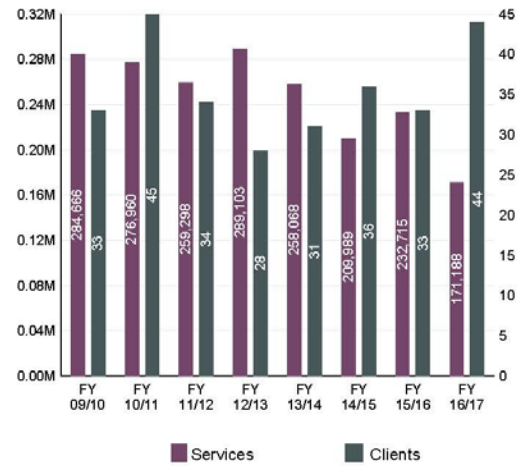


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: AS MCHOME

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

Number of Clients Served: 57

Total Service Value: \$152,258.59

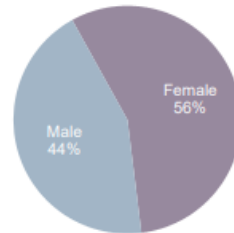
Average Service Value per Client: \$2,671.20

Average Age: 47

Number of New Clients: 24

Number of Clients Discharged: 21

Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	53%
Schizophrenia Spectrum	44%
Anxiety Disorders	2%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	67%
Medicare B	33%

Breakdown of Service Type

	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1	1%	2%
Group Counseling	5	1%	2%
Linkage/Brokerage	124	10%	74%
Medication Support	385	76%	93%
Non Billable	79	11%	30%
Other	5	1%	7%
Total	599	100%	100%

PROGRAM/PROGRAM GROUP: AS Older Adult FSP

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

Number of Clients Served: 11

Total Service Value: \$175,066.21

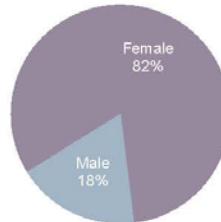
Average Service Value per Client: \$15,915.11

Average Age: 68

Number of New Clients: 2

Number of Clients Discharged: 3

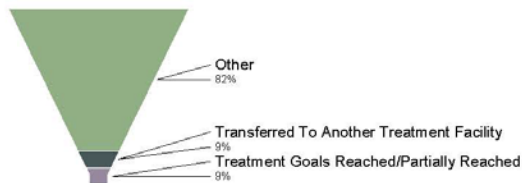
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	55%
Mood Disorders	45%

Of the Clients Served, 18 % had a Substance Use Diagnosis.

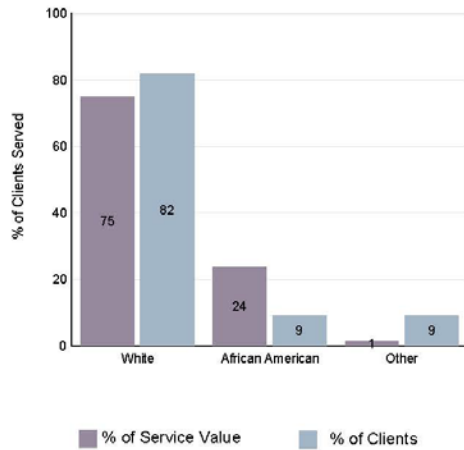
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	9%
Medicare B	91%

Breakdown of Service Type

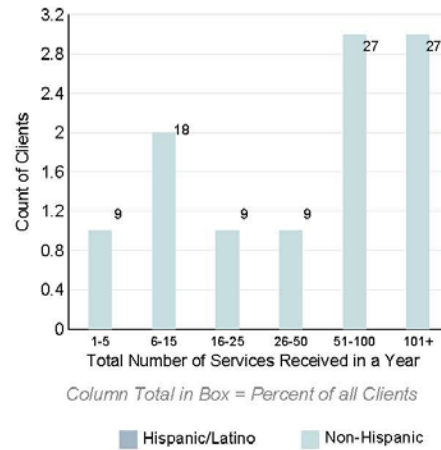
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	8	2%	36%
Collateral/Family Therapy	5	0%	27%
Linkage/Brokerage	408	68%	91%
Medication Support	77	6%	82%
Mental Health Counseling	57	9%	73%
Non Billable	158	12%	82%
Other	3	3%	18%
Total	716	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

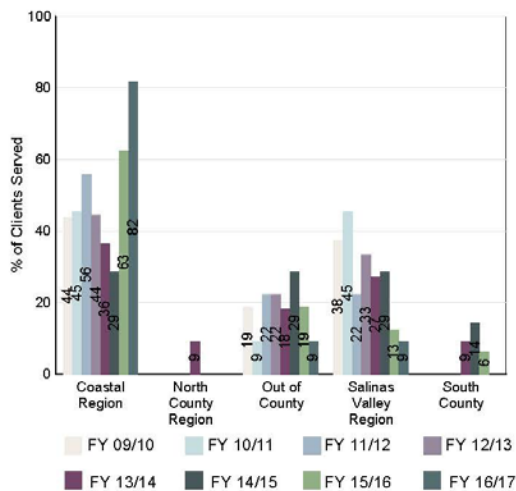


Clients Served Grouped by Number of Services Received During the Year

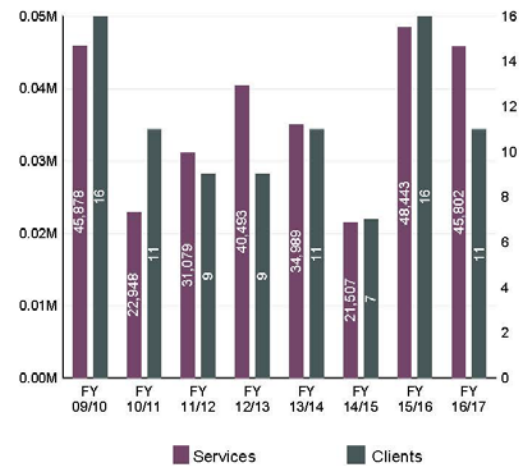


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: Drake House FSP

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

Number of Clients Served: 23

Total Service Value: \$1,126,619.54

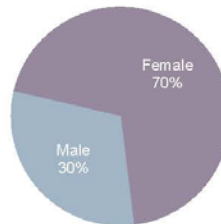
Average Service Value per Client: \$48,983.46

Average Age: 69

Number of New Clients: 1

Number of Clients Discharged: 1

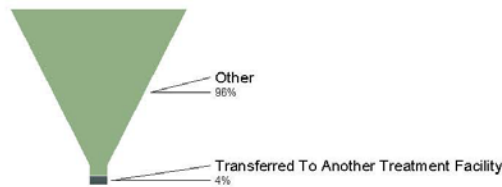
Gender



Language of Preference



Discharge Disposition/Outcome



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

Top 5 Primary Diagnosis

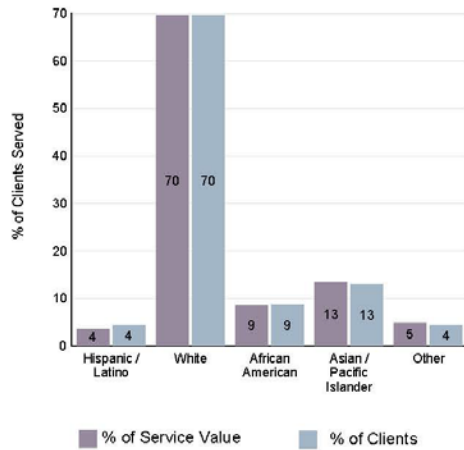
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	35%
Mood Disorders	4%

Breakdown of Service Type

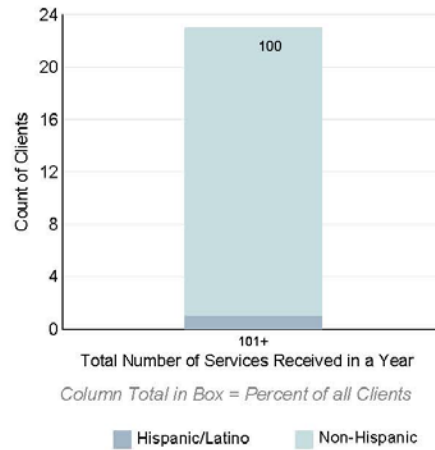
		Number of Services	% of Total Service Minutes	% of Clients	
Primary Insurance Source of Clients Served	% of clients served	Board and Care	8,035	4%	100%
		Group Counseling	2,057	31%	96%
		Linkage/Brokerage	516	28%	100%
		Mental Health Counseling	1,282	38%	100%
		Total	11,890	100%	100%
Medi-Cal	15%				
Medicare B	80%				
Self Pay/Other	5%				

Health Equities

Breakdown of Clients Served by Ethnicity

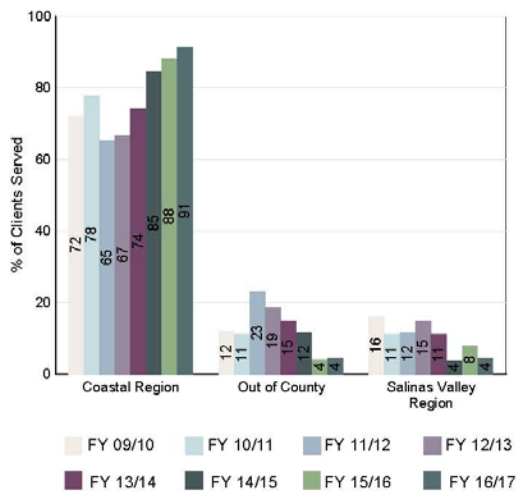


Clients Served Grouped by Number of Services Received During the Year

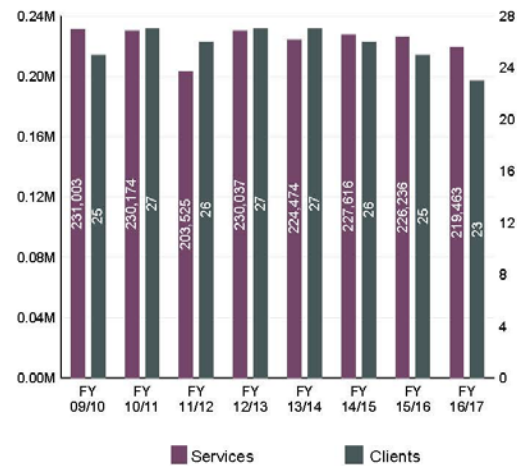


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: Interim Co-occurring Integrated Care

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

Number of Clients Served: 92

Total Service Value: \$491,204.04

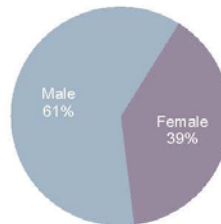
Average Service Value per Client: \$5,339.17

Average Age: 43

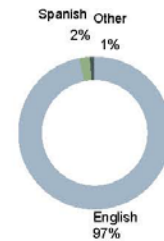
Number of New Clients: 28

Number of Clients Discharged: 39

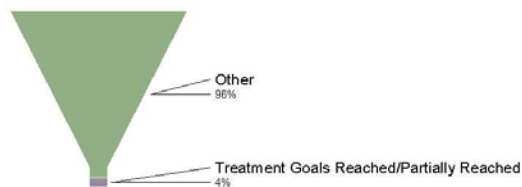
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	47%
Mood Disorders	46%
Anxiety Disorders	1%

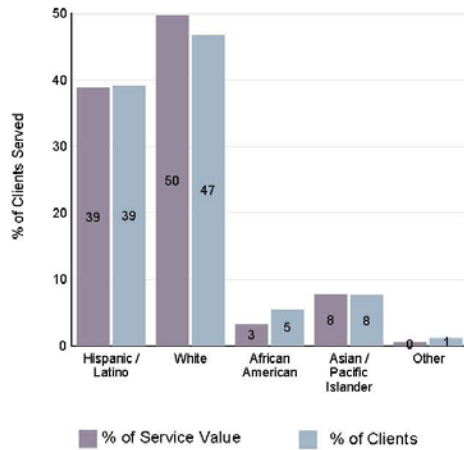
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	51%
Medicare B	40%
Private Insurance	4%
Self Pay/Other	6%

Breakdown of Service Type

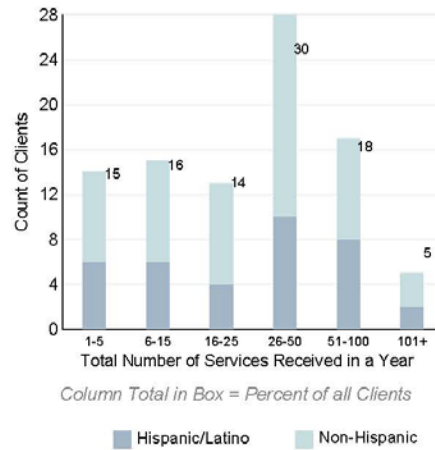
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1	0%	1%
Collateral/Family Therapy	5	0%	4%
Group Counseling	1,536	37%	66%
Linkage/Brokerage	78	1%	39%
Mental Health Counseling	983	57%	92%
Non Billable	742	3%	91%
Other	48	1%	21%
Total	3,393	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

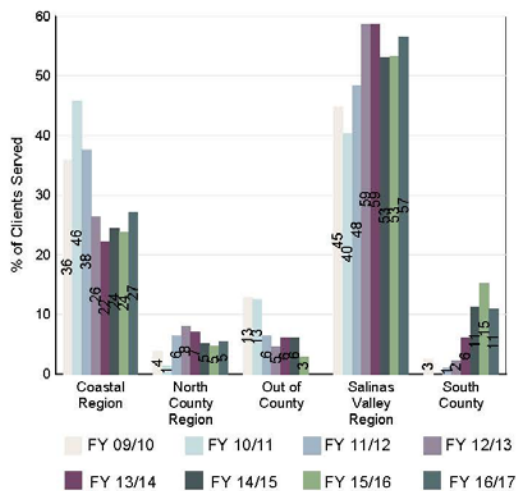


Clients Served Grouped by Number of Services Received During the Year

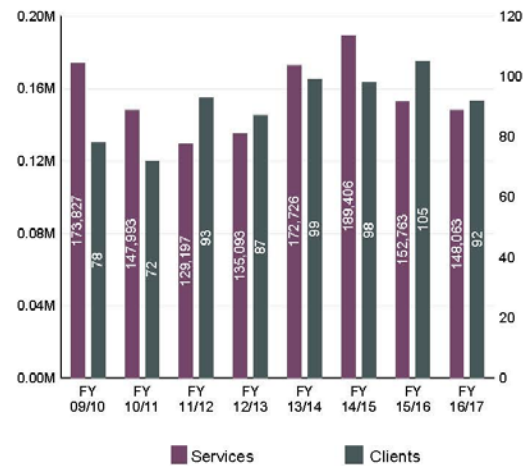


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

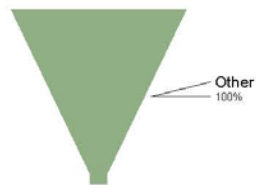


PROGRAM/PROGRAM GROUP: Interim MHSA Lupine Garden FSP

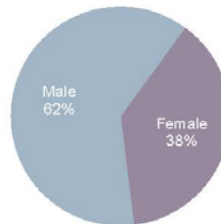
Lupine Gardens provides safe, affordable, quality permanent housing for 20 very low-income individuals with psychiatric disabilities, all of whom are homeless or at high risk of homelessness and require additional support necessary to live independently in the community. The service array includes: Intensive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

Number of Clients Served: 21
Total Service Value: \$432,589.95
Average Service Value per Client: \$20,599.52
Average Age: 51
Number of New Clients: 1
Number of Clients Discharged: 1

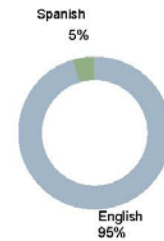
Discharge Disposition/Outcome



Gender



Language of Preference



Top 5 Primary Diagnosis

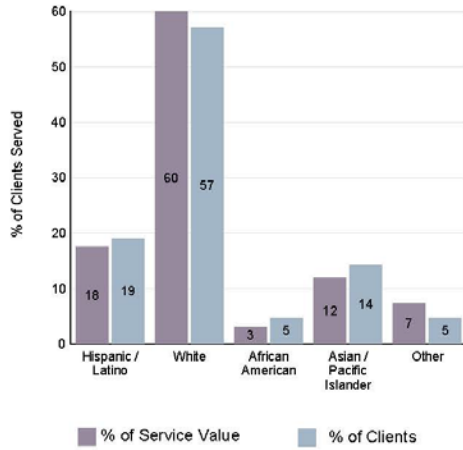
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	95%
Mood Disorders	5%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	22%
Medicare B	69%
Private Insurance	9%

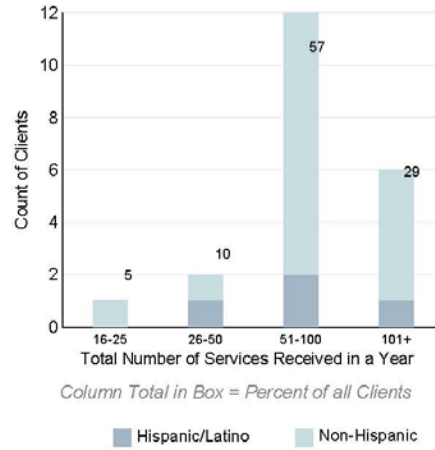
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	78	7%	95%
Collateral/Family Therapy	1	0%	5%
Group Counseling	91	3%	43%
Linkage/Brokerage	266	13%	100%
Mental Health Counseling	1,325	76%	100%
Non Billable	4	0%	19%
Other	14	1%	14%
Total	1,779	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

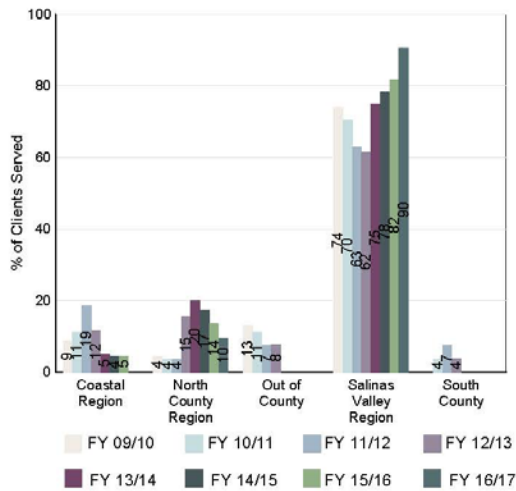


Clients Served Grouped by Number of Services Received During the Year

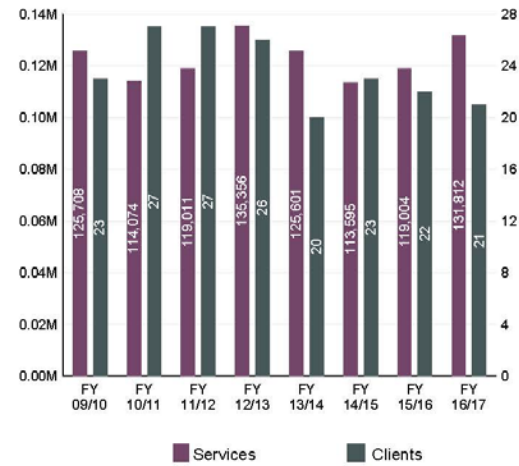


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM/PROGRAM GROUP: Interim Sunflower Garden
FSP

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: 31

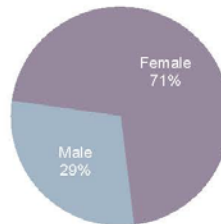
Total Service Value: \$368,384.01

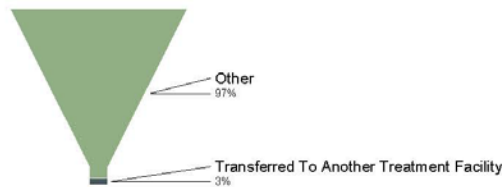
Average Service Value per Client: \$11,883.36

Average Age: 46

Number of New Clients: 10

Number of Clients Discharged: 8

Gender

Language of Preference

Discharge Disposition/Outcome


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

Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	61%
Schizophrenia Spectrum	32%

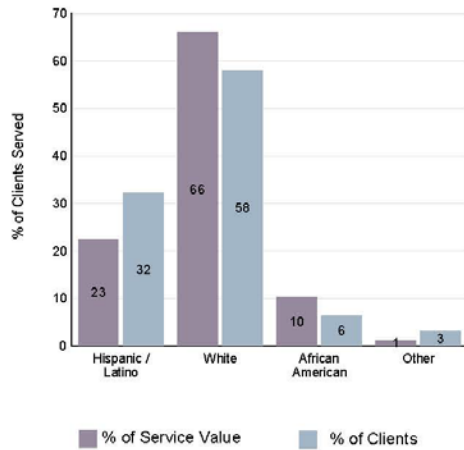
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	79%
Medicare B	20%
Self Pay/Other	1%

Breakdown of Service Type

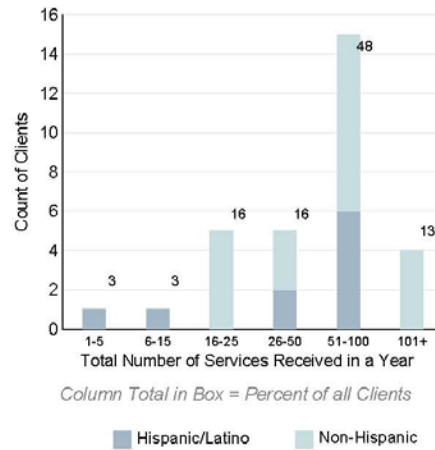
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	66	7%	65%
Collateral/Family Therapy	1	0%	3%
Group Counseling	264	10%	90%
Linkage/Brokerage	192	10%	94%
Mental Health Counseling	1,044	68%	100%
Non Billable	158	3%	84%
Other	38	1%	45%
Total	1,763	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

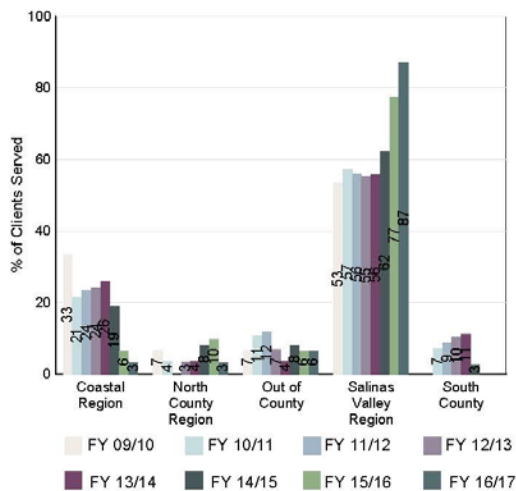


Clients Served Grouped by Number of Services Received During the Year

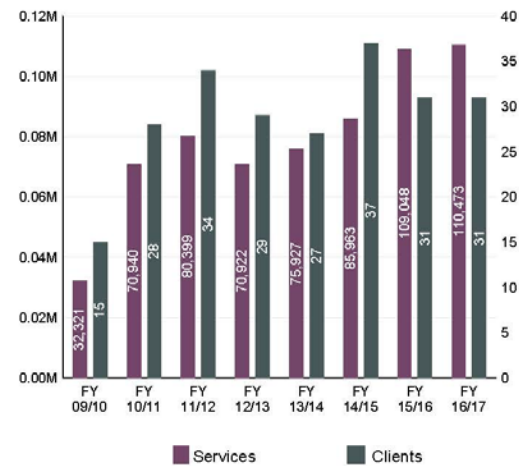


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

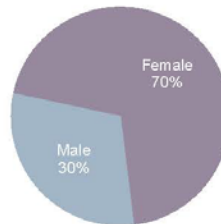


PROGRAM/PROGRAM GROUP: Door to Hope Nueva Esperanza

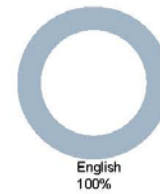
Nueva Esperanza, a recovery program for pregnant and parenting women with young children, provides integrated mental health and substance abuse disorder residential treatment services.

Number of Clients Served: 53
Total Service Value: \$474,868.76
Average Service Value per Client: \$8,959.79
Average Age: 16
Number of New Clients: 35
Number of Clients Discharged: 43

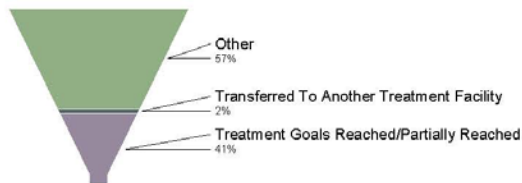
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis

Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	57%
Disruptive Behavior Disorders	19%
OTHER	8%
Substance Related Addictive D/O	6%
Mood Disorders	4%

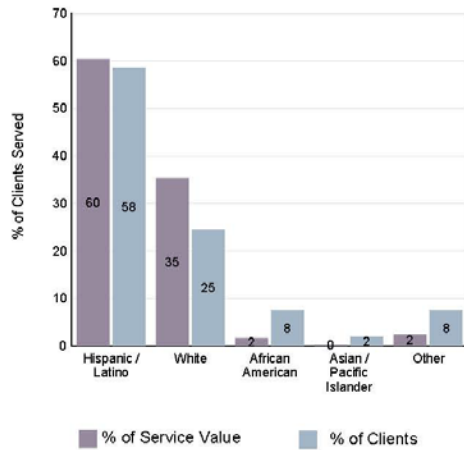
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	100%

Breakdown of Service Type

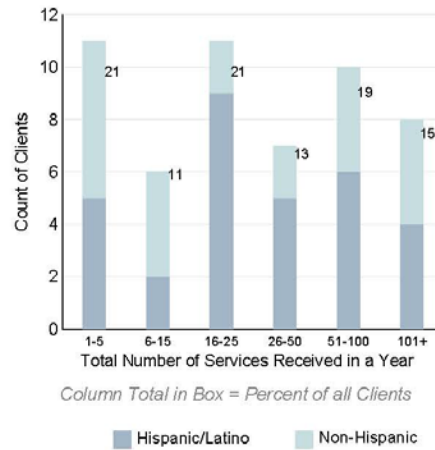
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	115	6%	75%
Collateral/Family Therapy	238	10%	72%
Crisis Intervention	5	0%	4%
Group Counseling	811	16%	77%
Linkage/Brokerage	93	4%	62%
Mental Health Counseling	1,079	63%	87%
Non Billable	7	0%	13%
Total	2,348	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

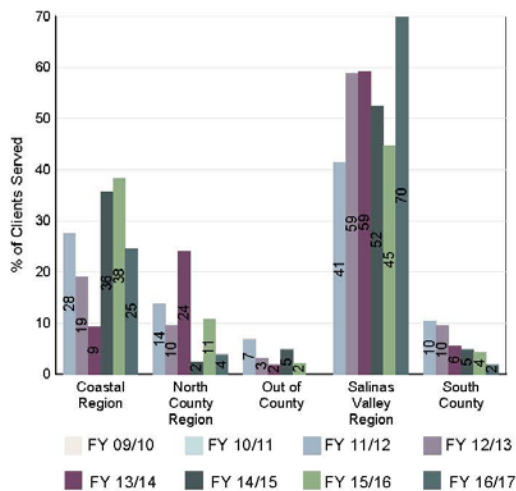


Clients Served Grouped by Number of Services Received During the Year

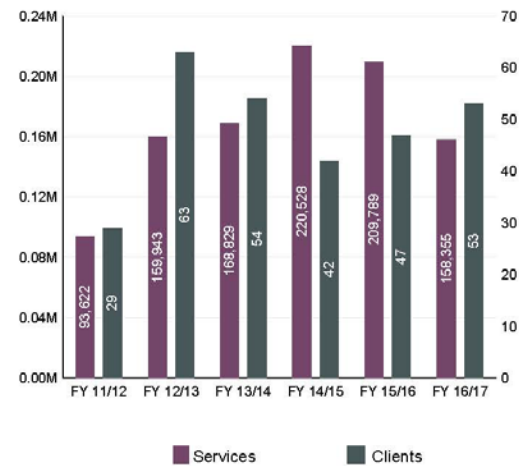


Eight Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



Monterey County MHSA Prevention and Early Intervention

FY 2016-17 Program Overview & Data Summary

Prepared for

Monterey County
Behavioral Health
Bureau

By

EVALCORP
Research & Consulting

Made possible through funding from Monterey County Behavioral Health Bureau

INTRODUCTION AND METHODOLOGY

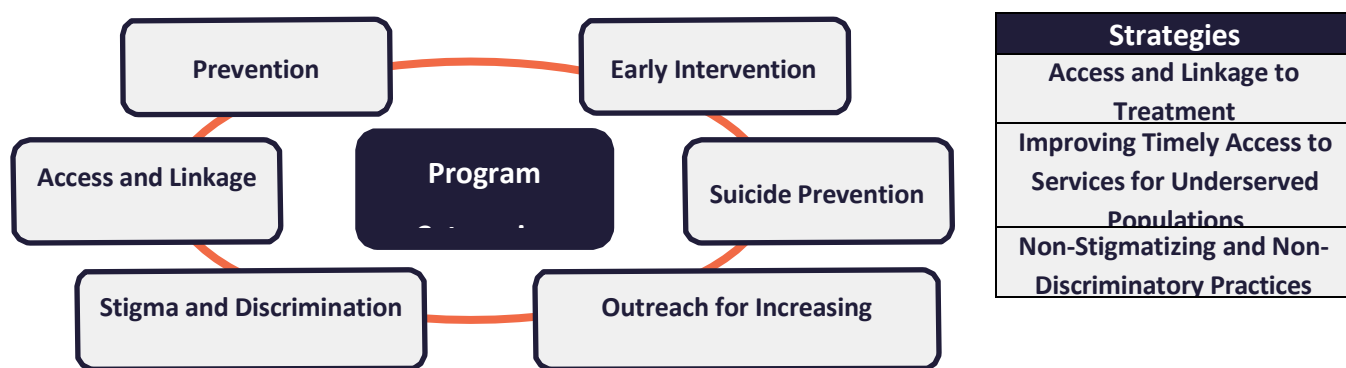
The Mental Health Services Act (MHSA) was approved by California voters in 2004 through the passage of Proposition 63, which designated funding to improve mental health service systems throughout the State. MHSA has several funding components including Prevention and Early Intervention (PEI), which is intended to support programs that promote health and wellness and prevent suffering from untreated mental illness¹.

Through MHSA, Monterey County Behavioral Health Bureau (MCBH) funds PEI programs that address the mental health prevention and early intervention needs of the County's culturally and regionally diverse communities. In FY 16-17, MCBH funded 28 programs administered by the County and contracted community service providers².

State Prevention and Early Intervention Regulations

In October 2015, California released revised PEI regulations requiring specific program categories and strategies to be employed. In compliance with these regulations, Monterey County's PEI programs are organized into six categories and three strategies (**Figure 1**). Each program is classified into one program category; however, each may employ multiple strategies (see **Appendix A** for a list of funded PEI-programs and their associated categories and strategies).

FIGURE 1. PEI REGULATION PROGRAM CATEGORIES AND STRATEGIES



Report Methodology and Structure

MCBH contracted with EVALCORP Research & Consulting to develop the current report summarizing data and information for PEI programs funded in FY 16-17, including information relevant to State PEI regulations as available. A mixed-methods approach was employed utilizing quantitative and qualitative data provided by PEI-funded programs.

This report summarizes program implementation and highlights available process metrics for PEI programs funded during FY 16-17. Process metrics reported on vary based on availability; however, where possible, the following are included for each program: program services and activities; participation levels and participant demographics; regions and populations served; referrals provided; and successes, challenges, and lessons learned. In developing this report, extensive data validation, cleaning and analytic procedures were performed to ensure the highest levels of accuracy and validity. There are programs with cases of missing data and/or "declined to answer" responses. Such instances have been noted to alert the reader that reported data may not fully represent all individuals served during the fiscal year.

¹ <http://www.mhsoac.ca.gov/components> Retrieved 11/10/2017

² Monterey County PEI funds also support Statewide PEI projects and Health Promotion/Addressing Disparities, which counted as two of the 28 total programs in FY16-17. Analysis of these efforts are not part of the current report.

Program Overview

Provider: United Way of Monterey County

Population of Focus: Monterey County residents in need of assistance accessing health and human services

Description: Phone and digital communications network connecting individuals to the community health and social services they seek, with information available 24/7 in 170 languages

State Regulation Program Categories:

- Access and Linkage to Treatment

State Regulation Program Strategies:

- Access and Linkage to Treatment

Data Collection Tools/Sources:

- 2-1-1 Quarterly Demographic Reports
- 2-1-1 Annual Report for Fiscal Year 2016-2017 Period: Count of Caller Needs by Taxonomy and Agency and Program
- Summary of 2-1-1 Follow-Up Calls, 2016
- Communications with 2-1-1 provider

Provider Location:

- Monterey

Program Highlights: FY 16-17

Program Activities and Reach

- **9,964** Total information/referral calls

Caller Needs and Referrals

- **3,030** Calls where referrals made
- **62%** for mental health/addiction needs; **38%** for health care needs
- **15%** of callers with mental health/addiction needs referred to MCBH
- **17%** of callers with health care needs referred to Clinica de Salud del Valle de Salinas

Caller Demographics

- **36%** Age 26 to 59
- **70%** Female
- **61%** Hispanic/Latino*

Calls by City

- **55%** Salinas
- **9%** Seaside
- **6%** Monterey
- **5%** Marina
- **4%** Greenfield
- **21%** Other cities

African American Community Partnership

Program Overview

Provider: The Village Project, Inc.

Population of Focus: Unserved and underserved African Americans and other individuals and families of color in need of mental health services

Description: Provides culturally competent therapy and related services to African Americans and other individuals and families of color

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- Quarter 2 Outcomes-Impact Report

Provider Location:

- Seaside

Program Highlights: FY 16-17

Program Activities and Reach

- **81** Individuals served
- **25** Individuals from historically underrepresented groups participated in outreach activities (Q2)

Participant Demographics

- **68%** Age 26 to 59
- **58%** Female (assigned sex at birth)
- **48%** White
- **32%** Black or African American
- **1%** Reported one or more disabilities

*Participant residence reported as 95% North County in the Q4 and Annual MHSA PEI Data Reporting Form. However, data from prior quarters indicated that residents were primarily from the Peninsula. Annual participant residence data were revised to

Child Advocate Program

Program Overview

Provider: Monterey County Probation Department

Population of Focus: At-risk families with school aged children, in which one or both parents are under the supervision of Probation

Description: Provides case management and linkage to community resources for children and family members of adults under supervision of the Probation Department due to criminal conviction

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 First 5 Monterey County Client Demographic Report
- PEI Report (Jul-Oct 2016; Nov 2016-Feb 2017; Jan 2017-Mar 2017; Apr 2017-Jun 2017)

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **278** Individuals served
- **6** Preventing Early Abuse through Collaborative Counseling Education (PEACCE) classes
- **260** Families referred to supportive social services*
- **60** Families referred to Behavioral Health Counseling/Eizner/Fathers Group*

Participant Demographics

- **38%** Age 0 to 5
- **54%** Female (assigned sex at birth)
- **88%** Hispanic/Latino

Participant Residence

- **52%** Salinas
- **31%** South County
- **9%** North County
- **8%** Peninsula

Chinatown Learning Center

Program Overview

Provider: Interim, Inc.

Population of Focus: Individuals experiencing homelessness and other marginalized populations in the Chinatown neighborhood of Salinas and surrounding areas

Description: Offers training experience for CSUMB Master of Social Work candidates in supporting individuals experiencing homelessness and other marginalized populations in the Chinatown neighborhood of Salinas and surrounding areas

State Regulation Program Categories:

- Access and Linkage to Treatment

State Regulation Program Strategies:

- Access and Linkage to Treatment
-

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 Logic Models

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **516** Total homeless clients served
- **18** Clients placed in jobs
- **4** Clients placed in housing
- **21** Clients provided SSI assistance
- **27** Clients provided other benefit assistance
- **148** Clients attended **282** group sessions

Participant Demographics

- **73%** Age 26 to 59
- **58%** Male (current gender identity)
- **27%** White
- **49%** Hispanic/Latino
- **7%** Veterans
- **67%** Reported one or more disabilities

Participant Residence

- **100%** Salinas

Epicenter

Program Overview

Provider: The Epicenter

Population of Focus: Transition-age youth (TAY) 16-24 who have been served in systems of care who need positive opportunities and healthy relationships with adults and peers to develop skills to successfully transition to adulthood

Description: Provides community outreach and education for underserved transition age youth populations and linkage to resources for education, employment, housing, health, and wellness

State Regulation Program Categories:

- Prevention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- Logic Model (April, May, June 2017)

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- 4 Trainings conducted with 85 total participants

Participant Demographics

- 55% Age 16 to 25
- 59% Female* (current gender identity)

Family Self-Help Support and Advocacy

Program Overview

Provider: National Alliance on Mental Illness (NAMI), Monterey County

Population of Focus: Individuals affected by mental illnesses, including individuals living with mental illness, their family members, loved ones, and professional providers

Description: Provides education, outreach, support, and referrals to those affected by mental illness, including individuals living with mental illness, family members, and friends

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Non-Stigmatizing & Non-Discriminatory Practices

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- NAMI Monterey County Annual County Partner Report – FY 16-17

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **516** Phone calls/emails received
- **121** Office walk-ins
- **156** Packets mailed out
- **51** Community presentations
- **6** Education courses with **77** participants
- **9** Trainings with **207** participants
- **28** Support groups with **95** attendees
- **12** New general volunteers

Participant Demographics

- **36%** Age 26 to 59
- **36%** Female (assigned sex at birth)*
- **14%** White
- **45%** Hispanic/Latino*
- **2%** Veterans*
- **12%** Reported one or more disabilities

Participant Residence

- **78%** Salinas
- **14%** Peninsula
- **6%** South County
- **<1%** North County
- **1%** Other

Family Support Groups

Program Overview

Provider: Monterey County Behavioral Health

Description: Facilitates regional support group sessions to provide psycho-education, resources, and support for family members of individuals living with mental illness

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Kinship Center – D’Arrigo Clinic

Program Overview

Provider: Kinship Center

Population of Focus: Children or youth in or transitioning to permanent placements and their adult caregivers

Description: Provides outpatient mental health services to children and their families to improve children’s overall functioning, support parents/caregivers, improve family well-being, and address permanency issues

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 AVATAR data

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **124** Individuals served

Participant Demographics

- **94%** Age 0 to 15
- **60%** Male
- **50%** Other race
- **62%** Hispanic/Latino

Participant Residence

- **60%** Salinas Valley
- **20%** North County
- **16%** Coastal Region
- **4%** South County

Latino Community Partnership

Program Overview

Provider: Center for Community Advocacy

Population of Focus: Unserved or underserved Latinos in Monterey County

Description: Uses Promotores de Salud (Promotores) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 Qualitative Quarterly Reports
- FY 16-17 Quantitative Quarterly Reports

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **357** Attendees at **24** presentations across the county
- **13** Referrals to Monterey County Behavioral Health
- **812** Non-behavioral health referrals

New Promotores Demographics*

- **21** New Promotores identified
- **20** "Middle Age" (26 to 59)
- **20** Female
- **21** Hispanic/Latino

LGBTQ Outreach & Counseling

Program Overview

Provider: Community Human Services

Population of Focus: Gay, Lesbian, Bisexual and Transgender residents of Monterey County

Description: Conducts outreach, engagement and specialized outpatient mental health counseling for LGBTQ individuals and their significant others

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations
- Non-Stigmatizing and Non-Discriminatory Practices

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form

Service Locations:

- Seaside
- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **27** Individuals served

Participant Demographics

- **14** Age 26 to 59
- **21** Female (assigned sex at birth)
- **16** Other race
- **16** Hispanic/Latino

Participant Residence

- **21** Salinas
- **4** Peninsula
- **2** North County

Monterey County Screening Team for Assessment, Referral & Treatment (McSTART)

Program Overview

Provider: Door to Hope

Population of Focus: Children 0 to 11 who are in need of child development assessment and family members/caregivers

Description: Provides services, including assessment, referrals and treatment, for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 AVATAR data

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **78** Individuals served

Participant Demographics

- **99%** Age 0 to 15
- **54%** Male
- **63%** White
- **77%** Hispanic/Latino

Participant Residence

- **58%** Salinas Valley
- **18%** South County
- **13%** Coastal Region
- **9%** North County
- **2%** Other

Mental Health Services at Archer Child Advocacy Center

Program Overview

Provider: Monterey County Behavioral Health

Population of Focus: Any child, adolescent or young adult who participates in a forensic interview at Archer Child Advocacy Center

Description: Provides mental health risk and treatment needs assessment, crisis stabilization, psychoeducation, linkage or provision of mental health treatment services to children who have experienced abuse or neglect

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 AVATAR data

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **169** Individuals served

Participant Demographics

- **91%** Age 0 to 15
- **81%** Female
- **64%** White
- **76%** Hispanic/Latino

Participant Residence

- **46%** Salinas Valley
- **17%** North County
- **16%** South County
- **15%** Coastal Region
- **6%** Other

OMNI Resource Center

Program Overview

Provider: Interim, Inc.

Population of Focus: Adults over 18 who have self-identified as having mental health challenges

Description: Assists community members to pursue personal and social growth through self-help, socialization, and peer support groups operated by peers and family members

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form

Service Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **752** Individuals served

Participant Demographics

- **69%** Age 26 to 59
- **49%** Male (gender assigned at birth)
- **35%** White; **35%** Other race
- **47%** Hispanic/Latino
- **3%** Veterans*
- **88%** Reported one or more disabilities*

Participant Residence

- **63%** Salinas
- **14%** Peninsula
- **6%** North County
- **5%** South County
- **6%** Unknown
- **6%** Declined to Answer

Parent Education Partnership, Multi-Lingual Parent Education

Program Overview

Provider: Community Human Services

Population of Focus: Spanish- and English-speaking parents and caregivers in Monterey County

Description: Offers evidence-based parenting programs for parents and caregivers of children with emotional/behavioral challenges or who at-risk developing emotional/behavioral challenges.

State Regulation Program Categories:

- Prevention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form

Service Locations:

- Salinas
- Seaside
- South County
- North County

Program Highlights: FY 16-17

Program Activities and Reach

- **631** Individuals served

Participant Demographics*

- **88%** Age 26 to 59
- **69%** Female (assigned sex at birth)
- **84%** Other
- **82%** Hispanic/Latino

Participant Residence*

- **58%** Salinas
- **25%** South County
- **17%** Peninsula

Peer Partners for Health

Program Overview

Provider: Interim, Inc.

Population of Focus: Adults with serious mental illnesses or serious functional impairments

Description: Training program and peer support program to help clients in residential treatment transition into the community after they are discharged; Wellness Navigators welcome clients to MCBH's Adult Service Clinic and help clients complete screening tools and explain the services available to them

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 Program Outcomes Report

Service Location:

- Salinas
- Marina

Program Highlights: FY 16-17

Program Activities and Reach

- **78** Individuals served
- **52** Individuals provided with at least **2** referrals to community resource providers

Participant Demographics

- **69%** Age 26 to 65
- **54%** Female
- **50%** Other race
- **49%** Hispanic/Latino

Participant Residence

- **50%** Salinas
- **18%** Peninsula
- **13%** South County
- **11%** North County
- **8%** Other

Prevention and Recovery in Early Psychosis (PREP)

Program Overview

Provider: Felton Institute

Population of Focus: Monterey County residents ages 14-35 who have had their first psychotic episode within the previous five years and require specialty mental health services

Description: Provides evidence-based treatments designed for remission of early psychosis in individuals age 14-35; "Early Intervention Program" designed to promote recovery and related functional outcomes for a mental illness early in its emergence

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 PREP Short-Term Outcomes Report

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **72** Total clients served
- **32** Clients enrolled for 12 months or more

Participant Demographics

- **79%** Age 16-25
- **72%** Male (current gender identity)
- **78%** White
- **64%** Hispanic/Latino
- **10%** Reported one or more disabilities

Participant Residence

- **38%** Salinas
- **32%** Peninsula
- **21%** South County
- **8%** North County
- **1%** Homeless

Promotores Mental Health Program

Program Overview

Provider: Central Coast Citizenship Project

Population of Focus: Unserved and underserved Latinos in Monterey County

Description: Uses Promotores de Salud (Promotores) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 Qualitative Quarterly Reports
- FY 16-17 Quantitative Quarterly Reports

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **8** Presentations
- **15** Community outreach events
- **103** Individuals and families received **296** counseling sessions
- **4,475** One-on-one encounters with community members
- **6** Referrals to Monterey County Behavioral Health
- **1,488** Individuals provided with non-behavioral health referrals

School-Based Counseling

Program Overview

Provider: Harmony at Home

Population of Focus: School-aged children in Monterey County who have experienced trauma and related issues due to exposure to violence

Description: Provides 10-week group counseling sessions to children exposed to violence and trauma and conducts outreach and engagement with community groups to promote the program and services; Also provides clinical supervision for CSU Monterey Bay Master of Social Work interns

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY16-17 MHSA PEI Data Reporting Form

Provider Location:

- Carmel

Program Highlights: FY 16-17

Program Activities and Reach

- **347** Individuals served

Participant Demographics

- **93%** Age 0 to 15
- **58%** Male (assigned sex at birth)
- **21%** White*
- **86%** Hispanic/Latino
- **12%** Reported one or more disabilities*

*Percentages should be interpreted with caution due to high

School-Based Counseling

Program Overview

Provider: Pajaro Valley Prevention and Student Assistance

Population of Focus: Children and their families attending schools in North Monterey County who are Medi-Cal eligible and require mental health services

Description: Provides services by school-based mental health counselors for children and their families attending schools in North Monterey County who are Medi-Cal eligible and require mental health services

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form

Provider Location:

- Watsonville

Program Highlights: FY 16-17

Program Activities and Reach

- **125** Individuals served

Participant Demographics

- **89%** Age 0 to 15
- **51%** Male (current gender identity)
- **98%** Hispanic/Latino
- **6%** Reported one or more disabilities

Participant Residence

- **100%** North County

Seaside Youth Diversion Program

Program Overview

Provider: Monterey County Behavioral Health

Population of Focus: Youth who are at-risk of becoming involved in the juvenile justice system or are first time offenders and are residing in Seaside, CA

Description: Provides evidence-based individual, group and family treatment, and coordinates community resources for Seaside youth who are first time offenders or at risk of becoming involved in the juvenile justice system

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 AVATAR data

Provider Location:

- Seaside

Program Highlights: FY 16-17

Program Activities and Reach

- **11** Individuals served

Participant Demographics

- **6** Age 0 to 15
- **10** Male
- **8** Other race
- **8** Hispanic/Latino

Participant Residence

- **100%** Peninsula Region

Senior Companion Program

Program Overview

Provider: Seniors Council of Santa Cruz and San Benito Counties

Population of Focus: Older adults in need of assistance maintaining independent living

Description: Recruits, trains and places Senior Companions to assist in maintaining independent living and quality of life for clients who are homebound, live alone, have chronic disabilities, have mental health issues, are visually or hearing impaired, or whose caregivers need respite

State Regulation Program Categories:

- Prevention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 PEI Peer Companion Annual Demographic Report
- Senior Companion Program Quarterly Reports

Service Location:

- South County

Program Highlights: FY 16-17

Program Activities and Reach

- **17** Clients served
- **4** Senior Companion Volunteers recruited and trained
- **3,447** Total service hours of peer support or respite services provided by volunteers

Participant Demographics

- **10** Age 26 to 59
- **10** Female (current gender identity)
- **11** Other race
- **14** Hispanic/Latino
- **17** Reported one or more disabilities

Senior Peer Counseling

Program Overview

Provider: Alliance on Aging

Population of Focus: Monterey County residents ages 55 and over

Description: 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; Includes a Spanish-language program called Fortaleciendo el Bienestar

State Regulation Program Categories:

- Prevention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 Logic Models
- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 Quarterly Narrative Reports

Service Location:

- Salinas
- Monterey
- South County

Program Highlights: FY 16-17

Program Activities and Reach

- **347** Individuals served
Senior Peer Counseling
- **118** Participated in individual counseling
- **90** Participated in group counseling
- **28 to 38** Active volunteer peer counselors each quarter
Fortaleciendo el Bienestar
- **139** Individuals participated in lecture series
- **58** Individuals provided with **68** referrals to community benefits

Participant Demographics

- **90%** Age 60+
- **67%** Female (assigned sex at birth)
- **85%** White
- **54%** Hispanic/Latino*
- **2%** Veterans*
- **36%** Reported one or more disabilities*

Participant Residence

- **51%** Salinas

Silver Star Resource Center

Program Overview

Provider: Monterey County Behavioral Health

Population of Focus: Youth ages 10 to 21 in Monterey County

Description: Multi-agency collaborative offering gang prevention, out-patient mental health services and coordinating community resources for youth and transitional age youth (TAY) at risk of juvenile justice system involvement

State Regulation Program Categories:

- Early Intervention

State Regulation Program Strategies:

- Access and Linkage to Treatment
- Improving Timely Access to Services for Underserved Populations

Data Collection Tools/Sources:

- FY 16-17 AVATAR data

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **41** Individuals served

Participant Demographics

- **54%** Age 16 to 25
- **63%** Female
- **51%** White
- **86%** Hispanic/Latino

Participant Residence

- **78%** Salinas Valley
- **10%** North County
- **7%** Coastal Region
- **5%** South County

Success Over Stigma

Program Overview

Provider: Interim, Inc.

Population of Focus: Adults with mental illness

Description: Promotes consumer involvement in advocating for public policies that support and empower people with psychiatric disabilities, and provides peer consultation to service providers for strengthening local and state mental health services

State Regulation Program Categories:

- Stigma and Discrimination Reduction

State Regulation Program Strategies:

- Non-Stigmatizing & Non-Discriminatory Practices

Data Collection Tools/Sources:

- SOS Annual Statistics and Report July 1, 2016 through June 30, 2017

Provider Location:

- Salinas

Program Highlights: FY 16-17

Program Activities and Reach

- **53** Consumers trained on story sharing techniques
- **47** Presentations conducted at schools, organizations, public agencies, and other community locations
- **5** General meetings held to support peer speakers
- **48** Hope and Recovery educational presentations conducted at in-patient units
- **23** Consumers/peers participated in and provided feedback at policy and advocacy committees in the community

Suicide Prevention Service

Program Overview

Provider: Family Service Agency of the Central Coast

Population of Focus: Individuals at risk of suicide, their family/friends, and survivors of suicide loss

Description: Provides safe alternatives to suicidal behavior for high-risk individuals through a 24/7/365 free multi-lingual crisis line, bereavement support services for those who have lost a loved one to suicide, and educational outreach and training for community groups

State Regulation Program Categories:

- Suicide Prevention

State Regulation Program Strategies:

- Non-Stigmatizing & Non-Discriminatory Practices

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form
- FY 16-17 Annual Service Level Report

Provider Location:

- Santa Cruz

Program Highlights: FY 16-17

Program Activities and Reach

- **45** Suicide Crisis Line volunteers
- **616** Crisis Line calls from Monterey County
- **24** Suicide prevention groups with **30** unduplicated attendees
- **9** Individuals receiving other grief support services
- **191** Educational presentations and **11** trainings with **7,022** attendees
- **10,315** Bilingual materials distributed

Participant Demographics

- **53%** Age 0 to 15
- **53%** Female (current gender identity)
- **75%** Hispanic/Latino
- **67%** Spanish-speaking callers

Participant Residence

- **60%** Salinas
- **20%** South County

Veteran's Re-Integration Transition Program

Program Overview

Provider: Monterey County Office of Military & Veterans Affairs

Population of Focus: Monterey County veterans and their families

Description: Provides education, awareness, assistance and referrals to veterans and their dependents and survivors on entitled benefits and community mental health, healthcare, and social services

State Regulation Program Categories:

- Access and Linkage to Treatment

State Regulation Program Strategies:

- Access and Linkage to Treatment

Data Collection Tools/Sources:

- FY 16-17 MHSA PEI Data Reporting Form (with individual-level data)

Provider Location:

- Monterey

Program Highlights: FY 16-17

Program Activities and Reach

- **580** Individuals served

Participant Demographics

- **56%** Age 60+
- **82%** Male (current gender identity)
- **79%** White
- **63%** Hispanic/Latino*
- **85%** Veterans
- **80%** Reported one or more disabilities

Data Collection Sites

- **66%** Salinas
- **17%** Clinic
- **13%** Monterey
- **3%** Peninsula
- **1%** South County

APPENDIX A: FY 16-17 PEI PROGRAMS ALIGNED TO STATE

Program Category	Program		
	Access and Linkage To	Improving Timely Access to Services for Underserved	Non-Stigmatizing and Non-Discriminatory Practices
Prevention			
Epicenter (<i>The Epicenter</i>)	•	•	
Parent Education Partnership, Multi-Lingual Parent Education (<i>Community Human Services</i>)	•	•	
Senior Companion Program (<i>Seniors Council of Santa Cruz and San Benito Counties</i>)	•	•	
Senior Peer Counseling (<i>Alliance on Aging</i>)	•	•	
Early Intervention			
African American Community Partnership (<i>The Village</i>)	•	•	
Child Advocate Program (<i>Monterey County Probation</i>)		•	
Family Support Groups (<i>Monterey County Behavioral Health</i>)	•	•	
Kinship Center – D’Arrigo Clinic (<i>Kinship Center</i>)		•	
LGBTQ Outreach & Counseling (<i>Community Human Services</i>)	•	•	•
Monterey County Screening Team for Assessment, Referral & Treatment (McSTART) (<i>Door to Hope</i>)		•	
Mental Health Services at Archer Child Advocacy Center (<i>Monterey County Behavioral Health</i>)		•	
OMNI Resource Center (<i>Interim, Inc.</i>)	•	•	
Peer Partners for Health (<i>Interim, Inc.</i>)	•	•	
Prevention and Recovery in Early Psychosis (PREP) (<i>Felton</i>)		•	
School-Based Counseling (<i>Harmony at Home</i>)	•	•	
School-Based Counseling (<i>Pajaro Valley Assistance & Student Assistance</i>)	•	•	
Seaside Youth Diversion Program (<i>Monterey County</i>)		•	
Silver Star Resource Center (<i>Monterey County Behavioral</i>)	•	•	
Access and Linkage to Treatment			
2-1-1 (<i>United Way of Monterey County</i>)	•		
Chinatown Learning Center (<i>Interim, Inc.</i>)	•		
Veteran’s Re-Integration Transition Program (<i>Monterey County Office of Military & Veterans Affairs</i>)	•		
Suicide Prevention			
Suicide Prevention Service (<i>Family Service Agency of the</i>)			•
Stigma and Discrimination Reduction			
Success Over Stigma (<i>Interim, Inc.</i>)			•
Outreach for Increasing Recognition of Early Signs of Mental Illness			
Family Self-Help Support and Advocacy (<i>NAMI Monterey</i>)	•		•
Latino Community Partnership (<i>Center for Community</i>)	•	•	
Promotores Mental Health Program (<i>Central Coast Citizenship</i>)	•	•	

Appendix III: FY2018-19 Annual Update Stakeholder Presentation



FY2018/19 MHSA Annual Update Stakeholder Presentation

Presented by Dana Edgull & Wesley Schelkhard

BEHAVIORAL HEALTH BUREAU
MONTEREY COUNTY HEALTH DEPARTMENT



Purpose of Meeting

Provide community stakeholders with an update on MHSA-funded services and an opportunity to inform the future planning, development and evaluation of MHSA-funded programs.

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A **stakeholder** is an individual or group that makes a difference or that can affect or be affected by the achievement of the organization's objectives

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What is MHSA?

The Mental Health Services Act (MHSA) is:

- An initiative that was approved by CA voters in 2004 with the goal of transforming mental health services at county and statewide levels
- Funded by a 1% tax on CA residents making more than one million dollars per year (collected statewide and distributed to counties according to size of population; funds reallocated annually)
- Supportive of mental health services according to funding components:

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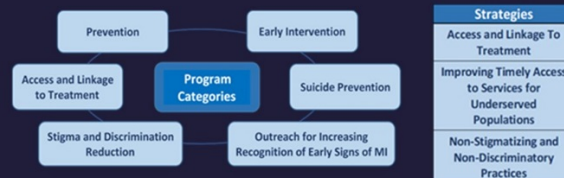
MHSA Funding Components

- Prevention & Early Intervention (PEI)
- Community Services & Supports (CSS)
- Innovations (INN)

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Prevention and Early Intervention



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Prevention Programs

Program Focus	Services Included	Provider
Open Access Wellness Centers	Education, Peer Support, Screening, Referrals	• OMNI Resource Center • EpiCenter
Family Support & Education	Family Support Groups, Parenting Classes	• Behavioral Health • NAMI • CHS
Outreach for Increased Awareness and Early Signs of Mental Illness	Community Education, Workshops, Promotores, Screening & Referrals	• Behavioral Health • Latino Community Partnership • Village Project
Stigma & Discrimination Reduction	Consumer Advocacy and Public Policy, Educational Marketing Campaigns	• Behavioral Health • CalMHSA
Prevention/Peer Services to Older Adults	Companion Supports, Peer Counseling	• Seniors Council • Alliance on Aging • Fortaleciendo el Bienestar
Suicide Prevention	Crisis Hotline, Educational Marketing Campaign, Crisis Response Training	• Family Service Agency of the Central Coast

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Early Intervention Programs

Program Focus	Services	Provider
Access Regional Services	Information Hotline, Homeless & Veterans Supports, Resource & Learning Center	• United Way • CSUMB/Interim • Monterey County Veterans Office
Student Mental Health	School-Based Counseling, Case Management	• Pajaro Valley Prevention & Student Assistance • Harmony at Home
Juvenile Justice	Counseling, Gang Prevention, Education & Family Support	• Behavioral Health
Prevention & Recovery for Early Psychosis	Screening, Counseling, Case Management	• Felton Institute
Response to Crisis Intervention	Trauma Counseling, Education and Referral Supports, Response Teams	• Archer Child Advocacy Center • Behavioral Health

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Community Services and Supports

- General System Development (GSD):
 - Addressing areas of unmet need
 - Enhancing Behavioral Health services
 - Community-Based care
- Full Service Partnership (FSP):
 - Intensive, wraparound “whatever it takes” service
 - May include residential care
 - Key events like employment, housing, and school participation also tracked as part of measuring progress

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General System Development Programs

Program Focus	Services	Provider
Access Regional Services	Walk-in Clinics, Counseling, Case Management	• Behavioral Health • Kinship Center • CHS • Village Project
Early Childhood Intervention	Specialized Care for Families with Children 0-5	• Behavioral Health • Door to Hope
Transition Age Youth	Counseling, Peer Mentors	• Behavioral Health
Supported Services	System Navigation, Peer Supports, Housing and Employment Assistance	• Behavioral Health • Interim • CCCIL
Dual Diagnosis	Co-occurring Treatment	• Door to Hope • Interim
Family Stability	Family Preservation, Trauma Response, Family Supports	• Kinship Center • Behavioral Health

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Full Service Partnership Programs

Program Focus	Services	Provider
Family Stability	Family Preservation, Adoption Preservation	• Behavioral Health • Kinship Center
Dual Diagnosis	Co-occurring Treatment, Residential Care	• Door to Hope
Juvenile Justice	Mental Health Court, Transitional Housing, Psychosexual Counseling	• Behavioral Health • Peacock Acres
Transition Age Youth	Education & Employment Assistance, Peer Mentors	• Behavioral Health
Adult Treatment for Serious Mental Illness	Mental Health Court, Residential Care, Homeless Services	• Behavioral Health • Interim
Older Adult	Residential Care	• Behavioral Health • Front St.

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Innovation Programs

- Time-constrained pilot projects
- Designed to test:
 - A new practice or approach in the mental health system
 - A change to an existing practice
 - Apply a community driven practice from a non-mental health context
- For purpose of:
 - Increasing access to services, including for underserved populations
 - Increasing quality of services, including outcomes
 - Promote interagency collaboration

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Innovation Programs

- Both Innovation program “termed out” in FY16/17
- Juvenile Sexual Offender Response Team (JSORT) program proved successful in promoting recovery of clients and reducing reoffending and other negative behaviors
 - Moved to become Full Service Partnership under CSS
- Positive Behavioral Interventions & Supports (PBIS) proved successful in creating positive school climates and linking in-need students to resources
 - This promising practice has become adopted and funded by numerous schools/districts. No longer funded by MHSA.

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MHSA Evaluation Update

- Hired an outside evaluator with statewide experience to help assess the impact and develop an evaluation plan for PEI
- Developing core guidelines for addressing “health equity” goals
- Working with local and state agencies to improve data collection procedures for clinical services
- Plan to involve local stakeholders in on-going evaluation efforts through regular workgroup sessions

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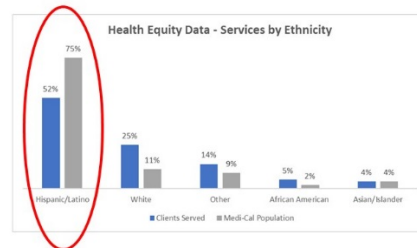
Opportunity for Improvement

- **Current Challenge:** To increase engagement of Latino communities in the local mental health system
 - Persistent disparities in services provided to Latino individuals and families
 - The Mental Health Commission voted on and approved a goal of increasing services to the Latino population by 7% by end of FY2020

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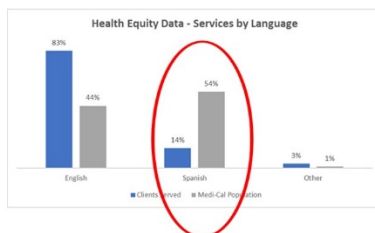
Persistent Gap in Services to Latinos



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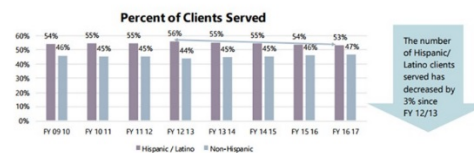
Persistent Gap in Services to Latinos



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Persistent Gap in Services to Latinos



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Community Feedback

- Focus Group Feedback:
 - Navigating system and facilities is challenging
 - Would like more friendly and warm environments
 - Would like more culturally and linguistically response materials
 - Would like more service locations / integrated service network
- Underserved Zip Code Door-to-Door Survey Findings on Barriers to Access:
 - 30% identified lack of information on available services
 - 26% identified location of services / lack of transportation
 - 15% identified confusion and concern over cost and insurance
 - 8% identified stigma as a barrier to getting help

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Opportunities for Action

- Addressing the Challenge:
 - Information Sessions
 - New round of Innovation Proposals

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Requesting Your Feedback: Information Sessions

- Which topics interest you?
- What does your community want to learn more about?
- “Priority Dot” Activity
 - You will receive 5 circle-shaped stickers
 - A number of categories listed on sheets of paper on the wall
 - Mark the workshop topics that interested you the most with your stickers (place as many as you want, where you want)

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Requesting Your Feedback: Innovation Project 1

Transportation Coaching by Wellness Navigators

- Community feedback from strategic planning sessions consistently identified transportation issues as a barrier to receiving care
- We will work with consumers to develop a “transportation needs assessment” tool for creating individualized plans for responding to levels of need
- Enlist Wellness Navigators to provide appropriate services to help consumers best utilize community transportation options to access services and become more independent

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Requesting Your Feedback: Innovation Project 2

Web-Based Application for Screening & Referrals

- The number of clients seeking services in ACCESS has increased by 90% in the last 2 years
- We will partner with other counties to develop a web-based screening tool that can be administered at home, in the clinic or in community settings
- This screening tool will help us get people into services faster
- Participate in additional multi-county “Technology Suite” opportunities

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Requesting Your Feedback: Innovation Project 3

Micro-Innovation Grants for Engaging Latino Communities

- Creates funding opportunity for small-scale, community-specific projects aimed at increasing participation in mental health services
 - Engage new consumers
 - Keep existing consumers engaged
 - Prevention and early identification
- Community members welcomed to propose project ideas in a “Plan, Do, Study, Act” format
- Bids must include an evaluation element

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Requesting Your Feedback: Open Ended Comments

- What other needs do you see in the community, related to mental health?
 - Who is in need? Where are they?
- What community impacts do you want to see from MHSA-funded services?

Additional comments can be directed to:
Wesley Schweikhard
(831) 755-4510 x4856
schweikhardw@co.monterey.ca.us
Dana Edgull
(831) 796-6110
edguldrr@co.monterey.ca.us

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Appendix IV: Presentation for BHC Public Hearing



BHC Public Hearing to Approve FY18/19 MHSA Annual Update

With Summary of Public Comments
and Substantive Changes to Draft

Presented by Wesley Schweikhard, Management Analyst

BEHAVIORAL HEALTH BUREAU
MONTEREY COUNTY HEALTH DEPARTMENT



Background

- MHSA Annual Update developed in compliance with state regulations
- Purpose of MHSA Annual Update is to inform the community stakeholders and state agencies (MHSOAC & DHCS) of most recent service data (FY16/17) for MHSA-funded programs and identify any substantive changes to the current MHSA 3-Year Plan (FY18-20)
- Must be developed with local stakeholders
- Must be certified by the County Behavioral Health Director and the County Auditor-Controller
- Must be adopted by County Board of Supervisors
- Must be sent to MHSOAC and DHCS

MONTEREY COUNTY BEHAVIORAL HEALTH

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Recap of Stakeholder Planning Process

- Built on recent MHSA 3-year Community Planning Process
 - 13 Focus Groups & Door-to-Door Survey
- Four community planning sessions conducted across county for Annual Update development
 - Marina, Castroville, Salinas, Soledad
 - 114 attendees
 - Spanish materials and translation services available
 - Soledad presentation provided in Spanish (w/ English translation available)
 - Included presentation on existing MHSA-funded programs
 - Included participant engagement activities to inform the development of pending programs and future planning

MONTEREY COUNTY BEHAVIORAL HEALTH

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30-Day Public Review Period

- March 23 – April 23
- Links to Draft and Comment Form (English & Spanish) posted on county website
- Announced to community partners and stakeholders via email and at meetings
- Announced to public via county website, Facebook and Twitter accounts
- Only 4 comments received
 - Central Coast Center for Independent Living (CCCIL)
 - 2-1-1, United Way Monterey County
 - Interim, Inc.
 - Monterey County Staff
- Summary of Comments and County Response to be included in final version

MONTEREY COUNTY BEHAVIORAL HEALTH

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Changes to Draft FY18/19 Annual Update

- Minor edits to description of 2-1-1 Program (pgs.14,19).
- Minor edits to program description (pg.17). Add and reference program data for Return to Work Benefits Program (pgs.20, Appendix I).
- Minor edits to description of Peer Partners for Health program description (pg.17).
- Add Community Information Sessions to PEI-03 program description (pg.12).
- Edit PEI-03 to reflect implementation of Community Information Sessions in FY18/19, not FY17/18 (pg.11).
- Edit PEI-11-Responsive Crisis Interventions expanded service for children in youth in FY17/18, not FY18/19 (pg.11).

MONTEREY COUNTY BEHAVIORAL HEALTH

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Staff recommendation

- Approve Draft FY18/19 MHSA Annual Update with identified edits; and,
- Forward Final version to the Monterey County Board of Supervisors for adoption

MONTEREY COUNTY BEHAVIORAL HEALTH

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Appendix V: Summary of 30-Day Public Review Period Comments

Summary of Public Comments/Recommendations	County Response
<p>Date Received: 3/27/2018 Method of Delivery: Email, Phone Individual's Name: Gina Alvarez Affiliation/Role within Community Mental Health System: Associate Director, Central Coast Center for Independent Living Comments: Ms. Alvarez notified county staff the draft document was missing service data on their Return to Work Benefits Program in Appendix II, as was referenced on pg. 17.</p>	<p>County staff has coordinated with CCCIL to compile the appropriate FY16/17 service data to include in the final version of the Annual Update. Additionally, the draft document incorrectly referenced Appendix II as the location for this program data. The Return to Work Benefits Program is a CSS program, and service data for this program will be included in Appendix I in the final version of the Annual Update, along with other CSS programs.</p>
<p>Date Received: 4/16/2018 Method of Delivery: Email Individual's Name: Ronn Rygg Affiliation/Role within Community Mental Health System: Director 2-1-1, United Way Monterey County Comments: Mr. Rygg provided a favorable opinion of the draft document, and suggested the addition of 2-1-1's texting capacity in the language describing the 2-1-1 program on pg. 14. His comments also included a correction to 2-1-1 data listed in the FY18-20 MHSA 3-Year Program and Expenditure Plan, and offered ideas for additional services that may be provided by 2-1-1 in the future.</p>	<p>County staff will add language concerning 2-1-1's capacity for texting to the description of services provided by 2-1-1 on pg. 14 in the final version.</p> <p>All other comments regarding items not directly related to the contents of the FY18/19 Annual Update have been received and are appreciated by staff.</p>
<p>Date Received: 4/20/2018 Method of Delivery: Web-based Survey, Email Individual's Name: Sophie Yakir Affiliation/Role within Community Mental Health System: Manager, Interim Inc. Comments: Ms. Yakir offered support for the draft document and provided corrections to the description for their Peer Partners for Health program on pg. 17, to more accurately reflect the language and services identified in the most recent contract amendment for this program.</p> <p>Ms. Yakir also provided corrections to the title and description text in Appendices I & II (pgs. 80, 82, 84, 86, 102, 114).</p>	<p>County staff will edit the description of the Peer Partners for Health program on pg. 17, per Ms. Yakir's recommendation.</p> <p>County staff will coordinate with the appropriate evaluation teams that produced the evaluation documents referenced in Appendices I & II, as well as Ms. Yakir, to correct title and description text for these programs, where appropriate and feasible.</p>

<p>Date Received: 4/23/2018</p> <p>Method of Delivery: In-Person</p> <p>Individual's Name: MCBH MHSA Team</p> <p>Affiliation/Role within Community Mental Health System: MCBH Administration</p> <p>Comments:</p> <p>County staff made note of where several corrections to the draft plan were needed.</p> <ol style="list-style-type: none"> 1. On page 11, PEI-03 to reflect implementation of Community Information Sessions is to occur in FY18/19, not FY17/19. 2. PEI:11-Responsive Crisis Interventions expanded service for children and youth in FY17/18, ahead of FY18/19 as noted in draft. 3. The second page for Village Project data in Appendix I was missing, and needs to be added. 4. The plan for spending Innovation funds subject to reversion was discussed as part of developing this Annual Update, and it was communicated to stakeholders and the community that this 30-day public review period for this Annual Update was also intended to serve as review period for Innovation Project Plans and the Reversion Plan per AB114, therefore the more explicit Reversion Plan document should be included in this Annual Update appendix, to accompany and bolster the original notes in this Annual Update referring to the spending plan for Reversion funds to apply to the proposed Innovation project plans. 	<p>All corrections to be made.</p>
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Appendix VI: Monterey Behavioral Health Commission Meeting Minutes of April 26, 2018

THE MONTEREY COUNTY BEHAVIORAL HEALTH COMMISSION April 26, 2018 MEETING MINUTES Meeting Held at Behavioral Health in Marina, Training Room, 299 12th Street, Marina

Attendance ~ MENTAL HEALTH COMMISSIONERS X = Present E = Excused			
X	Ramirez, Mario, District 1	X	Lopez, Mark, District 3, PAST CHAIR/CHAIR ELECT
E	Leon, Maria	E	Aldaco, Aidee, District 3
X	Rivas, Rosa	X	Foster, Linda, District 5, CHAIR
X	McHoney, Alma, District 2	X	Ferreira, Maribel, District 4
X	Sokolowski, Margie, District 2	X	Herrera, Jesse, District 4,
X	Tack, Larry, District 2	X	Rodda, Anthony

Attendance ~ COUNTY STAFF X = Present			
	Gutierrez, Cathy, Deputy Director of ACCESS and Alcohol and Drug Services		Jill Walker, Training Manager
X	Hendricks, Alice, MHSA Coordinator		Moreno, Rose, Management Analyst III for Prevention
	Hernandez, Miriam, Behavioral Health Finance Manager II		Robles, Linceo, QI Services Manager
	Lisman, Michael, Deputy Director, Adults		Sandoval, Marni, Deputy Director, Children's
X	Miller, Anne, Behavioral Health Director	X	Schwabhard, Wesley, MA II

Attendance ~ GUESTS X = Present			
X	Joseph Harvin, Interpreter	X	Kontrena McPheeter, Interim, Inc.
X	Sam Patchin, Interim, Inc.	X	Georgina Alvarez, CCCIL
		X	Patlie Ogino
		X	Shirley M. King

1	Call to Order The meeting was called to order by Chair Foster at 5:30 p.m.
2	Introductions Chair Foster welcomed all attendees.
3	Corrections to the Agenda ~ The Clerk of the Commission will announce agenda corrections. None
4	Public Comment (Regarding items not appearing on the agenda) Limited to 3 minutes per speaker This portion of the meeting is reserved for persons to address the Commission on any matter not on this agenda but under the jurisdiction of the Behavioral Health Commission - Kontrena McPheeter announced the May 4 Mental Health Awareness Banquet at the Embassy Suites in Seaside. She asked for sponsors—peer tickets are \$10 and a table is \$100. *3 minutes 48 seconds

Monterey County Behavioral Health Commission
Meeting Minutes of April 26, 2018
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	<ul style="list-style-type: none"> - Pattie Ogino spoke about a friend whose grandson received mental health help from a program at Nativity for six months. He is now homeless, scaring people, he has issues and he cannot help himself. She does not understand how he got out of the system. She said that for herself she was told she could not receive services unless she signed a form. Chair Foster offered to stay after the meeting to talk with Ms. Ogino and find out how she can be helped. 	
5	<p>Action: Approve Minutes of March 29, 2018 Meeting of Monterey County Behavioral Health Commission (BHC) M/S/C: Commissioners McHoney and Lopez/Carried</p>	*13 minutes 19 seconds
6	<p>Public Hearing on the Mental Health Services Act (MHSA) FY 2018-19 Annual Update.</p> <p>A. Opening Comments by the Behavioral Health Commission-Chair Chair Foster explained the MHSA Annual Update process to attendees.</p> <p>B. Staff Report on the Draft Annual Update, Including Summary of Recommendations of Key Stakeholders, Interested Parties, and Members of the Public and County Behavioral Health Bureau's Analysis of the Recommendations. The Draft Annual Update is available at: http://www.co.monterey.ca.us/government/departments-a-b/health/behavioralhealth/mentalhealth-services-act</p> <p>Wes Schweikhard, BH Management Analyst, reported that last month the MHSA FY 2018-19 Annual Update was released for the 30-day public review period. He said his presentation is to summarize the comments received during that period and to notify the attendees of any substantive changes for the final version. He said they had strong community planning sessions across the county in each of the four regions. The link to the Annual Update was posted on the County BH website, Facebook and Twitter accounts and via email it was shared with Community Partners and Stakeholders. A copy of his PowerPoint presentation was available for all attendees.</p> <p>C. Public Comment Regarding the Draft Annual Update. At the end of the 30-day period there were a total of four comments: CCCIL (Central Coast Center for Independent Living), United Way Monterey County, Interim, Inc., and Monterey County staff. The summary of the comments received and the response to them will also be included in the final document.</p> <p>Overall, minor edits will be made to the final draft as follows: 1. A couple of program descriptions will be edited 2. The data for CCCIL's return to work benefits program which was accidentally left out of the draft version will be added. 3. Corrections will be made to the changes listed on page 11 of the document, i.e. the community information sessions are going to begin next FY 19, and crisis response services were expanded for children and youth for this fiscal year.</p> <ul style="list-style-type: none"> - Ms. Ogino commented that there needs to be more accountability. She said she wrote letters to complain about BH services; however, she received letters back that did not address what had happened and had excuses for why it happened, and she said that if she is not heard, then how will services be improved and who is BH servicing? - Georgina Alvarez with CCCIL thanked Wes Schweikhard and Alicia Hendricks for addressing her comments promptly. <p>D. Commissioners review and discuss the Draft Annual Update and all public comments received.</p> <ul style="list-style-type: none"> - Commissioner Lopez commented that he read the entire document and he said it was very well done and he appreciated the efforts made by the staff. - It was asked how BH reached out to Spanish speaking communities and Dr. Miller responded that the Promotores, which is connected to a broader network, was sent the information and invited folks to participate in the meeting. - Commissioner McHoney asked why the MHSA presentations were not done on the Peninsula and Dr. Miller responded that one was presented in Marina. She said Supervisor Adams determined that she wanted to consolidate between her and Supervisor Parker's districts. - Commissioner Young said that after reading the document, we need more accountability. If we are going to give the agencies the money, they need to give us the product. Mr. Schweikhard shared that Prevention, Early Intervention (PEI) programs, as part of the regulations there are increased reporting standards. There will be a workshop in May with the PEI providers to review the new regulations and introduce to them the tools they will begin using to keep records that comply with the regulations. 	*13 minutes 53 seconds

	<p>- Commissioner Herrera said he tried to read through the plan and he attended a couple of the community meetings, which he said went very well and he was pleased with the way staff interacted and tried to hear what the community had to say. He said the information written in the plan should be at the reading level of the community. Information from the library said the average reading level in Monterey County is fourth grade and he said that in the past, the state has indicated that information given out to consumers ought to be at the sixth-grade reading level to assure that it is understood by everyone. He said the plan is a very complex document and he had difficulty getting through it. He took excerpts from the plan and ran it through a text readability calculator, and all of the excerpts indicated that they were at the college reading level. He said he is concerned about the community having the opportunity to have input if the documents are being presented way above the average reading level of the community. If someone does not understand the information, they may not comment or tell you about it and he thinks that large segments of the community did not have a reasonable opportunity to read and comment on the plan.</p> <p>E. ACTION: • Make recommendations to County Behavioral Health Bureau for revision to the draft Annual Update. • Approve draft Annual Update, to include the summary of substantive recommendations received during 30-day public comment period and at Public Hearing, for forwarding to the Board of Supervisors for adoption.</p> <p>M/S/C: Commissioners Sokotowski and Tack/Carried to approve the revisions to the draft MHSA FY 18-19 Annual Update which will be forwarded to the Board of Supervisors for their approval and adoption.</p>	
7	<p>Information: Receive a Report from the Behavioral Health Director Behavioral Health Director Dr. Amie Miller shared with attendees (using PowerPoint) BH information on social media. She reviewed her report which included the following:</p> <ul style="list-style-type: none"> - BH submitted grant to the Oversight and Accountability Commission last week seeking funding for expansion of PBIS (Positive Behavioral Interventions & Supports) and school-based mobile triage workers. This grant is for \$1.8 million a year for four years. - The Sheriff's Office received authorization from the Board yesterday to move forward with a felony restoration to competence program in the jail setting. This program will provide treatment in a special area of the jail and will provide timely access to care as opposed to the current long wait times to get to State hospitals. - Congratulations to Juvenile Justice Supervisor Chryl Williams. She was awarded at the Child Abuse Prevention Council annual breakfast for her amazing work with the Juvenile Sex Offender Response Team! - Another 27 Officers graduated from Crisis Intervention Training (CIT) this month. - We conducted our third Mental Health First Aid for Public Safety training this month. So far, we have trained 58 local public safety partners; this is in addition to our Critical Incident Training class. - The overall County budget is struggling with about a \$36 million shortfall. <p>Behavioral Health receives the minimum amount of funding required from the County.</p>	*34 minutes, 15 seconds
9	<p>Information: Receive a Report from a Member of the Board of Supervisors Supervisor Phillips reported that the County budget is a little dire. At a recent meeting with Juvenile Justice, it was reported that Rancho Cielo will be taking cuts. The County is facing a \$36 million deficit; however, \$10 million will be received from marijuana tax income. They will go through some real trying times, but as Dr. Miller said, this should not impact mental health. Supervisor Phillips said the County is now taking care of capital expenditures for such things as building the Juvenile Hall and remodeling the JDA's offices, which should have been done in the past 30 years. They were also hit with some big law suits and a big sewage spill costing about \$7 million. They went into strategic reserves of about \$30 million for the fires and floods, there is the cost of doing business for PERs retirement which went up seven percent, and there is also the cost of health insurance for County's 5,300 employees. More money was raised in taxes; however, expenses went up threefold.</p> <p>Information: Receive the Commissioners' Reports/Updates - New Commissioner Rosa Rivas reported that she attended the Brown Act training.</p>	*51 minutes, 57 seconds *55 minutes, 47 seconds

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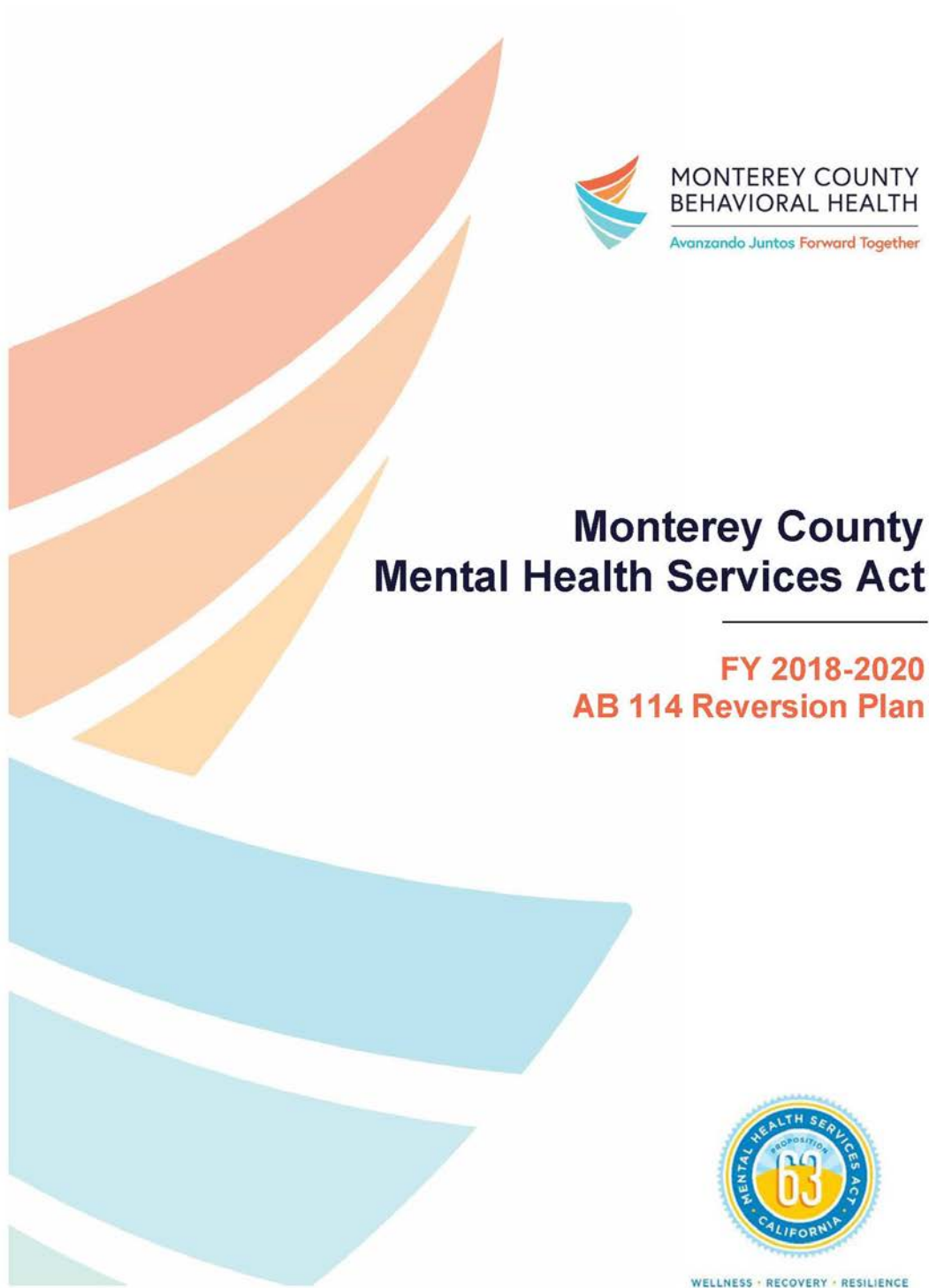
<ul style="list-style-type: none"> - Commissioner Ferreira said she is excited to report that she was reassigned at her office to the Therapeutic Courts which includes the Drug, DUI, and Veterans' courts. She hopes to bring some of her added mental health understanding (there is a huge learning curve), and she is looking forward to bringing some positive stories to the Commission on how mental health services are provided for some of the populations in the county. - Commissioner Rocha welcomed Commissioner Rivas to the BHC. He shared that she does a lot of work with NAMI. He thanked the guests for attending the meeting, he appreciated their input, he hopes to see them at the next meeting and he hopes that their concerns are resolved. - Chair Foster shared that she, Dr. Sandoval and people from probation visited Canyon Oaks in San Mateo and she said it is a no reject, not eject facility for youth, has existed for 15 years and is successful. They will continue their investigation of this facility and other facilities like it and this will result in a report about these kind of best practices which Monterey County does not have. • Chair Foster spoke about the NAMI conference coming up June 1 and 2 at the Hyatt and details can be found on the NAMI website. • She reported that she attended the CA Association of Local Behavioral Health Boards & Commissioners (CALBHB/C) regional meeting in Redwood City. She said their website if full of materials including the Brown Act and rules around mental health services. • She said Dr. Miller belongs to the Association of Mental Health Directors, and their website contains summaries of the mental health legislation that is active and coming before the various legislatures. - Commissioner Ramirez shared that he attended the CALBHB/C training and said it was very interesting. - Commissioner Young congratulated new Commissioner Anthony Rocha. • He thanked the PBJS clinician who worked with the friend of his daughter Hailey (Associate Commissioner). - Commissioner Tack said he wore the green May is Mental Health Month ribbon that he was given a year ago and he thanked Dana Edgull for bringing more to this meeting. (He was asked four times that day what the ribbon represented.) • He said he took a one hour class today sponsored by NMC called, Stop the Bleed. They were taught to recognize things, how to put on tourniquets and how to use different gauze and bandages. The class was helpful and informative. - Commissioner Lopez reported that the Prop 47 public meeting in Gonzalez was very well received and it was an excellent job done by staff. - Chief Ferrante shared that they just went through the First Aid training held annually. They are required to train every two years and he said that what was not acceptable in the past is now the cutting edge. First Responders are now taught how to identify arterial bleeding and stop it through the use of tourniquets. He recommended that everyone get certified in First Aid as standards have changed, there are new techniques and philosophies and you never know when you need to use it. 	<p>Meeting adjourned at 6:40 p.m.</p>
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* This time indicates the location on the audio minutes located at <http://www.co.monterey.ca.us/government/departments-a-health/boards-collaboratives/mental-health-commission>

Handouts given: - Director's Report

- BHC Public Hearing to Approve FY 18/19 MHSA Annual Update

Appendix VII: AB114 Reversion Plan



Introduction and Overview

On December 28, 2017 Monterey County Behavioral Health (MCBH) received Information Notice 17-059 from the California Department of Health Care Services (DHCS) Mental Health & Substance Use Disorders Services (MHSUDS). The purpose of Information Notice 17-059 was to inform counties of the following:

- The process the Department of Health Care Services (DHCS) will use to determine the amount of unspent Mental Health Services Act (MHSA) funds subject to reversion as of July 1, 2017;
- The appeal process available to a county regarding that determination; and
- The requirement that by July 1, 2018, each county must prepare and publicly post a plan for MHSA funding subject to reversion from Fiscal Years 2005-06 through 2014-15.

Background and Local Impact for Information Notice 17-059

Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. The bill amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. AB 114 implemented provisions concerning funds subject to reversion as of July 1, 2017. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)). Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal Year (FY) 2005-06 through FY 2014-15.

Spending Plan for Funding Subject to AB 114

Pursuant to AB 114 (Chapter 38, Statutes of 2017) and the Department of Health Care Services Information Notice 17-059, each County must prepare and publicly post a plan for MHSA funding subject to reversion from Fiscal Years 2005-06 through 2014-15.

As of April 24, 2018, Monterey County, in conjunction with the California Department of Health Care Services, has identified the following funds that were subject to reversion as of July 1, 2017.

MHSA Funds Subject to Reversion by Fiscal Year and Component

Monterey	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -					\$ -
FY 2007-08	\$ -	\$ -				\$ -
FY 2008-09	\$ -	\$ -	\$ -			\$ -
FY 2009-10	\$ -	\$ -	\$ -			\$ -
FY 2010-11	\$ -	\$ -	\$ 373,737			\$ 373,737
FY 2011-12	\$ -	\$ -	\$ 407,256			\$ 407,256
FY 2012-13	\$ -	\$ -	\$ 656,975			\$ 656,975
FY 2013-14						\$ -
FY 2014-15						\$ -
Total	\$ -	\$ -	\$ 1,437,968	\$ -	\$ -	\$ 1,437,968

Plan to Spend the Funds Deemed Reverted by June 30, 2020.

As all funds subject to reversion were originally allocated to Innovation funding component activities, funds subject to reversion in Monterey County are required to be spent on Innovation projects prior to June 30, 2020. As of July 1, 2017, Monterey County Behavioral Health has no Innovation projects currently being implemented. Therefore, all funds subject to reversion will be spent on one or more of the three Innovation projects submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on May 2, 2018.

Beginning in the spring of 2017, Monterey County has developed three new Innovation projects based on community input received during its recent Community Planning Process (CPP) activities, which are documented in Monterey's MHSA FY 18-20 Three Year Plan and MHSA FY18/19 Annual Update. These documents, which detail the project plans and CPP involved (including public comment periods), can be found on the MCBH website at:

<http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/mental-health-services-act>.

In summary, the CPP involved with developing these Innovation projects began in spring of 2017, and involved 13 focus groups and a door-to-door survey conducted in the 10 most underserved Latino zip codes in Monterey County. These Innovation projects were developed as part of this CPP, and further refined during the CPP when developing the MHSA FY18/19 Annual Update in spring of 2018. The CPP involved in developing the MHSA FY18/19 Annual Update included four community engagement forums. During this CPP, utilizing funds subject to reversion to support the proposed Innovation projects was put forward as MCBH's plan for spending the funds deemed reverted by June 30, 2020. The public review period for this reversion plan was then held from March 23 to April 23, and subsequently approved by the Monterey County Behavioral Health Commission on April 26, 2018. The Monterey County Board of Supervisors approved these Innovation projects as part of the MHSA FY18-20 3-Year Program and Expenditure Plan in November 2017, and are recommended to approve the MHSA FY18/19 Annual Update on June 12, 2018.

The following Innovation programs have been vetted by MCBH, Monterey County stakeholders, the Monterey County Behavioral Health Commission and the Monterey County Board of Supervisors. These projects were developed from local stakeholder input concerning areas of need, and the project models were further refined through extensive community engagement and feedback sessions.

Summary of Innovation Projects

1. Transportation Coaching by Wellness Navigators: \$1,234,000 over three years (FY 18/19-20/21)

This Innovation project aims to increase the independent transportation skills of MCBH clients by employing a transportation coaching program that is informed by a new transportation needs assessment tool. While the service goals in the project are to increase access to services and improve rates of recovery, the primary Innovation learning goals of this project are focused on measuring the impact and value of the transportation needs assessment tool to be developed. By creating a valuable tool and identifying best practices for promoting client independence, this Innovation project may offer valuable knowledge to the broader mental health services community.

Specific learning goals of this project are to:

1. Assess whether or not the use of the transportation needs assessment tool and subsequent transportation coaching lead to greater levels of independence and recovery reported by participating clients.
2. Identify which transportation coaching activities correspond to improved levels of independence and recovery.
3. Quantify the staffing costs/investment associated with improving a clients' level of independence (i.e. "step-down" in level of transportation coaching needs)

The total timeframe (duration) of this Innovation project is 3 years, with an anticipated start date of July 1, 2018 and end date of June 30, 2021. Funds from FY10/11, FY11/12 and FY 12/13 will be applied to the first two fiscal years of operation through June 30, 2020.

2. Screening to Timely Assessment: \$2,526,000 over 3 years (FY 18/19- FY 20/21)

To better meet the increased demand for services, MCBH has proposed the development of a comprehensive web-based mental health assessment application that can screen for a broad spectrum of mental health disorders and refer individuals to the appropriate level of care within the MCBH system. The demand for services in ACCESS programs has seen a significant increase in recent years, with the number of clients served over the three-year period from FY15-FY17 increasing by more than 100%, from 2,521 to 5,087. Meanwhile, the level of staff capable of responding to these community needs has remained unchanged. This project introduces a new practice to the mental health system, including prevention and intervention, by providing a technological solution for promoting greater accessibility to services. This innovative tool for providing screening and referral services alleviates burdens on ACCESS staff that are operating at full capacity, and encouraged improved rates of access for potential clients.

This program aims to increase access to mental health treatment services in Monterey County. To assess the relationship between use of this application and greater accessibility to services, and its value to consumers/users more generally, the following learning goals will be evaluated:

- Determine if this screening tool accurately gauges type and severity of mental illness and links people to the correct level of care.
- Determine if this application provides meaningful and accurate referral connections to the appropriate service / resource as efficiently as possible.
- Assess whether this web-based screening tool reduce the hours and cost associated with in-person assessments.
- Assess whether individuals (staff, community provider, peer, etc.) using this application to assist a person in need find this application useful for connecting that person to resources. We have many local agencies who want to test this including local law enforcement who hope to use this to link community members to care.
- Assess the impact the implementation of this application has on the total volume of clients entering ACCESS services, including its effect on the demographics of clients served.

The total timeframe (duration) of this Innovation project is 3 years, with an anticipated start date of July 1, 2018 and end date of June 30, 2021. Funds from FY10/11, FY11/12 and FY 12/13 will be applied to the first two fiscal years of operation through June 30, 2020.

3. Micro-Innovation Grant Activities for Increasing Latino Engagement: \$1,240,000 over 3 years (FY 18/19-FY 20/21)

The primary problem to be addressed by this Innovation project is the relatively low number of Latinos utilizing Behavioral Health services in Monterey County. Monterey County Behavioral Health (MCBH) functions as the “safety net” mental health provider in the county, and therefore sets the demographic profile of the local Medi-Cal eligible population as the benchmark for who mental health services should be designed for and accessed by. In FY2016/17, Latinos made up 75% of the Medi-Cal eligible population in Monterey County, yet comprised roughly 53% of MCBH mental health service consumers. This Innovation project seeks to increase the number of Latinos receiving mental health services in Monterey County by enabling a diffuse network of micro-innovation activities designed specifically by and for local communities, neighborhoods, niche cultural or ethnic sub-groups, etc. The goal of using micro-innovations is to test new ways of doing business in diverse Monterey County communities where Latinos are underserved.

This Innovation Project aims to increase the number of Latinos served by mental health services in Monterey County. Therefore, the main learning goal of this Innovation Project is to determine if any of these micro-innovation activities are effective in engaging Latino populations with needed mental health services. Specific learning goals of this project are to:

- For each micro-innovation, identify how many Latino individuals that have never engaged with mental health services received a referral for mental health treatment services.
- For each micro-innovation, identify how many Latino individuals followed through on a referral and received mental health treatment services.
- Identify if the total count of Latinos served increased during this Innovation project.
- Identify if any micro-innovation activities demonstrate capacity for sustainability in impact and/or funding.
- Identify if and how cultural barriers were addressed.
- Additional learning goals unique to target populations will be established in the development and approval of micro-innovation activities.

The total timeframe (duration) of this Innovation project is 3 years, with an anticipated start date of July 1, 2018 and end date of June 30, 2021. Funds from FY10/11, FY11/12 and FY 12/13 will be applied to the first two fiscal years of operation through June 30, 2020.