MONTEREY COUNTY
BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

FY 2019-20
Mental Health Services Act
Annual Update

Contents

Introduction

Monterey County Behavioral Health (MCBH) is pleased to present this FY19/20 Mental Health Services Act (MHSA) Annual Update. This is the second 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, that 3-Year plan presented a new framework for structuring our local MHSA programs to be in greater compliance with the state regulations and the FY17/18 program data to be reviewed as part of this Annual Update will correspond to that framework.

As stated in the FY18-20 MHSA 3-Year strategic plan, MCBH has a goal to increase the service utilization rate of Latinos 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 76% of the Medi-Cal eligible population and comprise 54% of beneficiaries served by MCBH. In response to this gap in the equitable distribution of services, MCBH made a concerted effort to build awareness of available mental health services in Latino communities. Efforts include initiating information sessions on mental health and resources, and getting an Innovation project approved that can fund community driven mental health projects in Latino communities. MCBH used the stakeholder planning process involved in developing this FY20 MHSA Annual Update to receive additional feedback from Latino community stakeholders on how future MHSA funds may be used to benefit their communities.

A lot of great work was accomplished over FY17/18 and is continuing into this current fiscal year. As we prepare for FY19/20 and beyond, MCBH is eager to keep pushing for a more responsive mental health system, while continuing to develop 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. In Monterey County, it is estimated that 4.9% of the total population (20,000 individuals) are in need of mental health services. 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 that builds 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 describing 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 state 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 to be community based, recovery-oriented and culturally competent. Funding can only be used for voluntary services and no less than fifty-percent (50%) of funds 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 effectiveness.

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 MHSA 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 5 community planning sessions in different regions of the county. Four 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. Two meetings were coordinated with youth serving organizations and held at their sites to increase youth involvement in the process. 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 Health Department , the Behavioral Health Bureau and County of Monterey websites.

FY20 MHSA Annual Update Stakeholder Meetings

Meeting Location (County Region) Focus	Meeting Date	Number of Attendees
Marina Library (Peninsula) General	11/15/2018	11
OMNI Resource Center (Salinas) General	11/27/2018	50
Epicenter (Salinas) Youth	11/13/2018	23
Soledad High School (South County) General	11/29/2018	3
Building Healthy Communities (Salinas) Youth	12/5/2018	10
	Total participants	97

In total, 97 participants attended these meetings. These participants represented the following stakeholder groups:

FY20 MHSA Annual Update Stakeholder Meeting Participants

Stakeholder Representation	Individual Count
Community Based Agency	13
Youth Focused Community Based Agency	20
Monterey County staff	4

Mental Health Commissioner	3
Family Member	2
Consumer/Client	38
Community Member	9
Youth	8
Total:	97

Each of the meetings followed a similar process, with additional interactive small group activities in the youth focused sessions, and lasted a minimum of one and a half hours. A background on the MHSA and terminology was presented prior to a review of MHSA funded programs and services occurring in the County. Updates on current Innovations projects that have been approved by the state MHSOAC were reviewed and information regarding future opportunities for community involvement in Innovations was presented. Community members provided additional feedback and asked questions about the Innovations projects, which helped inform MCBHB staff of additional community needs, particularly to include youth in projects related to Transportation Coaching and the web-based screening application, as the current projects are focused on adults age 18 and older.

In each session, participants were asked about barriers to accessing Behavioral Health services and areas for systems improvement. In the sessions focused on youth, questions were specific to addressing barriers that youth experience in taking care of their mental health and to solutions to address these barriers. MCBHB staff shared additional areas for systems improvement that had been identified in previous stakeholder meetings as well as current emergent needs. The participants identified additional areas for systems improvement and participants then indicated which areas they thought should be prioritized.

Themes and priority areas that emerged from the sessions focused on youth included:

- Holistic and engaging programs that embrace culture, arts, theater, Aztec dance
- Education for parents/caregivers on youth mental health
- Culturally specific approaches, such as “Cara y Corazon, Joven Noble and Xinachtli”
- More options for therapy
- Recreational programs

Themes and priority areas that were identified in the general regional meetings included:

- Evaluating how to reduce involvement in the criminal justice system for individuals with mental health needs
- Providing more support to individuals and families in mental health crises
- Developing youth and family leadership
- Maternal mental health
- Cultural relevancy work in the community
- Establishing wellness centers in South Monterey County

The Presentation Slideshow is included in this document as Appendix III.

General Stakeholder Feedback on MHSA Annual Update

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

Marina general community meeting: **11/15/18** -Additional comments from participants:

- Maternal mental health services need funding for all of Monterey County. More support groups & support groups for teens (parents). Shore up funding for public health nursing services. Offer more funding for Infant, Family, Early Childhood Mental Health (more trainings)
- Recommend looking at % in the jail and prison systems for mental health incidents and disaggregate it by race ethnicity to see if there should be more services for African-Americans.
- I would like to see funding for prevention and early intervention for African American children in Seaside. Data shows this population is often referred to the criminal justice system.
- I would like to know more about what can be offered to me.
- Peer (involvement in the) planning process not clear.

Salinas general community meeting at OMNI Center: **11/27/18** -Additional comments from participants:

- More mental health services for senior citizens are needed. I have no family or "significant other" and I often feel like women w/ kids get priority over women like me.
- I would like to see more help for my children who are under 18.
- Present both at the Mee Memorial Health Fair and King City Fair,
- Consumer: I'm a mother of three who has been separated from my children, I'm a full-time worker and student at CSUMB. I had a bad experience being treated in the Natividad hospital, you need to put people (there) that have compassion, to talk about our experiences.
- The system is not set to keep their children once we start working, more programs to keep their children, right now are afraid to say they have a mental health illness because their children will be taken-away, need more family support.
- Need programs that are culturally-relevant to Monterey County residents.

Salinas youth focused meeting at the Epicenter: **11/23/18** -Additional comments from participants:

- Great discussion led by youth :)
- I like the group work for barriers & solutions.
- Thank you for your time and information, it's highly appreciated.
- It was very entertaining and eventful.
- Thank you for your coming you really gave me a better understanding on how to deal w/ my mental health issue.
- I enjoyed doing the group activity. I learn a lot and am feel more engaged when I do group activities.
- This was great! Thank you for all this info. I highly suggest engaging the youth more by asking or firstly presenting what mental health means to them/ what does it look like to them? Engage more youth to do the presentation themselves!
- Really great presentation. Fun and informative.
- Good session. Focus on solutions appreciated. Would have liked more on what's currently available + how to access. Identification of specific barriers will help highlight potential mitigation. Thank you for emphasis on youth outreach additional barriers specific to this group can include transportation, privacy, ability to make own health decisions prior to reaching majority age. Another barrier is Rx access- my old pharmacy wouldn't accept a new prescription for a controlled substance after it had been >12 months since filling the last one.
- Presentation was very informative.
- Thank you so much for coming and hearing our youth's voices. I thought the group activity and sticker activity was perfect for us to share own thought and the food and incentive were very appreciated! Hope you can come back to the community for more presentation on mental health/ feedback.

Soledad general community meeting: **11/29/18** -Additional comments from participants:

- Education starts at home. I totally agree with family leadership education! If it was up to me I would put all my stickers there.
- Send out Facebook event invitations to reach more people.
- Can you do these presentations at schools?
- Do we have a possibility for OMNI to be brought to South County/Soledad?
- We have friends that get together and we have coffee and it's a great way to talk about our problems.
- Use previous meetings sign in sheets to invite community members to presentation.

Salinas youth focused meeting at Building Healthy Communities: **12/05/18** -Additional comments from participants:

- Healing & trauma informed practices/services/ Holistic approaches/ La Cultura Cura programs work it would be a possibility or something to invest in.
- I appreciate the practice of holding focus groups. I hope that as a system y'all continue to do this throughout the county- Thank you!
- Appreciate the time given to express our concerns. Staff was understanding patient w/ our aggressiveness.

- More groups would be appreciated. Also, having more Latinos to counsel youth and many Latino families here in Salinas.
- One thing that I think will help to reach youth is letting them know more about things like depression, anxiety by someone who has been through it speak to them.
- We appreciate you asking the time to come get input from youth. It isn't often that systems come to ask youth what they think let allow come into their space. Hope we gave good feedback.
- I think that the youth should be targeted a little more when it comes to Health Services.
- This was very informal and I feel like sometimes more people from the community should be involved in these conversations. Also, I really think youth should be focus & taught more about all their resources.
- I encourage your agency to challenge the cultural norm of the institutions you serve.

Changes to MHSA Programs

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

- CSS-05: Adults with Serious Mental Illness FSP was augmented by the Assertive Community Treatment (ACT) Welcoming & Engagement Team
    - Launched in January 2019, the ACT Welcoming & Engagement Team is a Full-Service Partnership (FSP) operated by Interim, Inc. Interim's multidisciplinary ACT team serves 50 adults, annually, with serious mental illnesses and/or serious functional impairments who require the ACT/FSP level of care. The ACT team brings community based mental health services to consumers who are underserved and unable to access or effectively utilize clinic-based treatment to meet their mental health needs. Priority admissions: Latino/a consumers who are housed or homeless and residing in Salinas Valley and South Monterey County regions.
    - PEI:03-Outreach for increased Awareness of Early Signs of Mental Illness received additional funding to support Community Information Sessions provided by County staff in response to educational needs expressed by during prior stakeholder planning processes. They are being held in all regions of Monterey County, and offer information on signs and symptoms of mental illness and how to access local mental health services. Demographic and outcome data from these events are being collected according to PEI regulations and will be reported in future PEI Evaluation Reports.

Additional unanticipated changes to MHSA programming that occurred in FY18/19 include:

- Nueva Esperanza, a program providing pregnant or parenting women with substance use disorder treatment and recovery services, was moved out of MHSA funding to be funded as part of the County's implementation of the Drug Medi-Cal Organized Delivery System.
- CSS-03: Juvenile Justice reduced in scope as the Incarceration to Success program closed in March 2018 through mutual agreement between County and Peacock Acres, primarily due to lack of sufficient referrals to this residential service.
- Seaside Youth Diversion, a component of PEI-09: Juvenile Justice, is no longer funded with MHSA dollars. Low client utilization prompted the consolidation of staff resources, and services to youth in Seaside have continued to be offered by the MCBH Juvenile Justice team under another funding source.
- Three MHSA Innovations projects approved by MHSOAC on August 23 and September 27, 2018. Project planning and implementation efforts are underway beginning January 2019.

Changes to the FY20 MHSA Annual Update following 30-Day Public Review Period and subsequent BHC Hearing:

- CSS-09: Transition Age Youth System Development services have been merged with CSS-04: Transition Age Youth FSP program
    - This will result in higher levels of care and improved outcomes for all Transition Age Youth
    - CSS-09 will not appear in program descriptions or budget (p.17,21,24)
- Edit budget footnote concerning MHSA Local Prudent Reserve from 20% to 33% per new State statute (p.23)

MHSA Program Update FY20

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 providing Community Information Sessions in all four regions of the county. Data collection related to these Community Information Sessions will become available after the conclusion of the current 2018/19 fiscal year.

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 Enlgish 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).

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 will 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). Beginning January 2019, Interim is also implementing the Assertive Community Treatment (ACT) Welcoming & Engagement Team FSP program (currently there is insufficient data to report on this new program). 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

This CSS Systems Development portion of TAY services will discontinued beginning in FY2019/20, as resources for TAY services will fully allocated for FSP-level services in CSS-04: Transition Age Youth FSP. During the 30-Day Public Review Period, MCBH staff identified that clients enrolled in CSS-09 services were demonstrating levels of need for wraparound FSP-levels of care – and were indeed receiving services at this level. As a result, MCBH recommended for BHC approval in the final MHSA Update that

CSS-09 staff, resources and clients be re-allocated and/or merge with the CSS-04 program. The anticipated result is that all TAY clients can now receive higher levels of care and improved outcomes. CSS-09 budget items will be combined with CSS-04 in the final version of this FY20 MHSA Annual Update.

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-01: Transportation Coaching by Wellness Navigators

The Transportation Coaching by Wellness Navigators project seeks to develop and test a transportation needs assessment tool that can inform transportation coaching strategies and measure the impact of those strategies. The goals of this project include improving client independence in accessing treatment services and all other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff has developed the transportation needs assessment tool and Interim Inc. has been engaged as the community partner to provide Wellness Navigators and transportation coaching services. Recruitment and coaching of project participants is anticipated to begin by the start of FY20. This project is planned to continue until December 2021.

INN-02: Screening to Timely Access

The Screening to Timely Access project plans to develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource. This project is being implemented in coordination with CalMHSA as part of the multi-county Tech Suite Collaborative project. Recruitment for qualified web-developers will occur prior to the start of FY20. This project is planned to continue through December 2021.

INN-03: Micro-Innovation Grants for Increasing Latino Engagement

The Micro-Innovation Grants for Increasing Latino Engagement project is intended on identifying and supporting community-driven responses to mental health related needs of Latino ethnicities, cultures, communities, neighborhoods, etc. Monterey County residents, community partners and mental health services staff are encouraged to apply for funds to deliver localized services to engage Latino communities in ways not currently employed through existing mental health services in Monterey County. The first application period began in March 2019, and two additional application periods are anticipated for fall and spring of FY20.

MHSA Program Summary and Reference Tables

The tables presented in this section of the Annual Update, when the document is reviewed on-line, 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 Three-Year PEI Evaluation Report and/or the FY18 Data Driven Decisions (D3) Report.

Table 1: Prevention Programs

Program	Services Included	Provider
PEI-01: Open Access Wellness Centers	Education, Peer Support, Screening, Referrals	• Interim, Inc. • EpiCenter
PEI-02: Family Support & Education	Family Support Groups, Parenting Classes	• Behavioral Health • Community Human Services (CHS)
PEI-03: Outreach for Increased Awareness and Early Signs of Mental Illness	Community Education, Workshops, Promotores, Screening & Referrals	• NAMI • Behavioral Health (data available in FY20) • Latino Community Partnership (1,2) • Village Project
PEI-04: Stigma & Discrimination Reduction	Consumer Advocacy and Public Policy, Educational Marketing Campaigns	• Interim, Inc. • CalMHSA
PEI-05: Prevention/Peer Services to Older Adults	Companion Supports, Peer Counseling, Fortaleciendo el Bienestar	• Seniors Council • Alliance on Aging
PEI-06: Suicide Prevention	Crisis Hotline, Educational Marketing Campaign, Crisis Response Training	• Family Service Agency of the Central Coast

Table 2: Early Intervention Programs

Program Focus	Services	Provider
PEI-07: Access Regional Services	Information Hotline and Textline, Homeless & Veterans Supports, Resource & Learning Center	• United Way • CSUMB/Interim, Inc. • Monterey County Veterans Office
PEI-08: Student Mental Health	School-Based Counseling, Case Management	• Pajaro Valley Prevention & Student Assistance (1, 2) • Harmony at Home
PEI-09: Juvenile Justice	Counseling, Gang Prevention, Education & Family Support	• Behavioral Health (1, 2)
PEI-10: Prevention & Recovery for Early Psychosis	Screening, Counseling, Case Management	• Felton Institute (1, 2)
PEI-11: Response Crisis Intervention	Trauma Counseling, Education and Referral Supports, Response Teams	• Archer Child Advocacy Center • Behavioral Health

Table 3: CSS Full Service Partnerships

Program Focus	Services	Provider
CSS-01: Family Stability	Family Preservation, Adoption Preservation	• Behavioral Health • Kinship Center
CSS-02: Dual Diagnosis	Co-occurring Treatment, Residential Care	• Door to Hope (1, 2, 3)
CSS-03: Juvenile Justice	Mental Health Court, JSORT, Transitional Housing	• Behavioral Health (1, 2) •
CSS-04: Transition Age Youth	Education & Employment Assistance, Peer Mentors	• Behavioral Health
CSS-05: Adult System of Care	Mental Health Court, Residential Care, Homeless Services, Outpatient Services	• Behavioral Health • Interim (1, 2, 3, 4)
CSS-06: Older Adult	Residential Care	• 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	• Behavioral Health • Kinship Center • CHS • Village Project
CSS-08: Early Childhood Mental Health	Specialized Care for Families with Children 0-5	• Behavioral Health(1, 2) • Door to Hope
CSS-09: Transition Age Youth	Counseling, Peer Mentors	• Behavioral Health
CSS-10: Supported Services to Adults with Serious Mental Illness	System Navigation, Peer Supports, Benefits Assistance, Housing and Employment Assistance	• Behavioral Health • Interim, Inc. (1, 2) • CCCIL
CSS-11: Dual Diagnosis	Co-occurring Treatment, Outreach and Aftercare	• Door to Hope • Interim, Inc.
CSS-12: Family Stability	Family Preservation, Trauma Response, Family Supports	• Kinship Center • Behavioral Health (1, 2)

Cost Per Client and Number of Clients to Be Served by Project FY20

Prevention & Early Intervention

Project	Count of Clients to Be Served	Estimated Cost Per Client
Open Access Wellness Centers	1,081	$694
Family Support and Education	915	$352
Outreach for Increased Awareness of Early Signs of Mental Illness	4,688	$144
Stigma and Discrimination Reduction[1]	N/A	N/A
Peer to Peer Services for Older Adults	356	$855
Suicide Prevention	7,292	$32
Access Regional Services	4,237	$57
Student Mental Health	470	$1,024
Juvenile Justice Diversion	75	$3,997
Prevention Recovery Early Psychosis	74	$8,065
Crisis Interventions	783	$994

Community Services and Supports

Project	Count of Clients to Be Served	Estimated Cost Per Client
Family Stability FSP	34	$17,685
Dual Diagnosis FSP	117	$10,835
Juvenile Justice FSP	57	$17,450
Transition Age Youth FSP	286	$6,987
Adult SMI FSP	271	$17,323
Older Adult FSP	38	$40,507
Access Regional Services	4307	$2,710
Early Childhood Intervention	995	$3,894
Supported Services to SMI	346	$2,642
Dual Diagnosis	103	$7,047
Family Stability	282	$9,086

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

FY20 MHSA 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

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 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 MHSA 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	517,500	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(0)	0	4,561,982	0	0	
2. Estimated New FY2019/20 Funding	17,480,000	4,370,000	1,150,000			
3. Transfer in FY2019/20[a/]	(3,800,000)					3,800,000
4. Access Local Prudent Reserve in FY2019/20						
5. Estimated Available Funding for FY2019/20	13,680,000	4,370,000	5,711,982	0	0	
F. Estimated FY2019/20 Expenditures	13,033,560	4,360,099	2,472,256	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	646,440	9,902	3,239,726	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	3,800,000
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	7,770,754

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 33% 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 2019/20					
	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	600,004	550,464	49,540	0	0	0
2. Dual Diagnosis	1,268,000	401,480	648,801	0	217,719	0
3. Juvenile Justice	999,211	797,304	104,018	0	97,889	0
4. Transition Age Youth	1,998,239	1,059,475	938,764	0	0	0
5. Adult SMI	4,692,785	2,151,949	1,478,533	966,025	0	96,278
6. Older Adult	1,545,483	1,260,593	284,890	0	0	0
Non-FSP Programs						
7. Access Regional Services	11,672,957	3,607,410	5,852,163	2,213,384	0	0
8. Early Childhood Intervention	3,874,376	263,583	2,269,469	0	1,341,324	0
9. ~~Transition Age Youth~~						
10. Supported Services to SMI	914,313	523,707	390,606	0	0	0
11. Dual Diagnosis	723,393	348,966	281,148	0	0	93,279
6. Family Stability	2,561,180	368,599	1,212,721	0	979,860	0
CSS Administration	1,700,030	1,700,030				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	32,549,971	13,033,560	13,510,653	3,179,409	2,636,792	189,557
FSP Programs as Percent of Total	85.2%					

Prevention and Early Intervention (PEI) Component						
	Fiscal Year 2019/20					
	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	750,244	750,244	0	0	0	0
2. Family Support and Education	321,976	321,976	0	0	0	0
3. Outreach for Increased Awareness and Early Signs of Mental Illness	675,094	642,785	32,309	0	0	0
4. Stigma and Discrimination Reduction	321,855	321,855	0	0	0	0
5. Prevention / Peer Services to Older Adults	304,204	304,204	0	0	0	0
6. Suicide Prevention	233,340	183,340	0	0	0	50,000
PEI Programs - Early Intervention						
7. Access Regional Services	241,510	241,510	0	0	0	0
8. Student Mental Health	481,120	135,179	205,941	0	140,000	0
9. Juvenile Justice	300,002	169,537	130,465	0	0	0
10. Prevention and Recovery for Early Psychosis	600,000	240,150	259,850	0	0	100,000
11. Responsive Crisis Interventions	778,745	480,610	148,135	0	0	150,000
PEI Administration	568,709	568,709				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	5,576,799	4,360,099	776,700	0	140,000	300,000

Innovations (INN) Component Worksheet							
		Fiscal Year 2019/20					
		A	B	C	D	E	F
		Estimated Total Mental	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991	Estimated Behavioral	Estimated Other Funding
INN Programs							
1.	Transportation Coaching by Wellness Navigators	411,379	411,379				
2.	Web-Based Application for Screening and Referrals	1,325,046	1,325,046				
3.	Latino Communities	413,363	413,363				
INN Administration		322,468	322,468				
Total INN Program Estimated Expenditures		2,472,256	2,472,256	0	0	0	0

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Monterey County

Fiscal Year: 2019-20

Local Mental Health Director

Name: Amie Miller

Telephone: (831) 755-4580

Email: MillerAS@co.monterey.ca.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Amie Miller — 05.14.19

Local Mental Health Director (PRINT NAME) | Signature | Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19)

30-Day Public Comment Period and BHC Approval

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

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

The 30-Day Public Comment Period ran from Monday, March 18, 2019 through Thursday, April 18, 2019.

Summary of comments received during the 30-Day review period, and MCBH response to these comments, are included in Appendix IV.

Following the close of the 30-Day Public Comment Period, the Behavioral Health Commission held a Public Hearing to revise and/or approve the FY20 MHSA Annual Update. The BHC received the written comments received during the 30-Day Public Comment Period, had the opportunity to make additional comments, received additional comments from community members present at the Hearing. This Hearing was conducted at 5:30 p.m. on Thursday, April 25, 2019 at the Monterey County Integrated Health Services Clinic Training Room located at 299 12th Street in Marina. The public was invited to attend; Spanish language interpretation services were available. The result of this Hearing was the approval of the Draft FY20 MHSA Annual Update, with the inclusion of changes identified in the "Changes to the MHSA Programs" section (pg. 12), to be forwarded on for adoption by the Board of Supervisors. The presentation slides for this Hearing are included in Appendix V.

Appendix I: CSS Program Data FY 2017-18

Central Coast Center for Independent Living (CCCIL)

Monterey County Behavioral Health: General System Development Programs Report

July 1, 2017 – June 30, 2018

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: Monterey County

Office Locations: Salinas & King City

Participants Demographics

Total Served - 238

Age:
Under 14 - 15
14-24 - 17
25-59 - 183
60 Plus - 23

Ethnicity:
Latino/Hispanic -118
White - 77
African American - 19
Native American/Alaskan Native - 3
Native Hawaiian/Pacific Islander - 2
Asian - 2
Two or more Races - 14
Unknown -3

Participant Residence: Monterey County

1

2017-2018

Salinas - 140

Greenfield - 8

Monterey - 12

Soledad - 8

Gonzales - 3

Marina –23

Seaside - 10

Pacific Grove - 9

Sand City -2

King City - 9

Castroville - 8

Royal Oaks - 3

Prunedale -2

San Ardo - 1

Zip codes	Percentages
93901 - 54	23%
93902 - 2	.008%
93905 - 20	8%
93906 - 46	19%
93907 - 16	7%
93908 -1	.004%
93912 - 8	.033%
93926 - 3	0.1%
93924- 2	.008%
93927 - 8	.034%
93930 - 8	.034%
93933 - 23	10%
93940 -11	.05%
93942 - 1	.004%

2

93950 - 9	.04%
93955 - 14	.06%
95039 -1	.004%
95076 – 1	004%

Total number of South Monterey County residents served – 29 (12%)

Services received	**Percentage**
Benefits Counseling - 69	29%
Benefits Assistance - 82	34%
Housing Assistance -136	57%
Independent Living Skills Training - 167	70%
Assistive Technology Services - 45	19%

Community Services:

Information & Assistance contacts - 51

Outreach Events - 67

Presentations - 24 -

Summary

During this reporting period CCCIL served 163 (38%) new consumers and 75 re-served consumers. 169 (71%) goals were set by MCBH consumers of those 169 goals set, 65 were met. 38% of consumers met their goal.

CCCIL continues to meet our contract deliverables for those consumers seeking independent living services. A bilingual (English/Spanish) CCCIL Case Manager remains stationed in the Behavioral Health Department's King City office serving South County consumers one day per week (Wednesday). This collaboration has facilitated our ability to serve South County residents unable to travel to our main office in Salinas.

Outreach Efforts

We attended meetings of South County Outreach Efforts (SCORE), a collaborative network of health, education and human service providers whose mission is to improve access and quality of services. We also attended meetings of the South County Services Subcommittee which disseminates information and is attended by members of the healthcare profession, schools, nonprofits and City leaders. Updates are provided on the status of mental health services in all of Monterey County including South County. Proposition 47 No Zip Code Left Behind: Addressing Inequalities through Community Advisory Panel is another collaborative we participate in. This group reports on the use of money generated through this proposition for services that will benefit persons with mental health disabilities.

CCCIL's Case Manager assigned to the King City office space, was appointed to the Housing Advisory Committee by Supervisor Simon Salinas and attends monthly committee meetings. The Housing Advisory Committee (HAC) is an appointed body that is charged with reviewing and considering housing related issues for Monterey County. Our participation allows us to address the housing needs of our consumers with disabilities living in South Monterey County.

To increase the number of consumers being served in South County, CCCIL is going to add a second day to our King City office, will conduct outreach to local schools, clinics, fait base organizations, public libraries and government and non-government entities. Our goal is to increase services to the Latino/farmworkers community by 10%.

Leveraging of Funds

CCCIL is also working on leveraging additional funds to continue or expand services, for example, CCCIL now has a contract with the Health Department to provide rapid re-housing services to consumers who are under the Whole Person Care (WPC) Program. Under this program CCCIL will be able not only to assist consumers to search for housing, apply for housing but will be able to assist consumers to secure affordable housing by providing temporary financial assistance to pay for the security deposit, first and last month.

The following page have been extracted from the "FY 2017-18 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/2018/09/D3-FY2017-18-FINALv3.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: 170

Total Service Value: $2,132,015.14

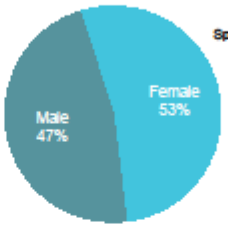
Average Service Value per Client: $12,541.27

Average Age: 10

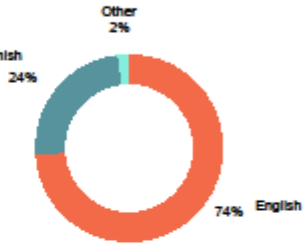
Number of New Clients: 54

Number of Clients Discharged: 55

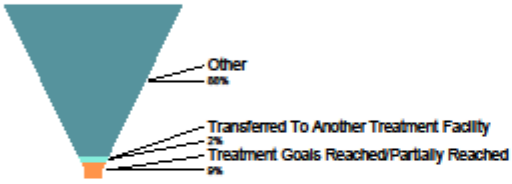
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	66 %
Mood Disorders	14 %
Disruptive Behavior Disorders	10 %
OTHER	5 %

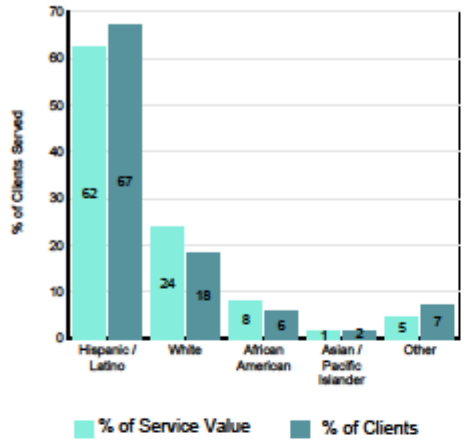
Of the Clients Served, 1 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	89%
Private Insurance	10%
Self Pay/Other	1%

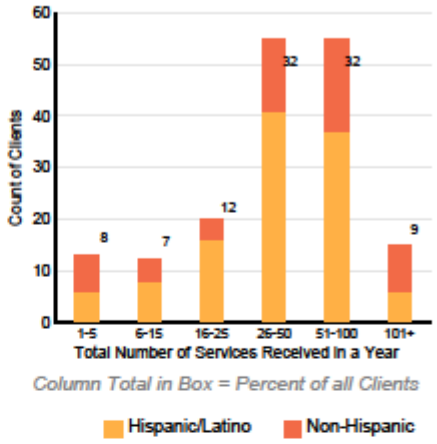
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,136	15 %	95%
Collateral/Family Therapy	1,028	11 %	76%
Crisis Intervention	15	0 %	1%
Group Counseling	405	4 %	34%
Linkage/Brokerage	1,723	13 %	90%
Medication Support	148	1 %	11%
Mental Health Counseling	4,105	56 %	91%
Total	8,560	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

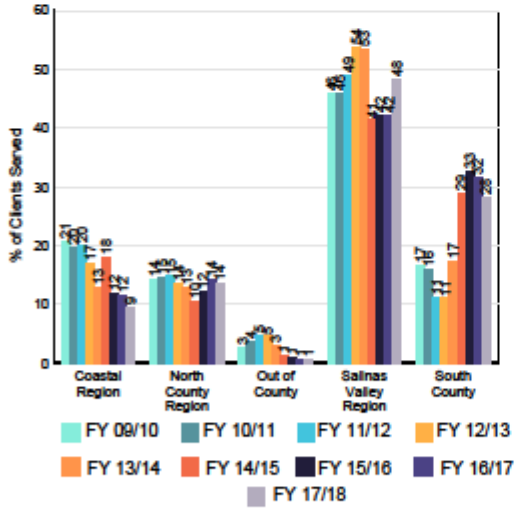


Clients Served Grouped by Number of Services Received During the Year

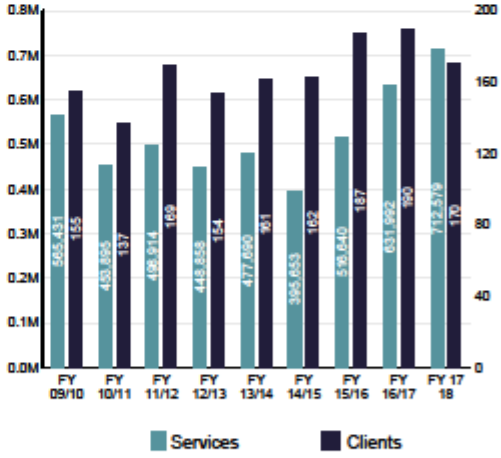


Nine Year Service Trend

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: 88

Total Service Value: $853,416.68

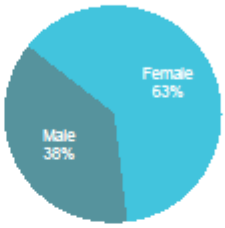
Average Service Value per Client: $9,697.92

Average Age: 51

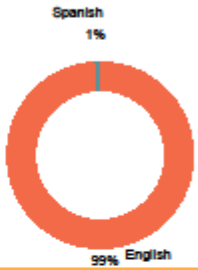
Number of New Clients: 30

Number of Clients Discharged: 19

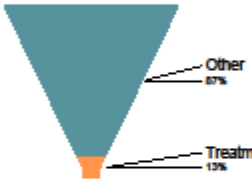
Gender



Language of Preference



Discharge Disposition/Outcome



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

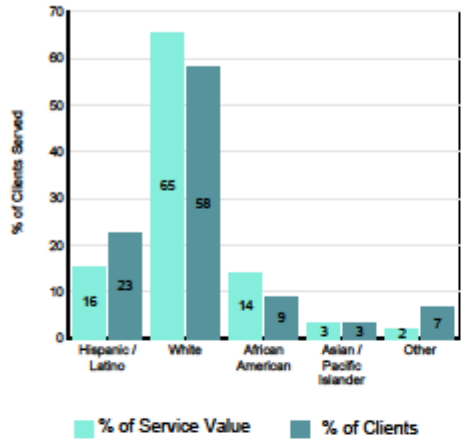
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	51 %
Schizophrenia Spectrum	47 %
Substance Related Addictive D/O	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	64%
Medicare B	28%
Private Insurance	4%
Self Pay/Other	4%

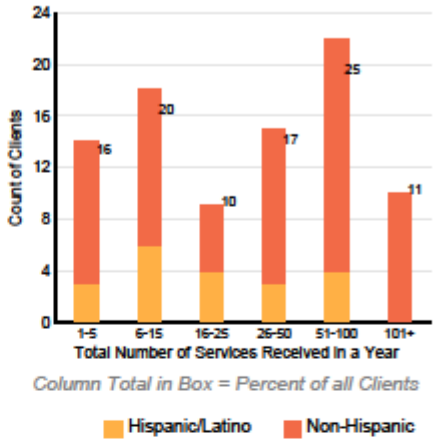
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	142	8 %	58%
Collateral/Family Therapy	17	0 %	10%
Group Counseling	268	6 %	23%
Linkage/Brokerage	973	30 %	85%
Medication Support	419	7 %	64%
Mental Health Counseling	1,113	37 %	69%
Non Billable	1,005	12 %	76%
Other	7	0 %	8%
Total	3,944	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

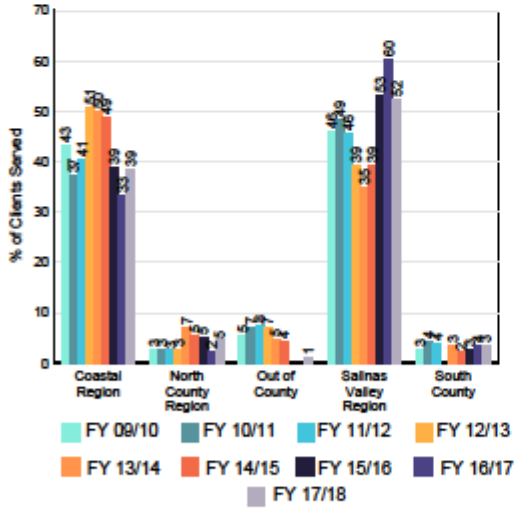


Clients Served Grouped by Number of Services Received During the Year

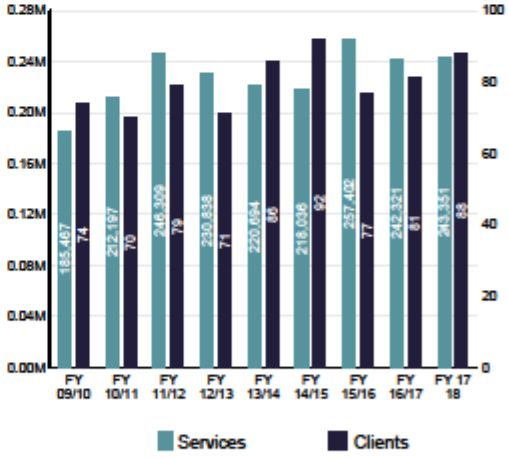


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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 sessionsthat 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: 3,748

Total Service Value: $8,119,873.07

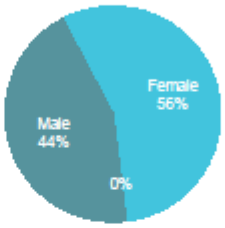
Average Service Value per Client: $1,632.84

Average Age: 32

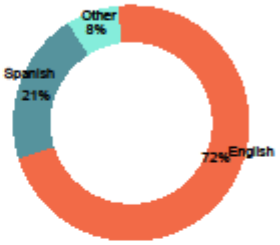
Number of New Clients: 2,338

Number of Clients Discharged: 2,797

Gender



Language of Preference



Discharge Disposition/Outcome

Of the Clients Served, 19 % had a Substance Use Diagnosis.

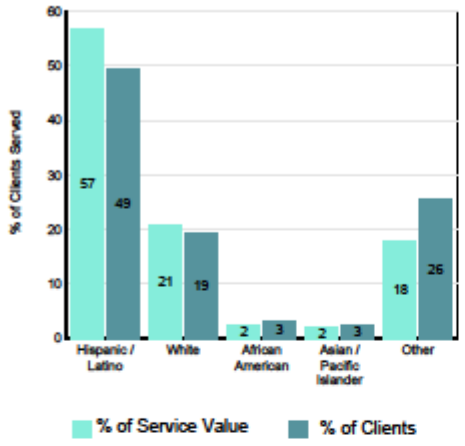
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	34 %
Anxiety Disorders	27 %
Schizophrenia Spectrum	5 %
Disruptive Behavior Disorders	3 %
Substance Related Addictive D/O	3 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	78%
Medicare B	9%
Private Insurance	5%
Self Pay/Other	9%

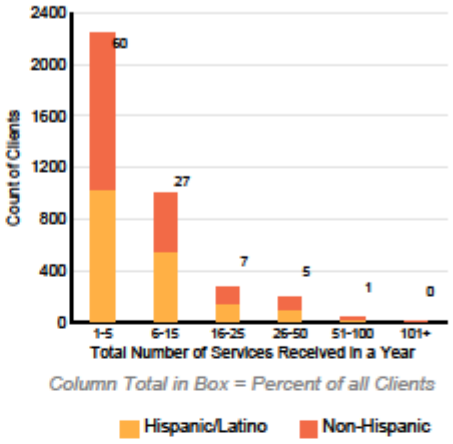
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	5,460	36 %	72%
Collateral/Family Therapy	290	1 %	3%
Crisis Intervention	302	1 %	3%
Group Counseling	726	4 %	9%
Linkage/Brokerage	7,229	16 %	60%
Medication Support	3,071	9 %	22%
Mental Health Counseling	3,322	18 %	13%
Non Billable	9,347	15 %	72%
Other	106	1 %	3%
Others	1	0 %	0%
Total	29,854	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

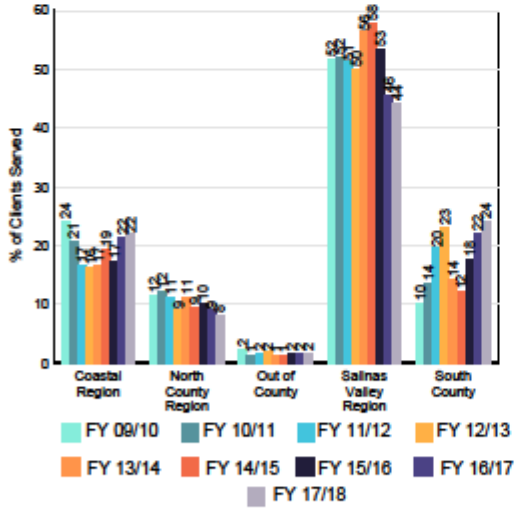


Clients Served Grouped by Number of Services Received During the Year

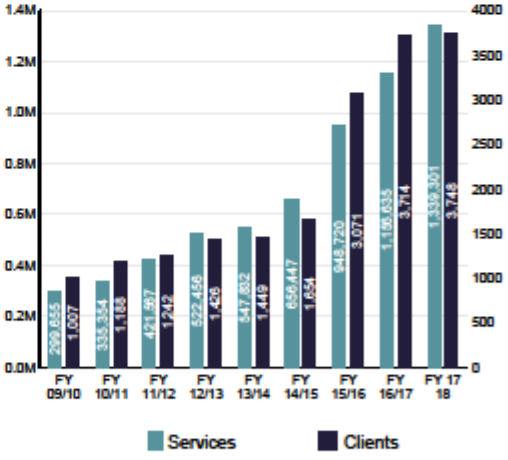


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 892

Total Service Value: $997,045.24

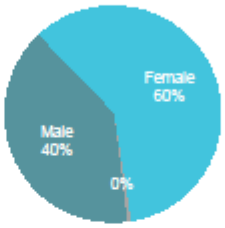
Average Service Value per Client: $1,117.76

Average Age: 29

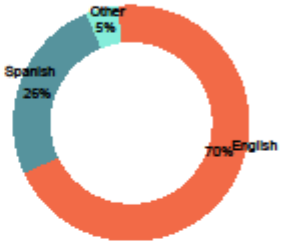
Number of New Clients: 514

Number of Clients Discharged: 610

Gender



Language of Preference



Discharge Disposition/Outcome

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

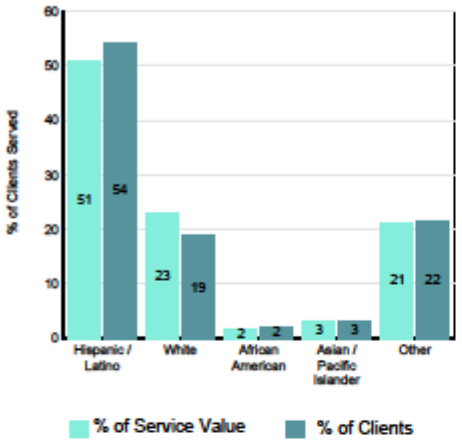
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	41 %
Mood Disorders	37 %
Disruptive Behavior Disorders	5 %
Schizophrenia Spectrum	1 %
Personality Disorders	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	81%
Medicare B	6%
Private Insurance	5%
Self Pay/Other	7%

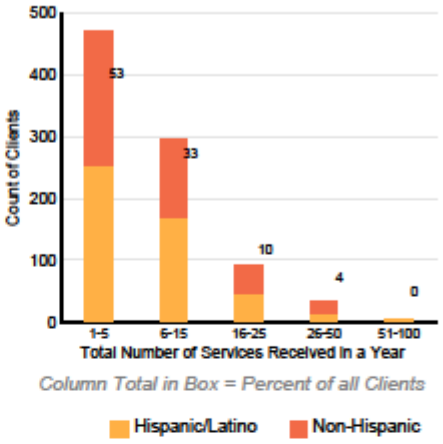
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	2,254	43 %	65%
Collateral/Family Therapy	412	8 %	13%
Group Counseling	230	2 %	6%
Linkage/Brokerage	1,745	12 %	76%
Mental Health Counseling	1,768	33 %	38%
Non Billable	634	2 %	34%
Other	5	0 %	1%
Total	7,048	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

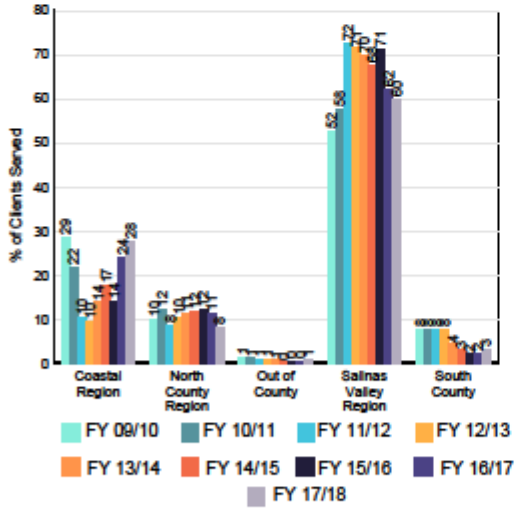


Clients Served Grouped by Number of Services Received During the Year

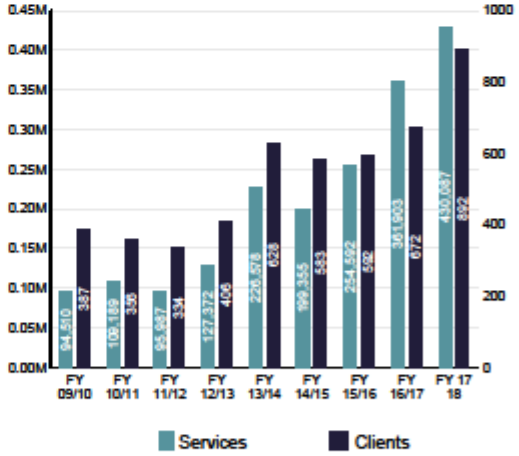


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

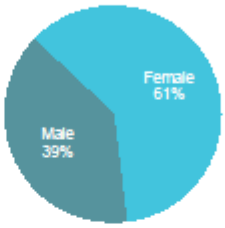


PROGRAM GROUP: The Village Project, Inc.

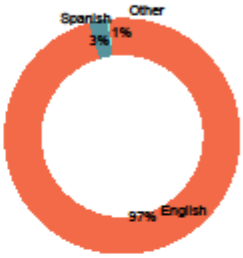
This program is a unique response to the critical need to provide African Americans with intervention strategies that address issues that impact individuals and families of color. The Village Project has become an integral part of the community and serves as a focal program where individuals and families 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: 193
- Total Service Value: $256,175.72
- Average Service Value per Client: $1,327.34
- Average Age: 29
- Number of New Clients: 138
- Number of Clients Discharged: 110

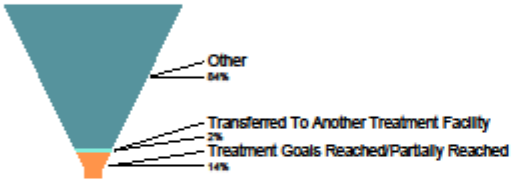
Gender



Language of Preference



Discharge Disposition/Outcome



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

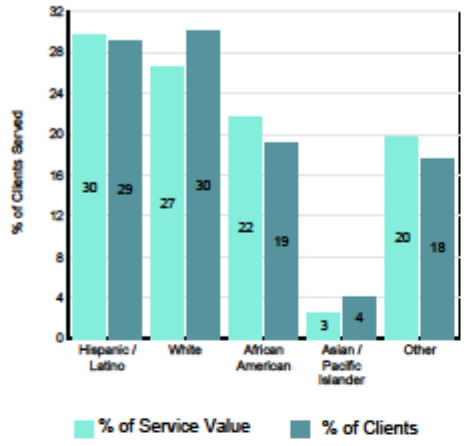
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	61 %
Mood Disorders	24 %
Disruptive Behavior Disorders	5 %
Schizophrenia Spectrum	1 %
Substance Related Addictive D/O	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	71%
Medicare B	8%
Private Insurance	1%
Self Pay/Other	20%

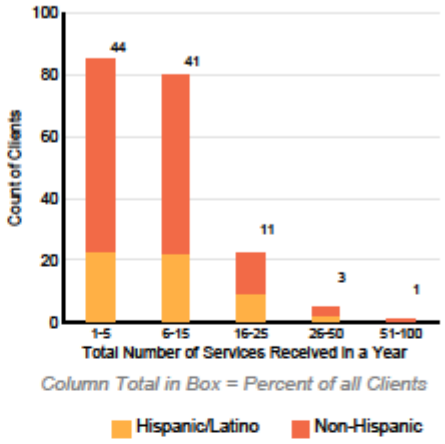
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	740	56 %	86%
Collateral/Family Therapy	122	6 %	15%
Crisis Intervention	1	0 %	1%
Linkage/Brokerage	91	4 %	24%
Mental Health Counseling	500	33 %	42%
Non Billable	215	2 %	65%
Other	1	0 %	1%
Total	1,670	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

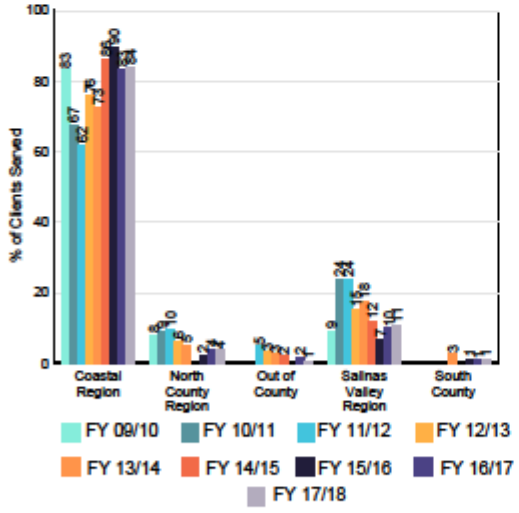


Clients Served Grouped by Number of Services Received During the Year

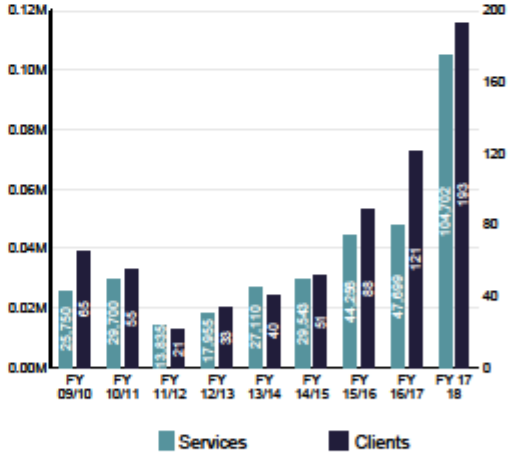


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 247

Total Service Value: $215,723.52

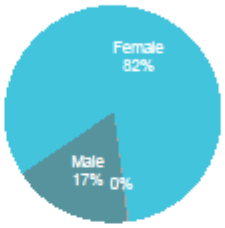
Average Service Value per Client: $873.37

Average Age: 11

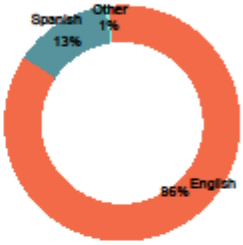
Number of New Clients: 219

Number of Clients Discharged: 224

Gender



Language of Preference



Discharge Disposition/Outcome

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	85 %
Mood Disorders	2 %
Disruptive Behavior Disorders	2 %
OTHER	0 %

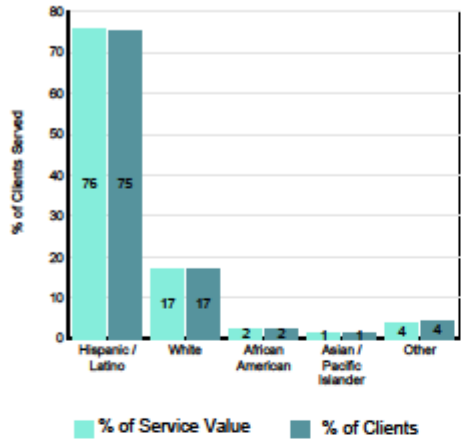
Of the Clients Served, 0 % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	240	76 %	87%
Linkage/Brokerage	386	19 %	77%
Non Billable	231	5 %	50%
Other	1	0 %	0%
Total	858	100%	100%

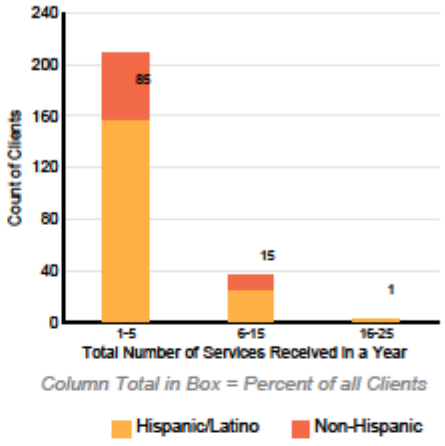
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	62%
Private Insurance	3%
Self Pay/Other	35%

Health Equities

Breakdown of Clients Served by Ethnicity

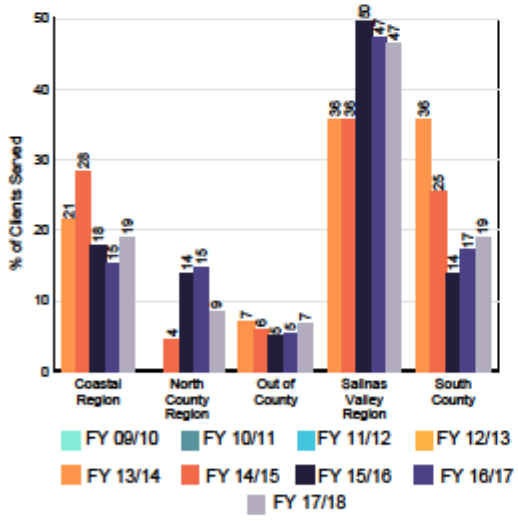


Clients Served Grouped by Number of Services Received During the Year

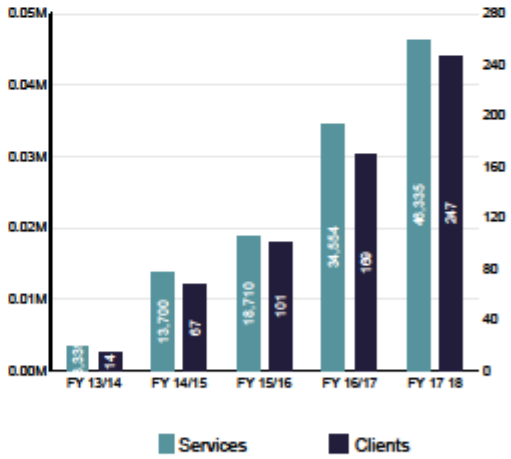


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM GROUP: CS Family Preservation

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

Number of Clients Served: 6

Total Service Value: $227,268.44

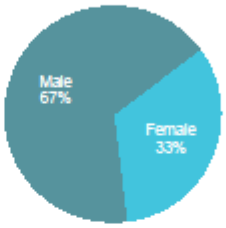
Average Service Value per Client: $37,878.07

Average Age: 10

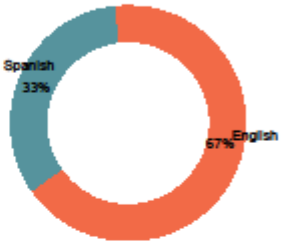
Number of New Clients: 6

Number of Clients Discharged: 4

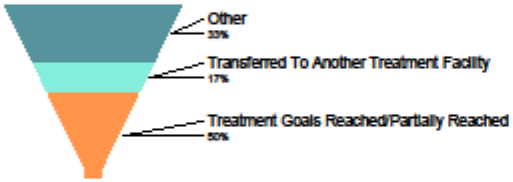
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	50 %
Mood Disorders	17 %
Disruptive Behavior Disorders	17 %

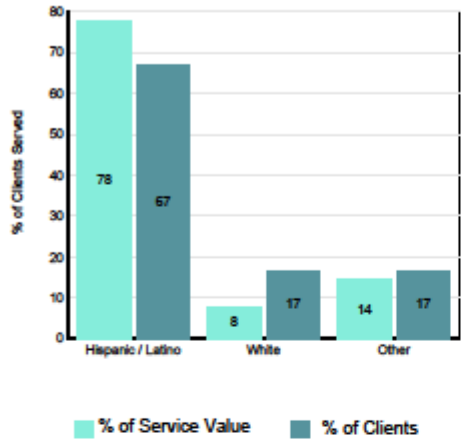
Of the Clients Served,0 % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	10	3 %	100%
Collateral/Family Therapy	18	9 %	100%
Medication Support	5	1 %	17%
Mental Health Counseling	131	86 %	100%
Non Billable	5	2 %	33%
Total	169	100%	100%

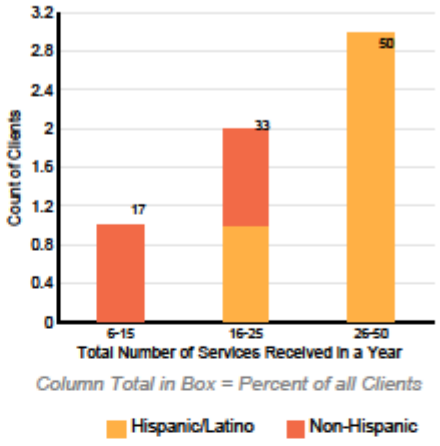
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	79%
Self Pay/Other	21%

Health Equities

Breakdown of Clients Served by Ethnicity

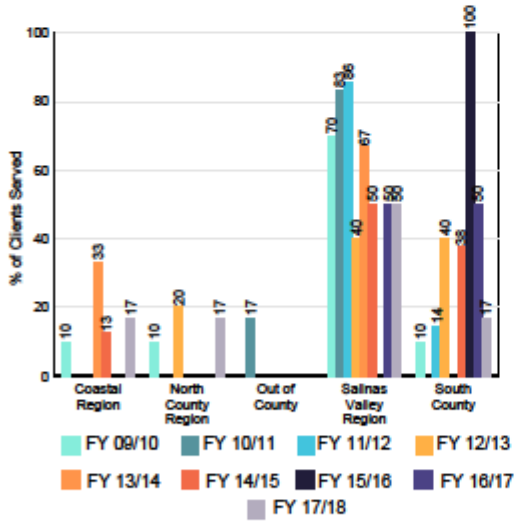


Clients Served Grouped by Number of Services Received During the Year

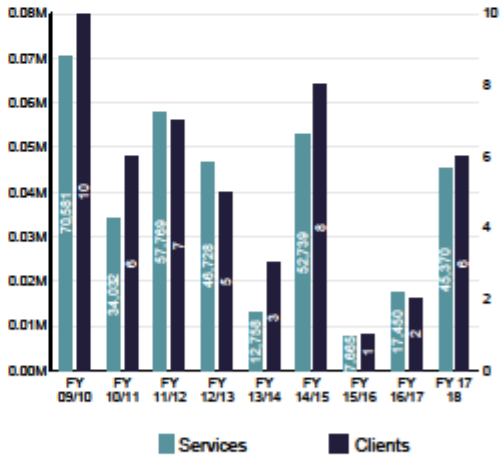


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

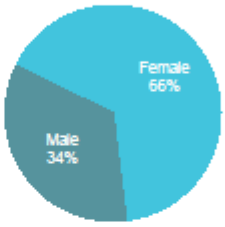


PROGRAM GROUP: CS Family Reunification FSP

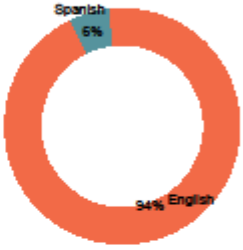
Family Reunification Program is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSES) social workers into one cohesive service unit. The full FRP staff is co-located, co-supervised, and cross-trained to 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-then-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: 35
- Total Service Value: $96,704.06
- Average Service Value per Client: $2,762.97
- Average Age: 9
- Number of New Clients: 14
- Number of Clients Discharged: 23

Gender



Language of Preference



Discharge Disposition/Outcome

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	83 %
Mood Disorders	11 %
OTHER	3 %
Disruptive Behavior Disorders	3 %

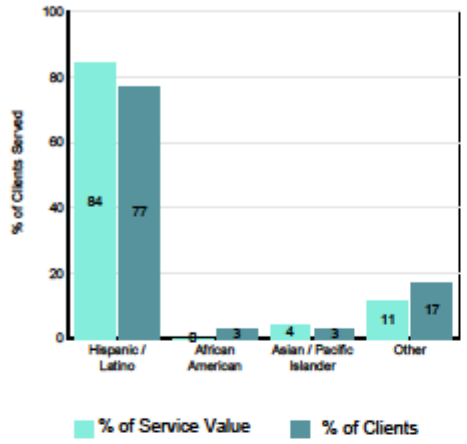
Of the Clients Served,0 % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	25	4 %	60%
Collateral/Family Therapy	24	8 %	29%
Linkage/Brokerage	43	9 %	31%
Mental Health Counseling	325	77 %	89%
Non Billable	5	1 %	11%
Total	422	100%	100%

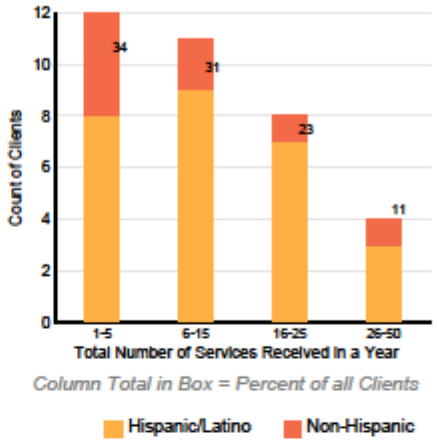
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	97%
Self Pay/Other	3%

Health Equities

Breakdown of Clients Served by Ethnicity

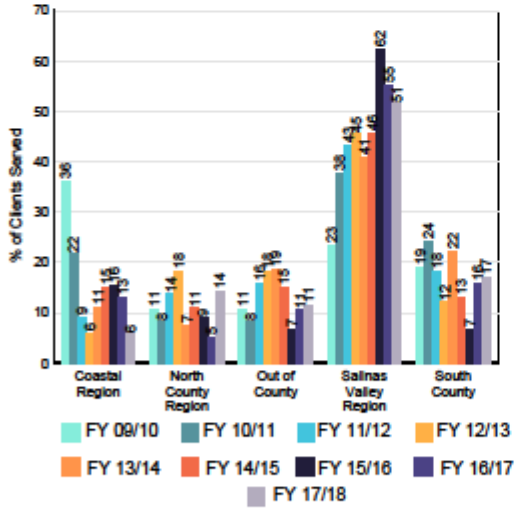


Clients Served Grouped by Number of Services Received During the Year

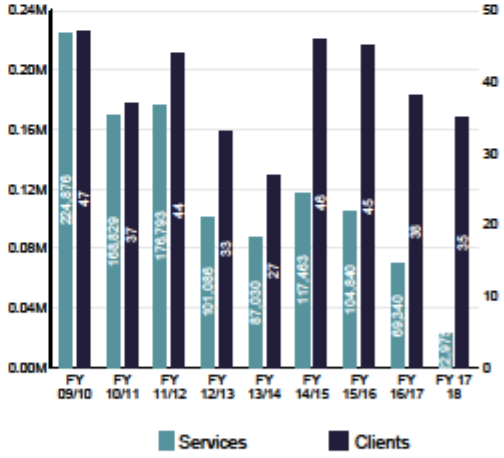


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

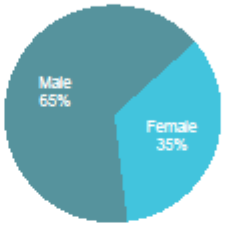


PROGRAM GROUP: CS JJ CALA MH Court FSP

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

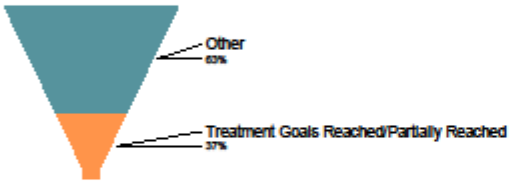
- Number of Clients Served: 26
- Total Service Value: $173,594.22
- Average Service Value per Client: $6,676.70
- Average Age: 16
- Number of New Clients: 16
- Number of Clients Discharged: 18

Gender



Language of Preference

Discharge Disposition/Outcome



Of the Clients Served, 27 % had a Substance Use Diagnosis.

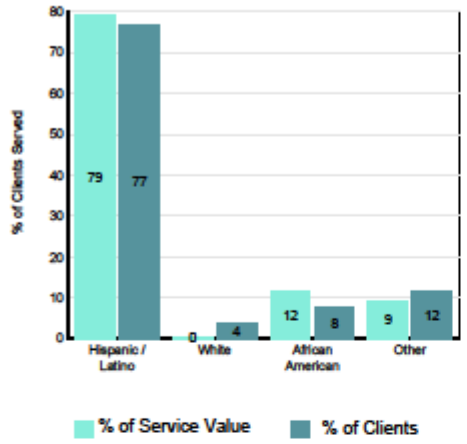
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	27 %
Anxiety Disorders	12 %
Schizophrenia Spectrum	8 %
Disruptive Behavior Disorders	8 %
Organic Disorders	4 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	99%
Private Insurance	0%
Self Pay/Other	0%

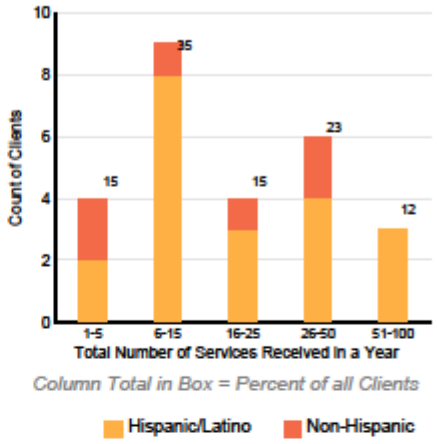
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	24	6 %	38%
Collateral/Family Therapy	31	6 %	35%
Crisis Intervention	2	0 %	4%
Linkage/Brokerage	239	41 %	92%
Medication Support	10	2 %	19%
Mental Health Counseling	185	32 %	85%
Non Billable	151	13 %	85%
Total	642	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

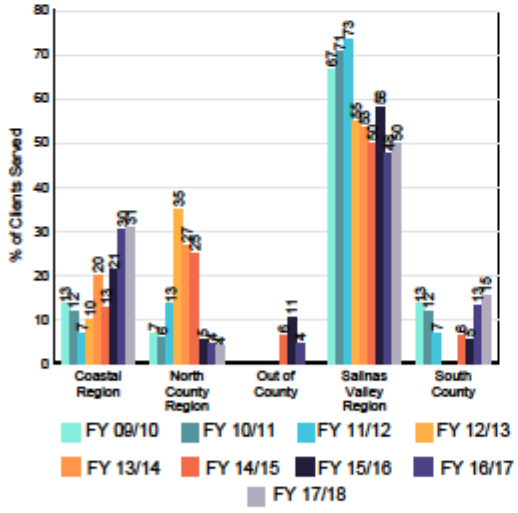


Clients Served Grouped by Number of Services Received During the Year

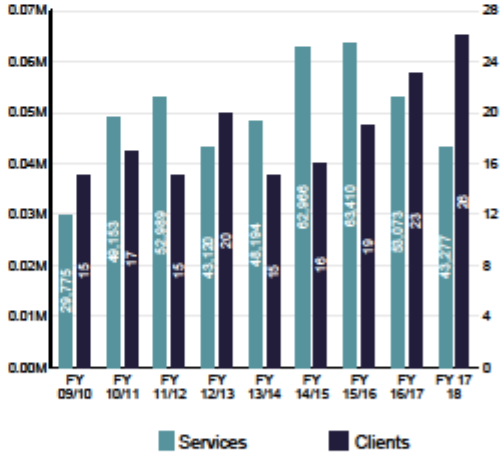


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

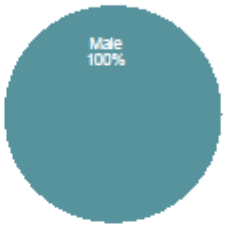


PROGRAM GROUP: CS JJ JSORT

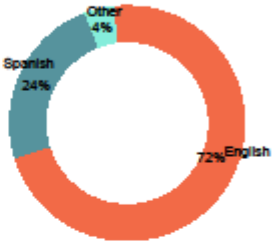
The Juvenile Sex Offender Response Team (JSORT) offers treatment to adolescents with sexual offender charges, in collaboration with the Probation Department. JSORT meets as a multidisciplinary team in order to meet the needs of the youth and family. Referrals are made through the Probation Department, 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: 46
- Total Service Value: $506,152.99
- Average Service Value per Client: $11,003.33
- Average Age: 16
- Number of New Clients: 27
- Number of Clients Discharged: 23

Gender



Language of Preference



Discharge Disposition/Outcome

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	28 %
Mood Disorders	22 %
Disruptive Behavior Disorders	22 %
OTHER	11 %
Personality Disorders	2 %

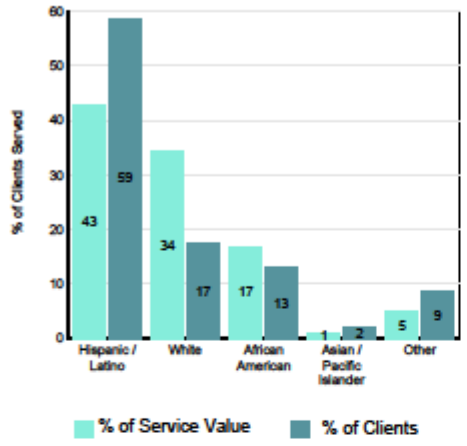
Of the Clients Served, 2 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	84%
Private Insurance	2%
Self Pay/Other	14%

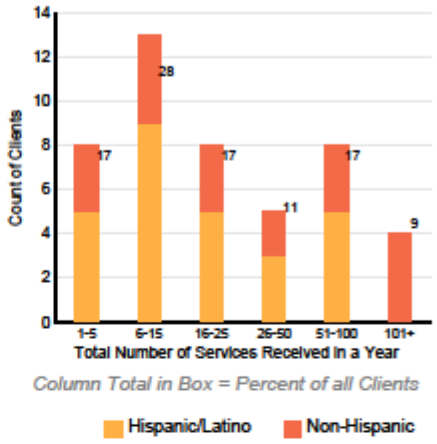
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	167	16 %	72%
Collateral/Family Therapy	115	8 %	48%
Group Counseling	273	16 %	39%
Linkage/Brokerage	459	19 %	89%
Medication Support	13	1 %	13%
Mental Health Counseling	320	24 %	63%
Non Billable	274	13 %	78%
Other	52	4 %	9%
Total	1,673	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

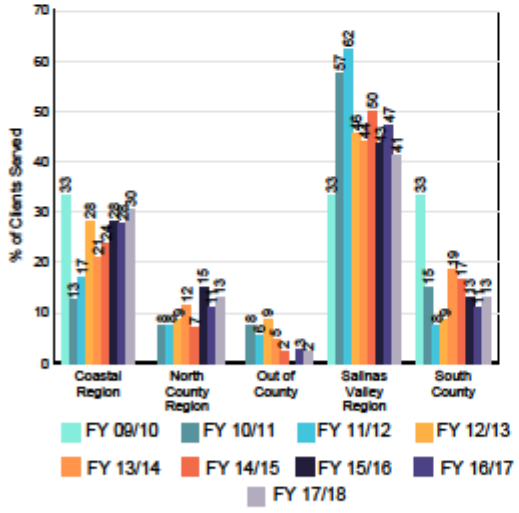


Clients Served Grouped by Number of Services Received During the Year

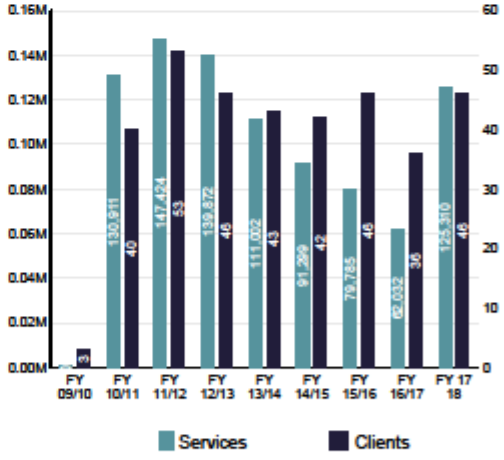


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

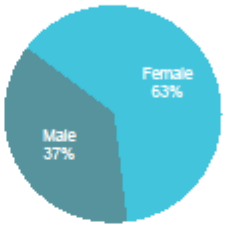


PROGRAM GROUP: CS JJ Silver Star Resource

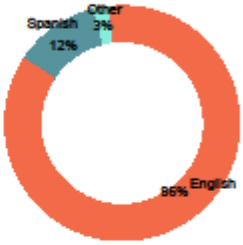
Silver Star Resource Center is a Gang Prevention and Intervention Program which offers out-patient services to youth at risk and prior to involvement with the Juvenile Justice System. The Silver Star Resource Center is one of the few Juvenile Justice programs that will accept referrals for youth at risk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

- Number of Clients Served: 78
- Total Service Value: $251,562.19
- Average Service Value per Client: $3,225.16
- Average Age: 15
- Number of New Clients: 65
- Number of Clients Discharged: 59

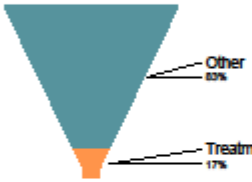
Gender



Language of Preference



Discharge Disposition/Outcome



Of the Clients Served, **10 %** had a Substance Use Diagnosis.

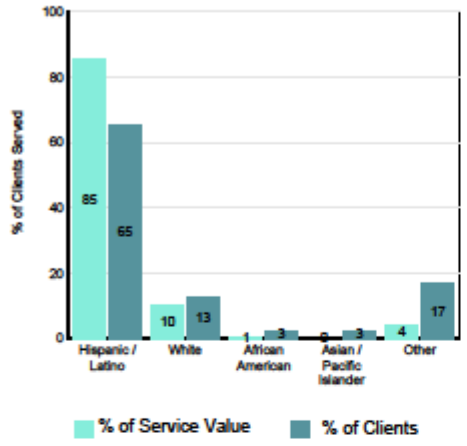
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	29 %
Anxiety Disorders	17 %
Disruptive Behavior Disorders	9 %
Neurodevelopmental Disorders	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	80%
Private Insurance	3%
Self Pay/Other	16%

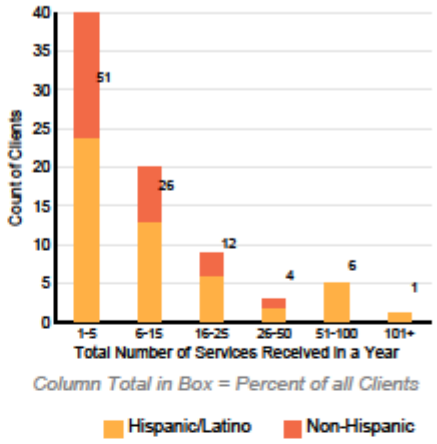
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	91	13 %	42%
Collateral/Family Therapy	75	9 %	18%
Crisis Intervention	9	1 %	5%
Group Counseling	21	1 %	6%
Linkage/Brokerage	269	24 %	42%
Medication Support	34	3 %	9%
Mental Health Counseling	203	26 %	28%
Non Billable	364	23 %	95%
Other	4	0 %	3%
Total	1,070	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

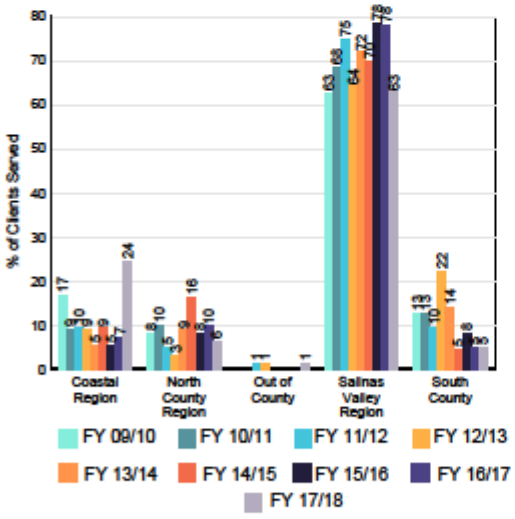


Clients Served Grouped by Number of Services Received During the Year

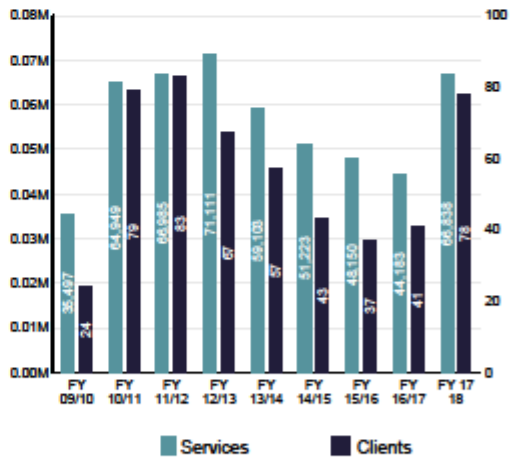


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM GROUP: CS MCSTART

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

Number of Clients Served: 71

Total Service Value: $928,156.95

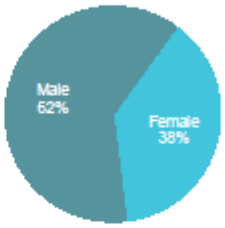
Average Service Value per Client: $13,072.63

Average Age: 6

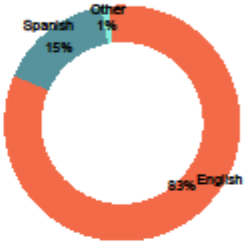
Number of New Clients: 17

Number of Clients Discharged: 42

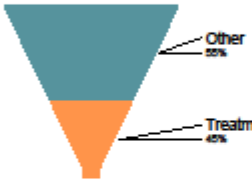
Gender



Language of Preference



Discharge Disposition/Outcome



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

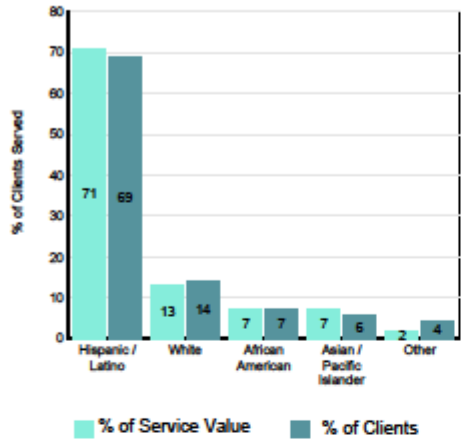
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	41 %
Disruptive Behavior Disorders	34 %
Neurodevelopmental Disorders	10 %
OTHER	1 %
Mood Disorders	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	93%
Private Insurance	6%
Self Pay/Other	2%

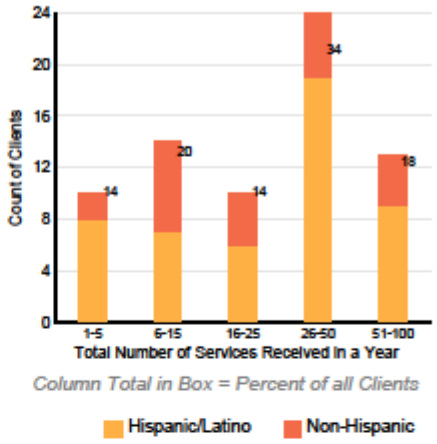
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	473	36 %	86%
Collateral/Family Therapy	752	36 %	69%
Crisis Intervention	2	0 %	3%
Linkage/Brokerage	477	15 %	92%
Medication Support	24	1 %	7%
Mental Health Counseling	145	8 %	17%
Non Billable	217	4 %	61%
Other	2	1 %	3%
Total	2,092	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

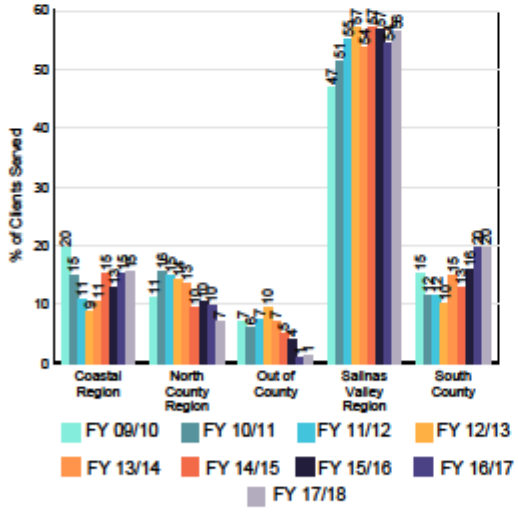


Clients Served Grouped by Number of Services Received During the Year

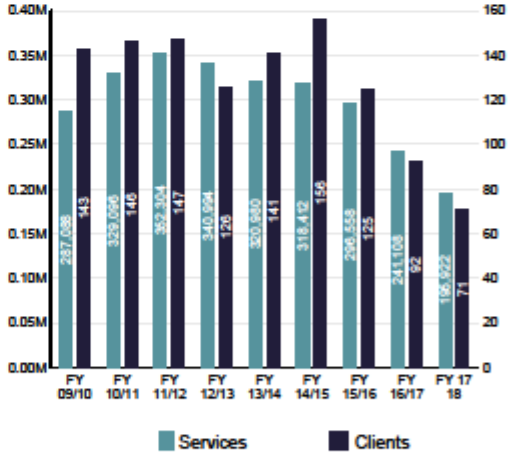


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: $482,534.56

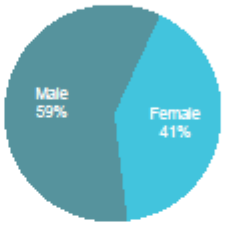
Average Service Value per Client: $28,384.39

Average Age: 9

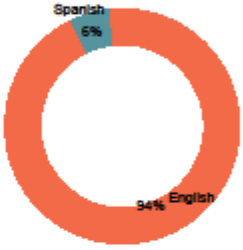
Number of New Clients: 9

Number of Clients Discharged: 14

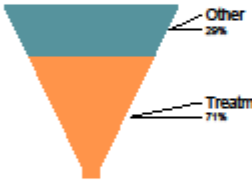
Gender



Language of Preference



Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	41 %
Mood Disorders	24 %
Disruptive Behavior Disorders	24 %

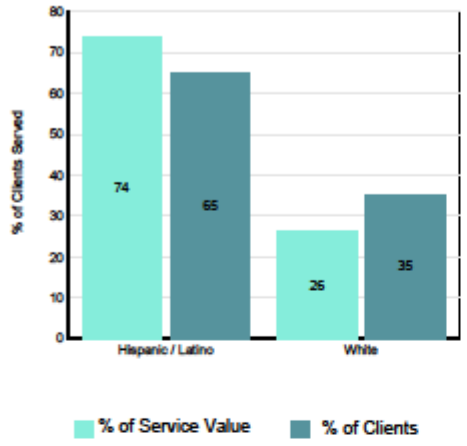
Of the Clients Served,0 % had a Substance Use Diagnosis.

	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	20	4 %	76%
Collateral/Family Therapy	34	7 %	47%
Linkage/Brokerage	15	2 %	41%
Mental Health Counseling	202	87 %	94%
Non Billable	5	1 %	18%
Total	276	100%	100%

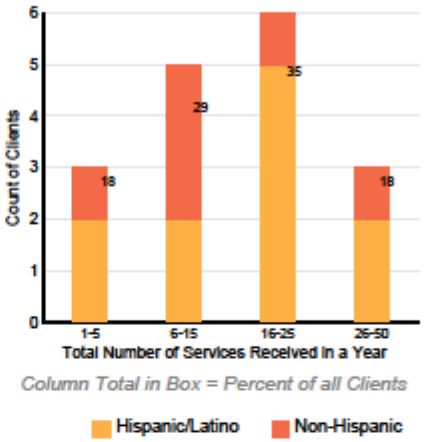
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	88%
Private Insurance	6%
Self Pay/Other	6%

Health Equities

Breakdown of Clients Served by Ethnicity

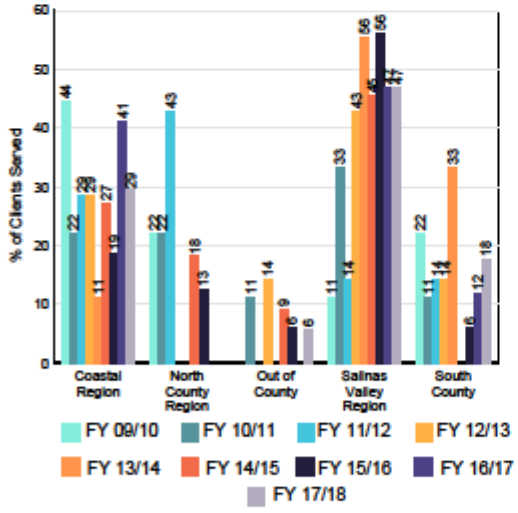


Clients Served Grouped by Number of Services Received During the Year

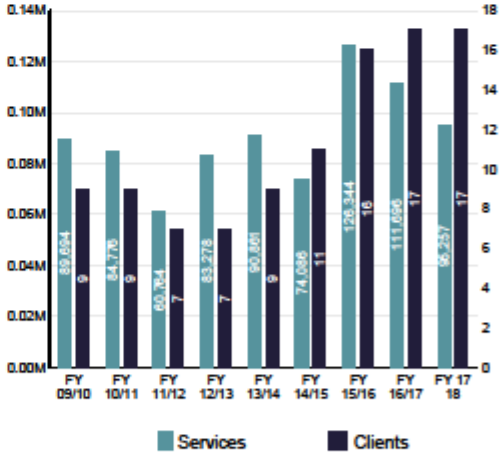


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

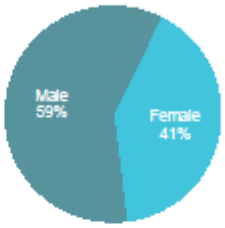


PROGRAM GROUP: CS School Readiness

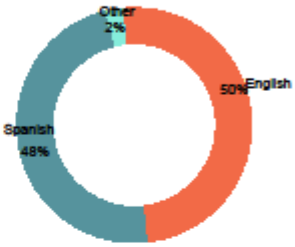
The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services geared toward providing children ages 0-5 and the family with the necessary resources required to support positive physical, emotional and cognitive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

- Number of Clients Served: 250
- Total Service Value: $2,380,765.59
- Average Service Value per Client: $9,523.06
- Average Age: 7
- Number of New Clients: 119
- Number of Clients Discharged: 125

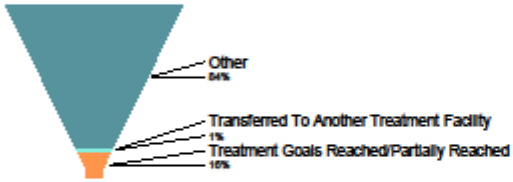
Gender



Language of Preference



Discharge Disposition/Outcome



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

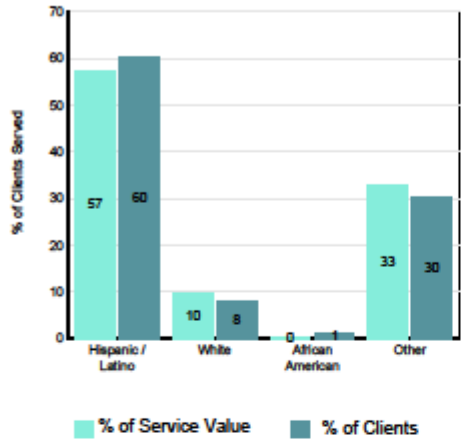
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	50 %
Disruptive Behavior Disorders	18 %
OTHER	11 %
Mood Disorders	8 %
Neurodevelopmental Disorders	2 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	86%
Private Insurance	7%
Self Pay/Other	8%

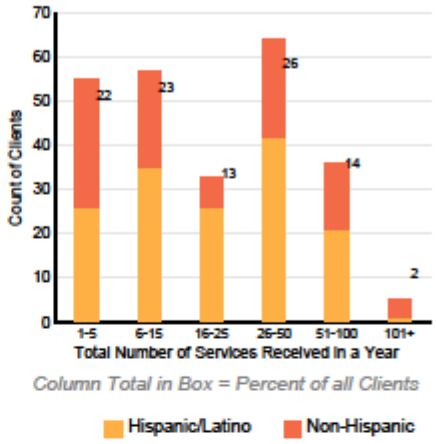
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,917	40 %	74%
Collateral/Family Therapy	1,367	26 %	46%
Crisis Intervention	13	0 %	1%
Group Counseling	47	2 %	6%
Linkage/Brokerage	1,283	12 %	85%
Medication Support	62	1 %	8%
Mental Health Counseling	455	10 %	19%
Non Billable	1,685	10 %	85%
Total	6,829	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

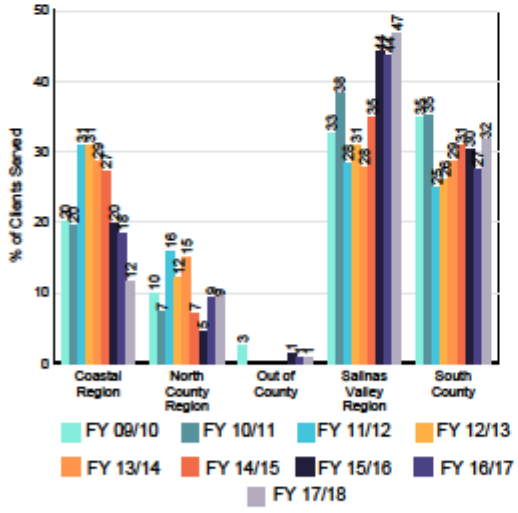


Clients Served Grouped by Number of Services Received During the Year

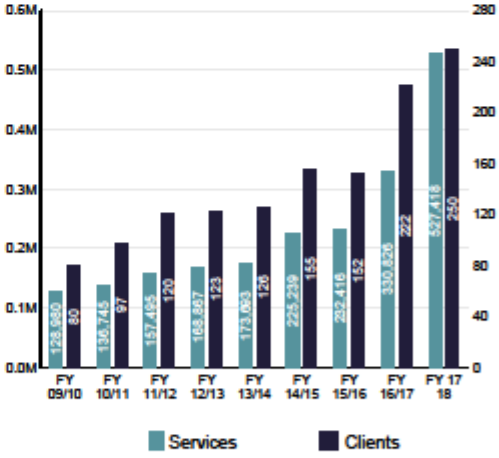


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

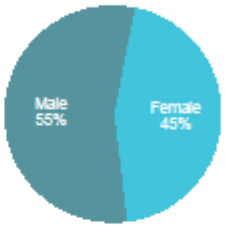


PROGRAM GROUP: CS Transitional Aged Youth

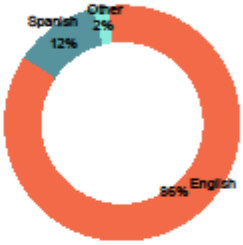
The Avanza program nurtures and empowers youth and young adults ages 16 through 25 who have mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. The program provides assistance with removing barriers related to mental 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: 249
- Total Service Value: $2,079,357.86
- Average Service Value per Client: $8,350.83
- Average Age: 20
- Number of New Clients: 110
- Number of Clients Discharged: 89

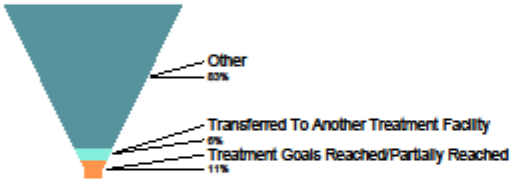
Gender



Language of Preference



Discharge Disposition/Outcome



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

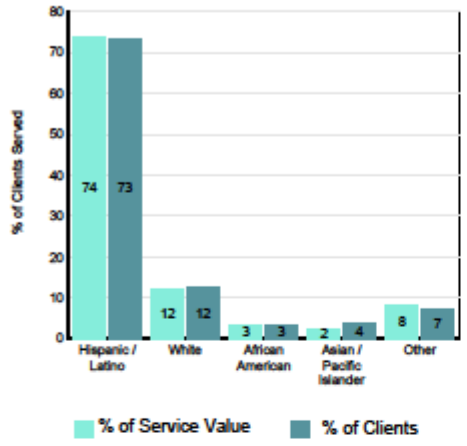
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	40 %
Schizophrenia Spectrum	23 %
Anxiety Disorders	20 %
OTHER	2 %
Disruptive Behavior Disorders	2 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	82%
Medicare B	4%
Private Insurance	13%
Self Pay/Other	1%

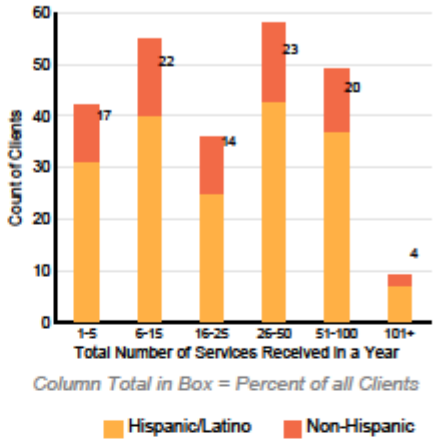
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	651	12 %	69%
Collateral/Family Therapy	75	1 %	17%
Crisis Intervention	65	1 %	9%
Group Counseling	318	10 %	13%
Linkage/Brokerage	3,119	36 %	92%
Medication Support	615	6 %	55%
Mental Health Counseling	1,127	23 %	53%
Non Billable	1,959	12 %	92%
Total	7,929	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

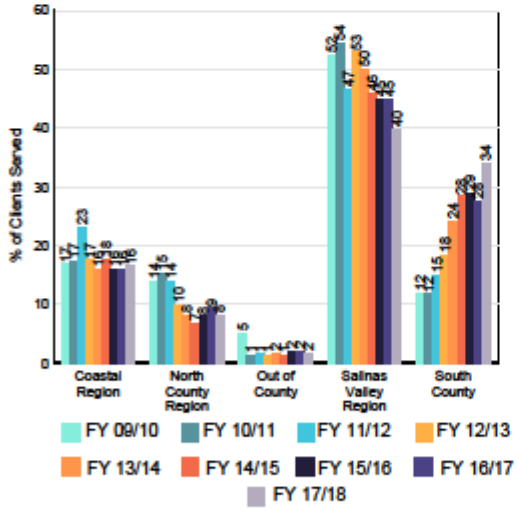


Clients Served Grouped by Number of Services Received During the Year

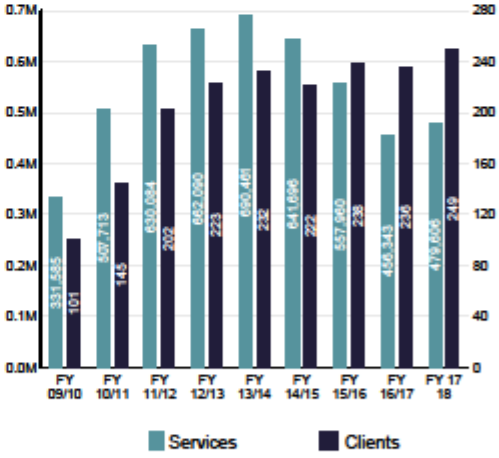


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 5

Total Service Value: $84,706.62

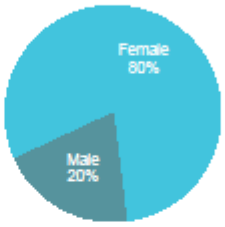
Average Service Value per Client: $16,941.32

Average Age: 20

Number of New Clients: 3

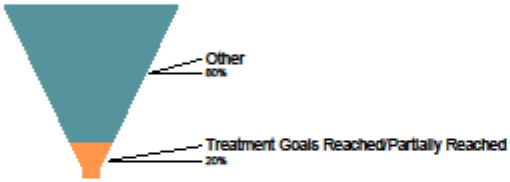
Number of Clients Discharged: 4

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	60 %
Anxiety Disorders	40 %

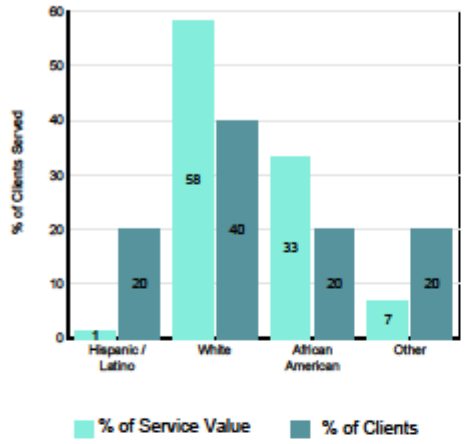
Of the Clients Served,**100 %** had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	59%
Private Insurance	41%

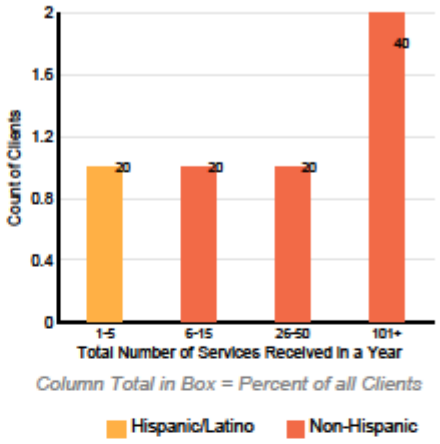
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	11	4 %	80%
Collateral/Family Therapy	4	1 %	40%
Group Counseling	64	10 %	60%
Linkage/Brokerage	224	25 %	100%
Mental Health Counseling	171	60 %	80%
Non Billable	16	1 %	40%
Total	490	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity



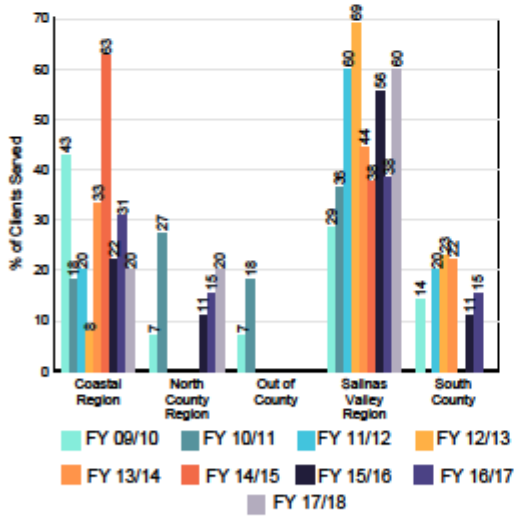
Clients Served Grouped by Number of Services Received During the Year



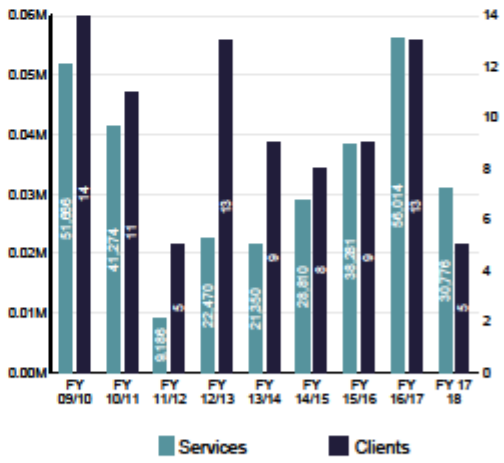
Column Total in Box = Percent of all Clients

Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

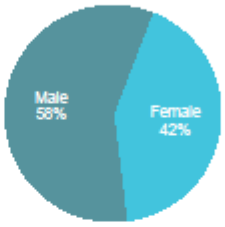


PROGRAM GROUP: DTH Co-occurring Disorder SD

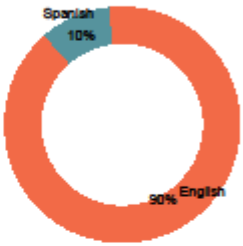
ICT is an MHSA program, a Full Service Partnership, (FSP), and a contract with Door to Hope. This team provides a high level of care to co-occurring youth and their families. ICT is designed to prevent youth from having to be placed out of the home, who may be struggling with a co-occurring disorder. 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: 90
- Total Service Value: $863,663.61
- Average Service Value per Client: $7,374.04
- Average Age: 17
- Number of New Clients: 53
- Number of Clients Discharged: 56

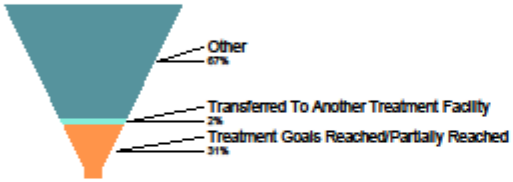
Gender



Language of Preference



Discharge Disposition/Outcome



Of the Clients Served, **94 %** had a Substance Use Diagnosis.

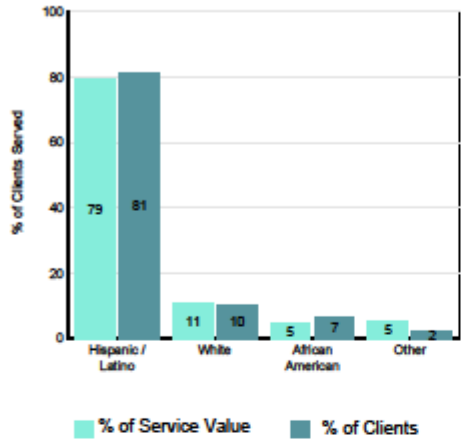
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	53 %
Anxiety Disorders	32 %
Disruptive Behavior Disorders	4 %
OTHER	2 %
Schizophrenia Spectrum	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	89%
Private Insurance	4%
Self Pay/Other	6%

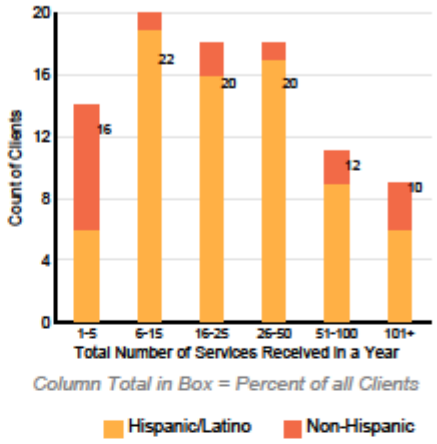
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	234	8 %	77%
Collateral/Family Therapy	410	10 %	42%
Group Counseling	153	3 %	30%
Linkage/Brokerage	1,446	25 %	90%
Mental Health Counseling	1,190	52 %	76%
Non Billable	151	1 %	48%
Total	3,584	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

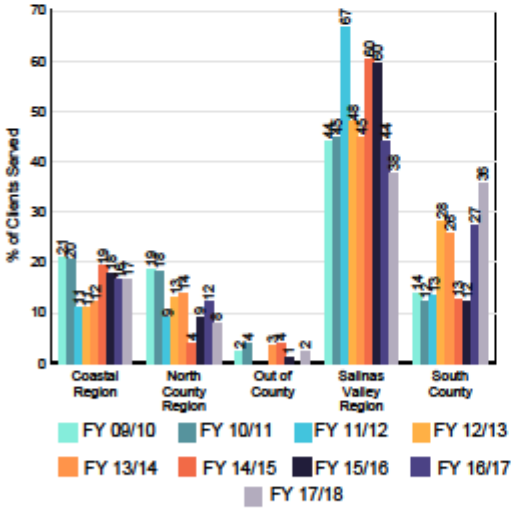


Clients Served Grouped by Number of Services Received During the Year

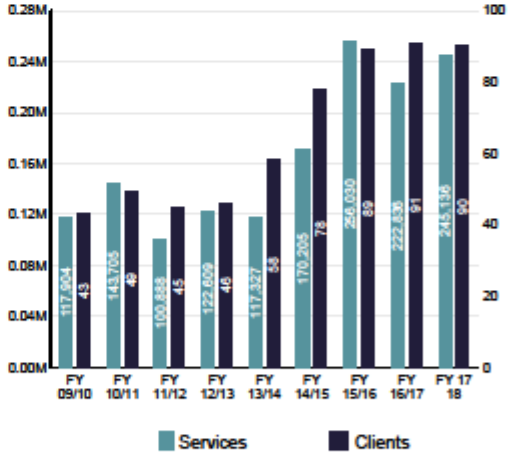


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 407

Total Service Value: $1,825,647.66

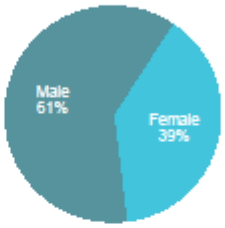
Average Service Value per Client: $4,485.62

Average Age: 5

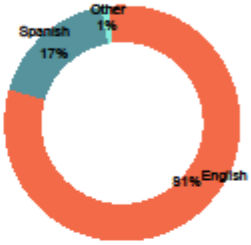
Number of New Clients: 136

Number of Clients Discharged: 265

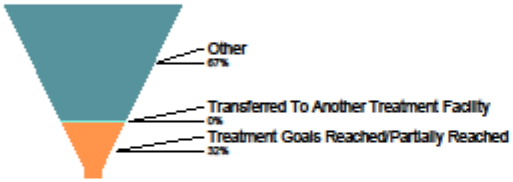
Gender



Language of Preference



Discharge Disposition/Outcome



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

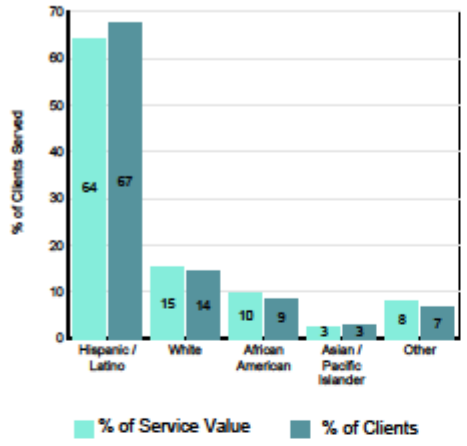
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	49 %
Disruptive Behavior Disorders	31 %
OTHER	7 %
Neurodevelopmental Disorders	3 %
Mood Disorders	2 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	92%
Private Insurance	4%
Self Pay/Other	4%

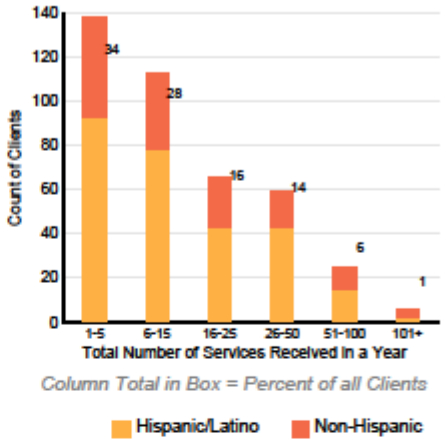
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,076	19 %	73%
Collateral/Family Therapy	1,313	16 %	66%
Group Counseling	174	3 %	4%
Linkage/Brokerage	2,023	21 %	88%
Medication Support	213	3 %	30%
Mental Health Counseling	2,325	37 %	44%
Non Billable	218	1 %	31%
Total	7,342	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

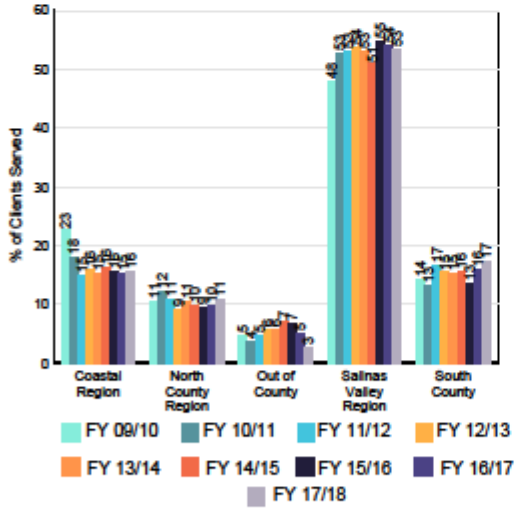


Clients Served Grouped by Number of Services Received During the Year

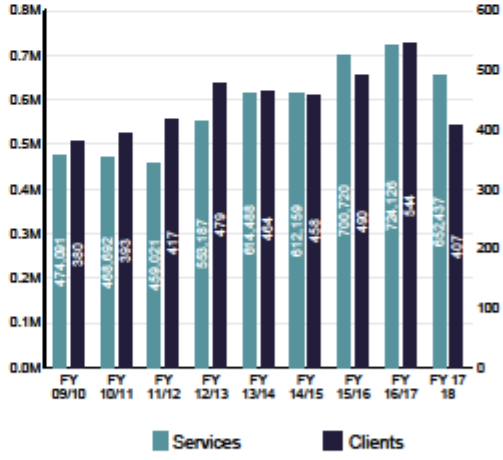


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 17

Total Service Value: $530,719.18

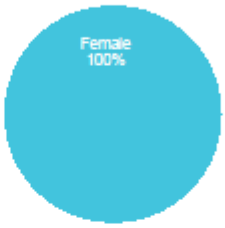
Average Service Value per Client: $31,218.78

Average Age: 16

Number of New Clients: 11

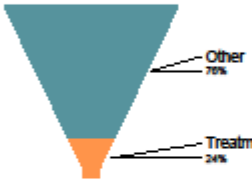
Number of Clients Discharged: 12

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	65 %
Anxiety Disorders	29 %
OTHER	6 %

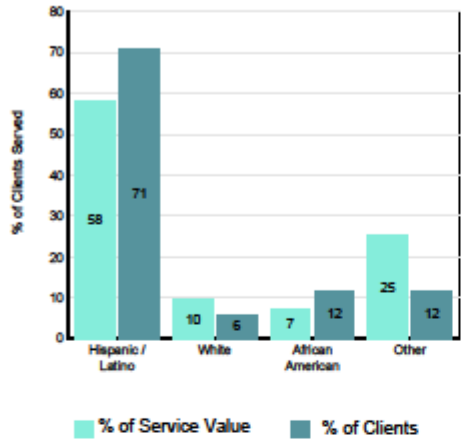
Of the Clients Served, 82 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	98%
Private Insurance	0%
Self Pay/Other	2%

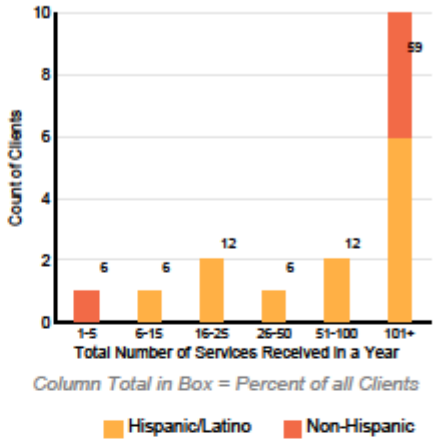
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	80	5 %	82%
Collateral/Family Therapy	145	5 %	76%
Crisis Intervention	15	0 %	35%
Group Counseling	1,628	27 %	94%
Linkage/Brokerage	420	15 %	94%
Mental Health Counseling	1,265	48 %	88%
Non Billable	9	0 %	35%
Total	3,562	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

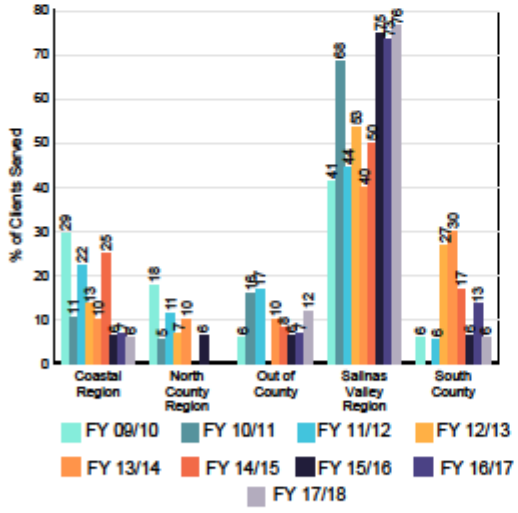


Clients Served Grouped by Number of Services Received During the Year

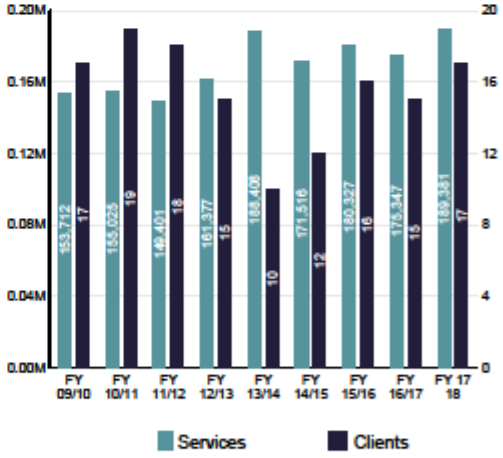


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

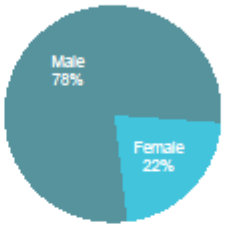


PROGRAM GROUP: Family Service Agency of San Francisco

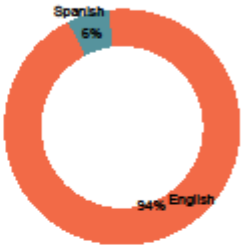
The PREP program is a community partnership between The University of California, The Family Services Agency of San Francisco, The Mental Health Association of San Francisco, Sojourner Truth Foster Family Service Agency, Larkin Street Youth Services, and Child Crisis Community Behavioral Health Services 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: 50
- Total Service Value: $379,441.77
- Average Service Value per Client: $7,588.84
- Average Age: 22
- Number of New Clients: 21
- Number of Clients Discharged: 23

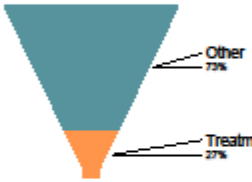
Gender



Language of Preference



Discharge Disposition/Outcome



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

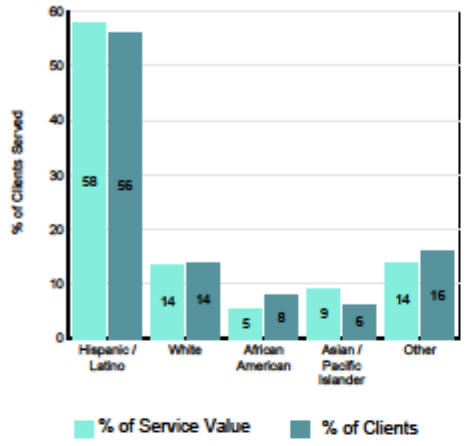
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	90 %
Mood Disorders	4 %
OTHER	2 %
Anxiety Disorders	2 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	72%
Medicare B	4%
Private Insurance	22%
Self Pay/Other	2%

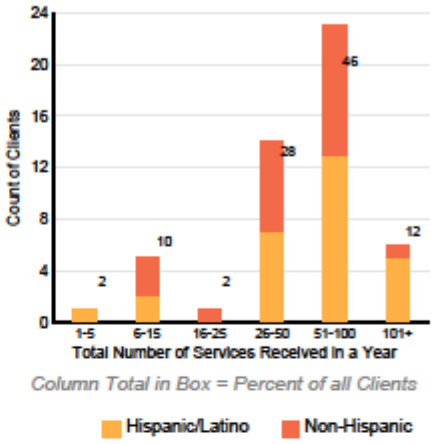
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	216	14 %	84%
Collateral/Family Therapy	179	5 %	72%
Crisis Intervention	47	1 %	24%
Linkage/Brokerage	530	14 %	90%
Medication Support	361	10 %	88%
Mental Health Counseling	984	50 %	90%
Non Billable	835	6 %	100%
Other	1	0 %	2%
Total	3,153	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

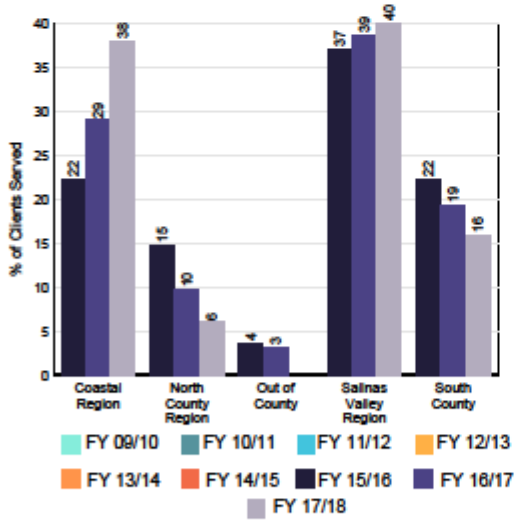


Clients Served Grouped by Number of Services Received During the Year

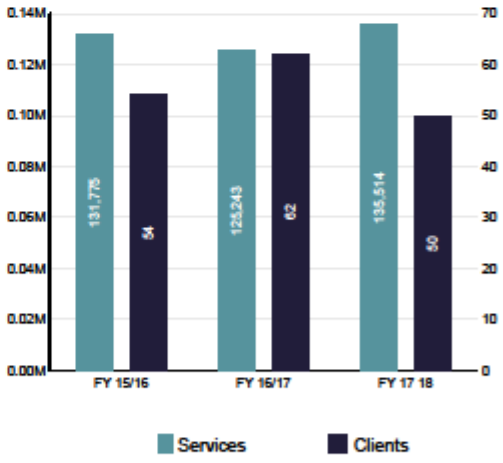


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

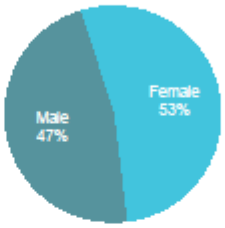


PROGRAM GROUP: Kinship Center

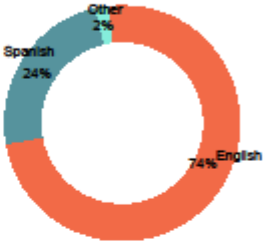
Kinship Center provides Mental Health Services and Medication Support to youth who require outpatient services. The focus of the program is permanency for children, the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver. Such services will reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-ofstate 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: 170
- Total Service Value: $2,007,993.61
- Average Service Value per Client: $11,811.73
- Average Age: 10
- Number of New Clients: 54
- Number of Clients Discharged: 58

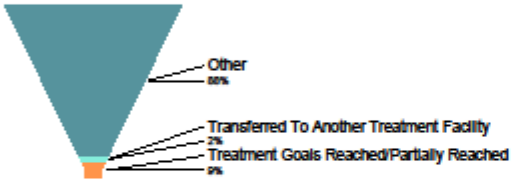
Gender



Language of Preference



Discharge Disposition/Outcome



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

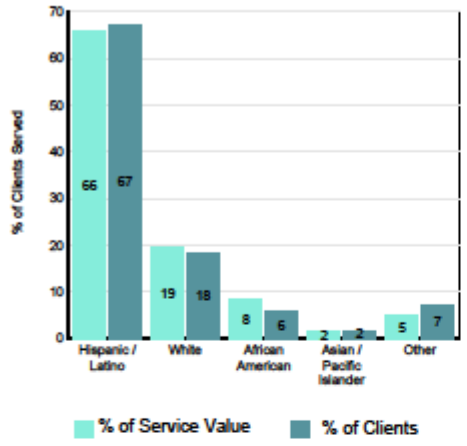
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	66 %
Mood Disorders	14 %
Disruptive Behavior Disorders	11 %
OTHER	2 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	91%
Private Insurance	8%
Self Pay/Other	1%

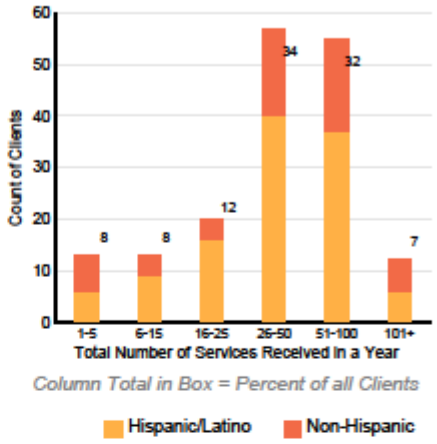
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	1,123	15 %	94%
Collateral/Family Therapy	976	11 %	76%
Crisis Intervention	15	0 %	1%
Group Counseling	405	4 %	34%
Linkage/Brokerage	1,553	12 %	90%
Medication Support	110	1 %	11%
Mental Health Counseling	3,872	56 %	91%
Total	8,054	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

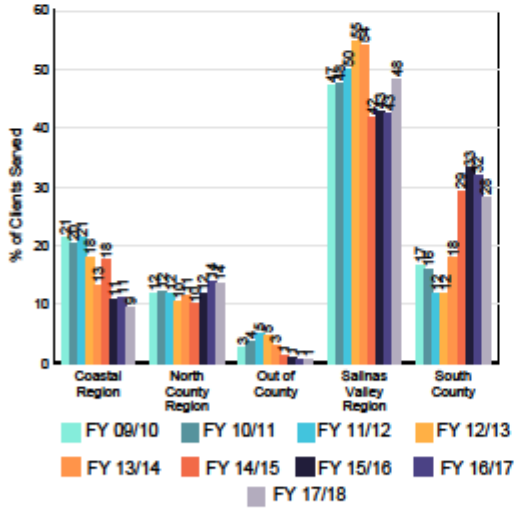


Clients Served Grouped by Number of Services Received During the Year

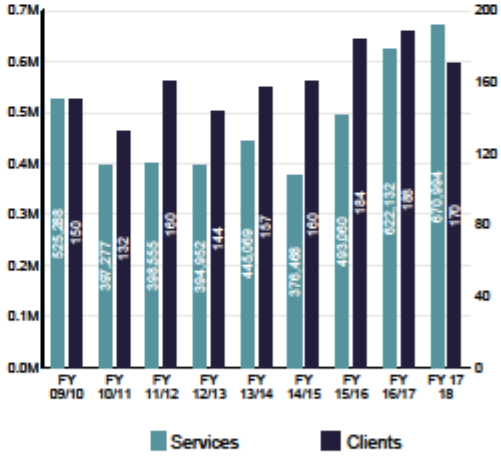


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 131

Total Service Value: $369,804.69

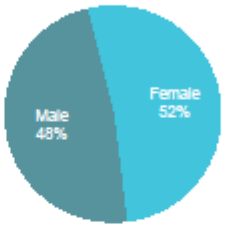
Average Service Value per Client: $2,822.94

Average Age: 9

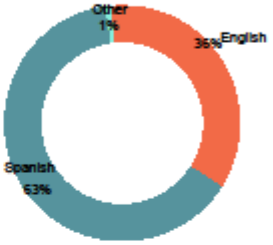
Number of New Clients: 53

Number of Clients Discharged: 66

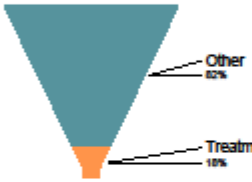
Gender



Language of Preference



Discharge Disposition/Outcome



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

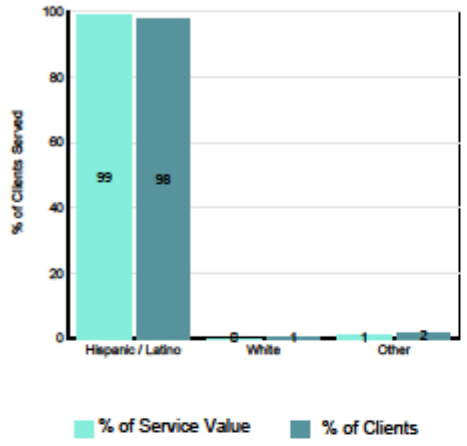
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Anxiety Disorders	71 %
Disruptive Behavior Disorders	19 %
Mood Disorders	9 %
Neurodevelopmental Disorders	1 %

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

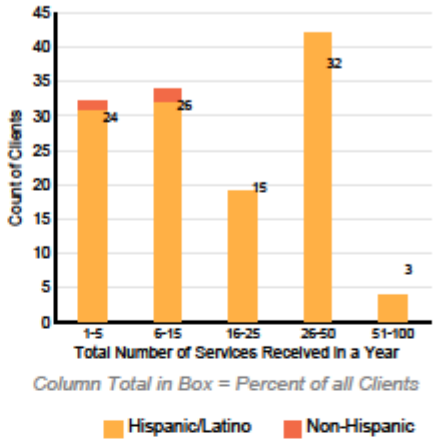
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	531	25 %	73%
Collateral/Family Therapy	294	9 %	48%
Group Counseling	128	4 %	11%
Linkage/Brokerage	5	0 %	4%
Mental Health Counseling	1,592	62 %	76%
Non Billable	1	0 %	1%
Total	2,551	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

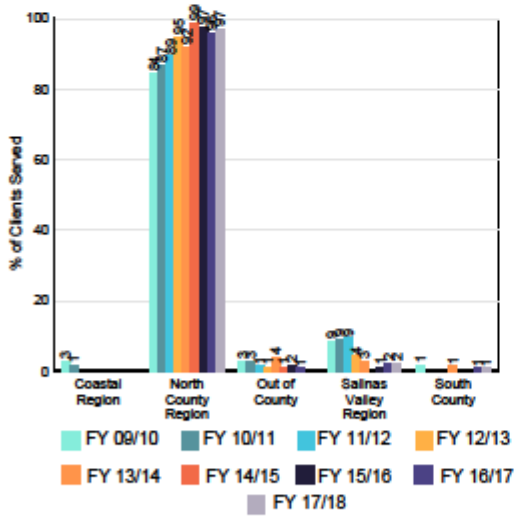


Clients Served Grouped by Number of Services Received During the Year

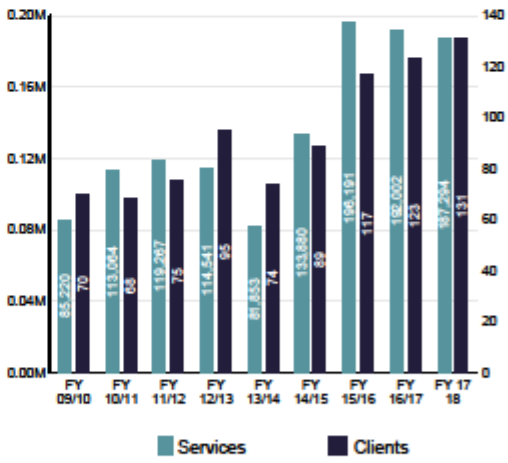


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 75

Total Service Value: $628,419.23

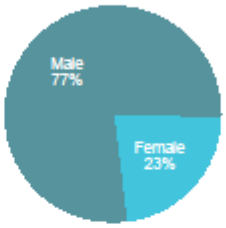
Average Service Value per Client: $8,378.92

Average Age: 36

Number of New Clients: 53

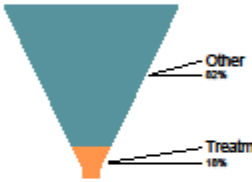
Number of Clients Discharged: 42

Gender



Language of Preference

Discharge Disposition/Outcome



Of the Clients Served, 69 % had a Substance Use Diagnosis.

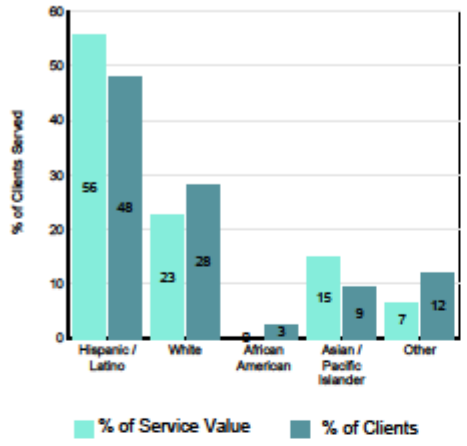
Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	56 %
Mood Disorders	17 %
Substance Related Addictive D/O	12 %
OTHER	7 %
Anxiety Disorders	1 %

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	62%
Medicare B	27%
Private Insurance	5%
Self Pay/Other	6%

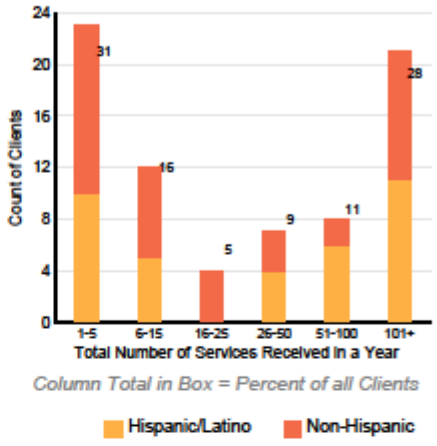
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	73	5 %	56%
Collateral/Family Therapy	6	0 %	7%
Crisis Intervention	6	0 %	7%
Group Counseling	2,075	28 %	40%
Linkage/Brokerage	1,084	35 %	76%
Medication Support	264	5 %	51%
Mental Health Counseling	204	7 %	21%
Non Billable	1,163	20 %	100%
Total	4,875	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

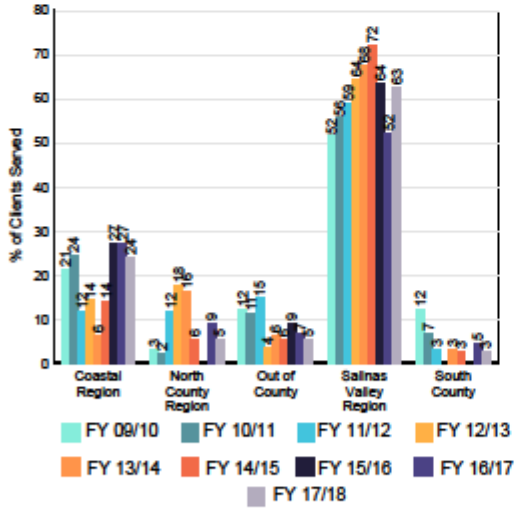


Clients Served Grouped by Number of Services Received During the Year

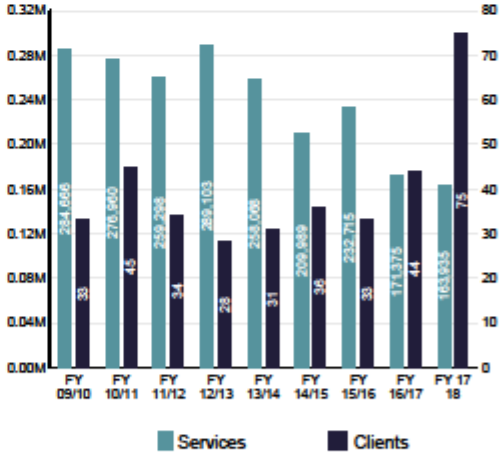


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

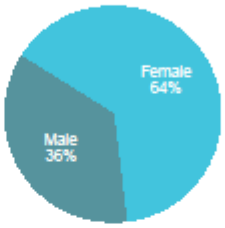


PROGRAM GROUP: AS MCHOME

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.

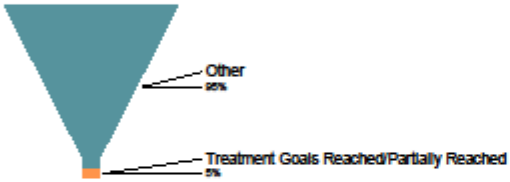
- Number of Clients Served: 56
- Total Service Value: $164,245.12
- Average Service Value per Client: $2,932.95
- Average Age: 50
- Number of New Clients: 22
- Number of Clients Discharged: 13

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	59 %
Schizophrenia Spectrum	39 %
Substance Related Addictive D/O	2 %

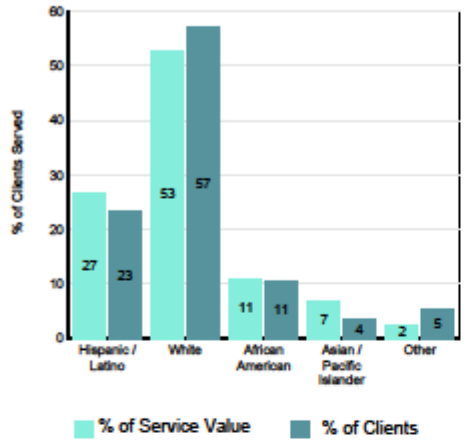
Of the Clients Served, 46 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	55%
Medicare B	40%
Private Insurance	5%

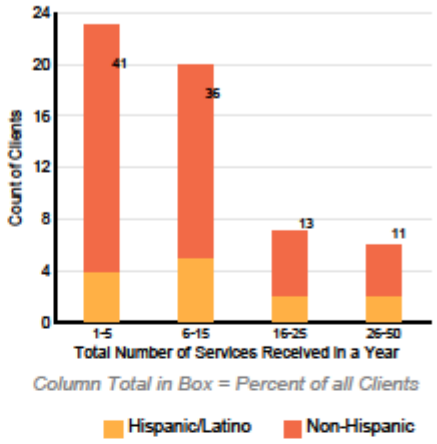
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Group Counseling	1	0 %	2%
Linkage/Brokerage	90	7 %	54%
Medication Support	421	83 %	100%
Mental Health Counseling	1	0 %	2%
Non Billable	61	10 %	39%
Total	574	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

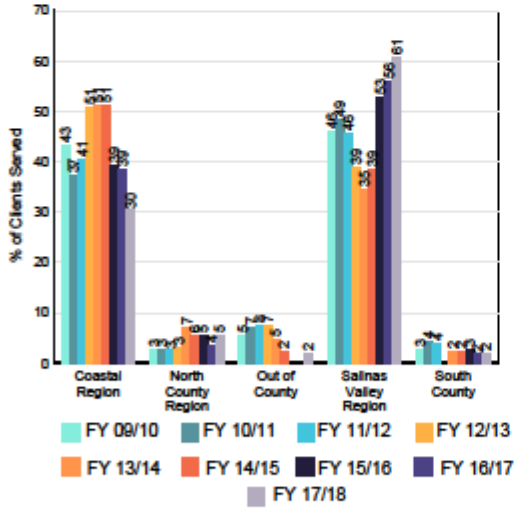


Clients Served Grouped by Number of Services Received During the Year

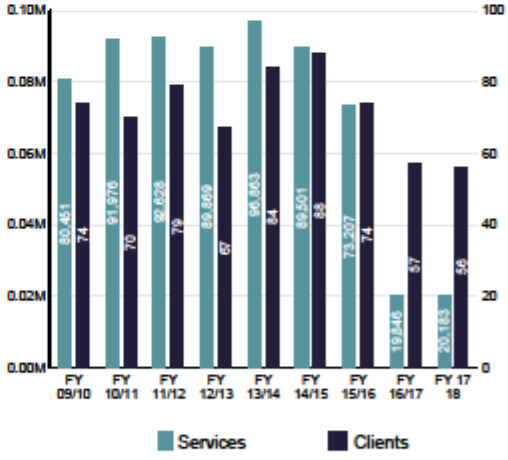


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



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: 13

Total Service Value: $149,586.62

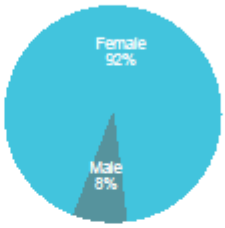
Average Service Value per Client: $11,506.66

Average Age: 68

Number of New Clients: 4

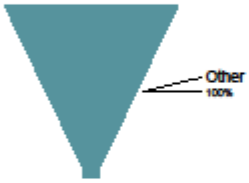
Number of Clients Discharged: 8

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Mood Disorders	54 %
Schizophrenia Spectrum	46 %

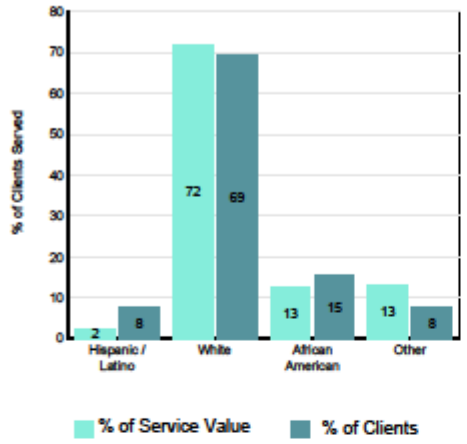
Of the Clients Served, 31 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	11%
Medicare B	89%

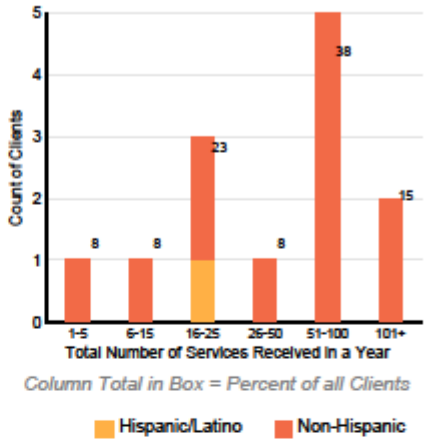
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	28	6 %	62%
Collateral/Family Therapy	25	2 %	38%
Linkage/Brokerage	386	63 %	92%
Medication Support	75	6 %	85%
Mental Health Counseling	32	7 %	69%
Non Billable	142	16 %	100%
Total	688	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

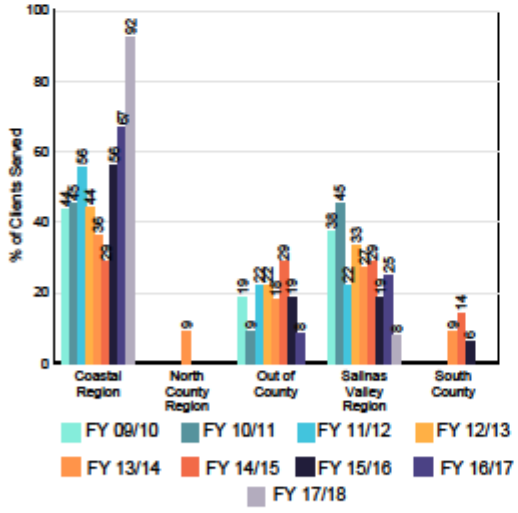


Clients Served Grouped by Number of Services Received During the Year

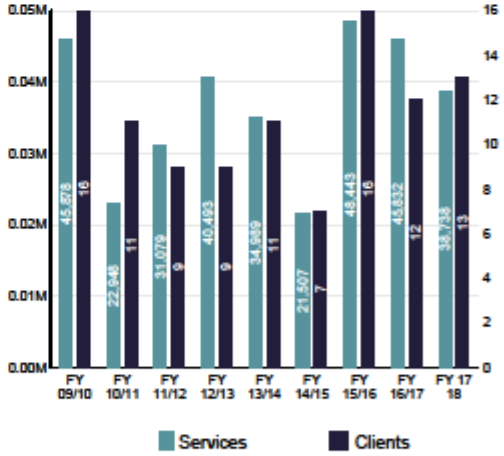


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM GROUP: Drake House FSP

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

Number of Clients Served: 26

Total Service Value: $1,107,248.65

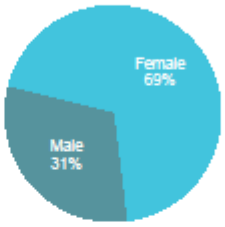
Average Service Value per Client: $42,586.49

Average Age: 70

Number of New Clients: 4

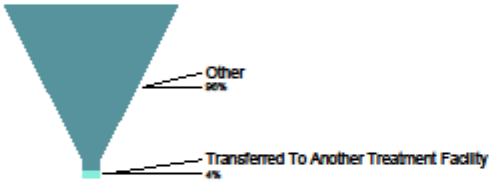
Number of Clients Discharged: 4

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	69 %
Mood Disorders	27 %

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

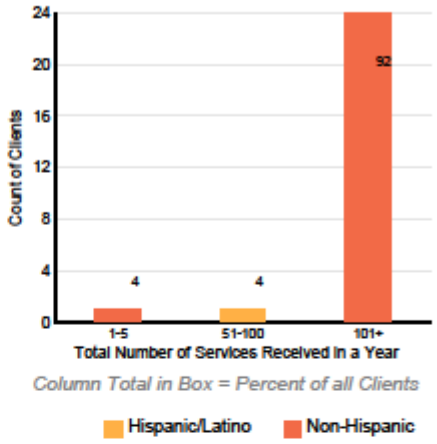
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	12%
Medicare B	82%
Self Pay/Other	5%

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Group Counseling	3,158	42 %	92%
Linkage/Brokerage	423	22 %	92%
Mental Health Counseling	982	31 %	92%
Residence Bed Day	682	0 %	85%
Non Billable	54	2 %	46%
Other	3	0 %	12%
Others	7,291	3 %	96%
Total	12,593	100%	100%

Health Equities

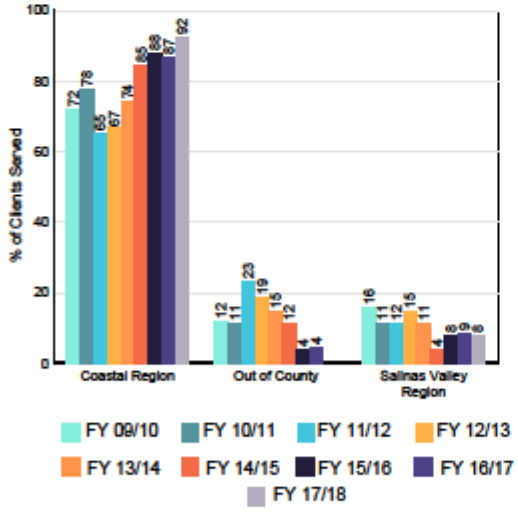
Breakdown of Clients Served by Ethnicity

Clients Served Grouped by Number of Services Received During the Year

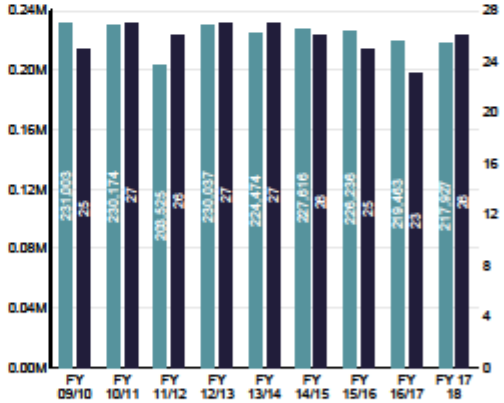


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

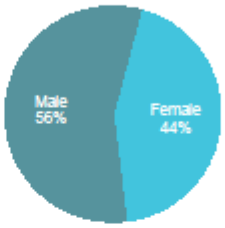


PROGRAM GROUP: Interim Co-occurring Integrated Care

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

- Number of Clients Served: 98
- Total Service Value: $545,477.44
- Average Service Value per Client: $5,566.10
- Average Age: 43
- Number of New Clients: 32
- Number of Clients Discharged: 58

Gender



Language of Preference

Discharge Disposition/Outcome

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	53 %
Mood Disorders	39 %

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

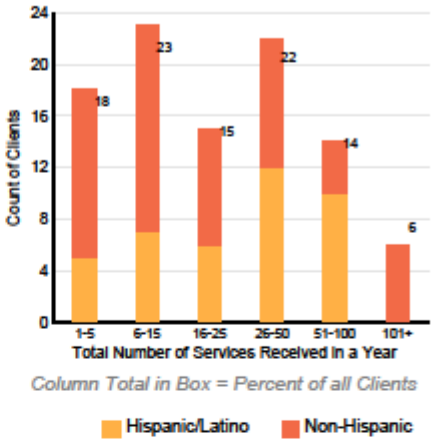
Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	64%
Medicare B	34%
Private Insurance	0%
Self Pay/Other	2%

Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Group Counseling	1,806	44 %	71%
Linkage/Brokerage	50	1 %	31%
Mental Health Counseling	859	52 %	86%
Non Billable	659	3 %	91%
Total	3,374	100%	100%

Health Equities

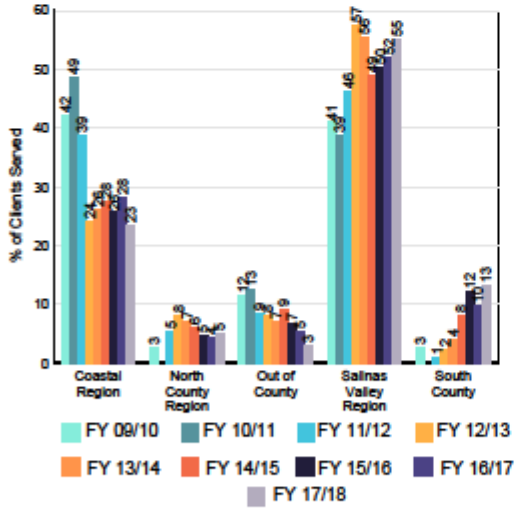
Breakdown of Clients Served by Ethnicity

Clients Served Grouped by Number of Services Received During the Year

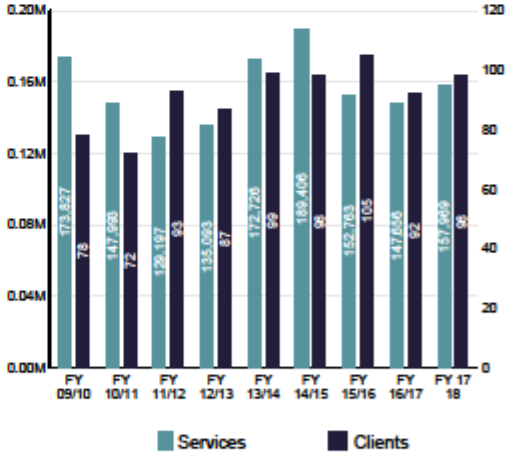


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



PROGRAM GROUP: Interim MHSA Lupine Garden FSP

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

Number of Clients Served: 23

Total Service Value: $368,334.89

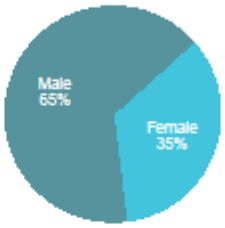
Average Service Value per Client: $16,014.56

Average Age: 51

Number of New Clients: 3

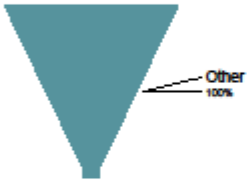
Number of Clients Discharged: 3

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	91 %
Mood Disorders	4 %

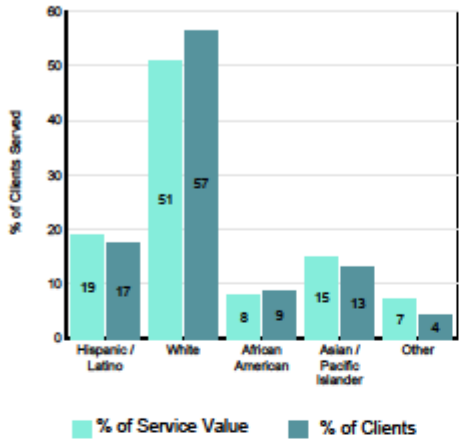
Of the Clients Served, 22 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	27%
Medicare B	63%
Private Insurance	10%

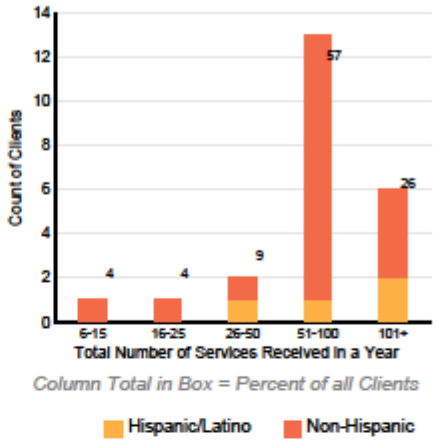
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	94	6 %	83%
Collateral/Family Therapy	5	0 %	17%
Group Counseling	1	0 %	4%
Linkage/Brokerage	455	26 %	100%
Mental Health Counseling	1,225	67 %	100%
Non Billable	21	0 %	39%
Total	1,801	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

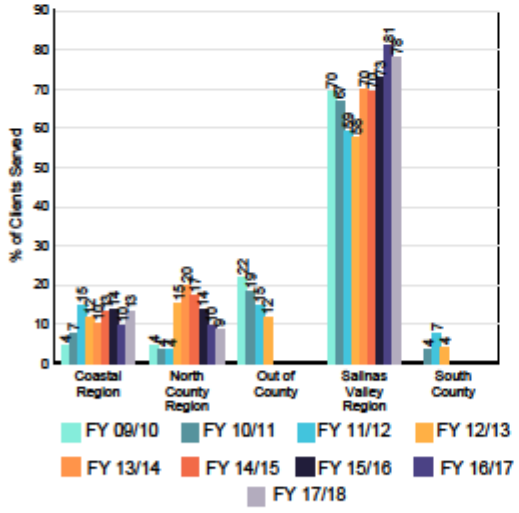


Clients Served Grouped by Number of Services Received During the Year

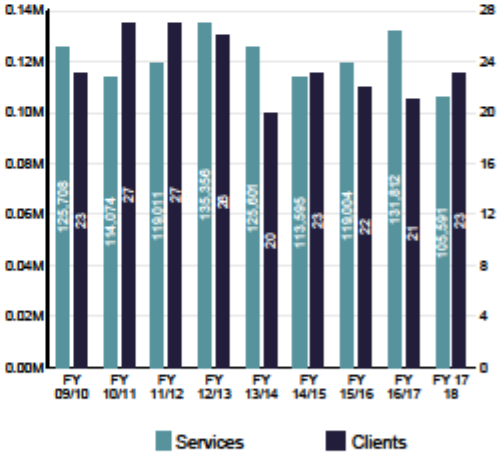


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

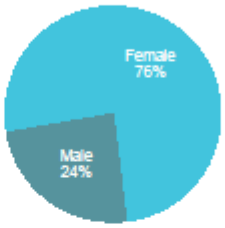


PROGRAM GROUP: Interim Sunflower Garden

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

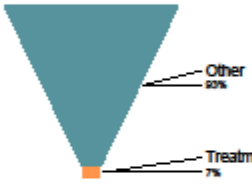
- Number of Clients Served: 29
- Total Service Value: $340,250.56
- Average Service Value per Client: $11,732.78
- Average Age: 47
- Number of New Clients: 7
- Number of Clients Discharged: 9

Gender



Language of Preference

Discharge Disposition/Outcome



Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Schizophrenia Spectrum	52 %
Mood Disorders	45 %

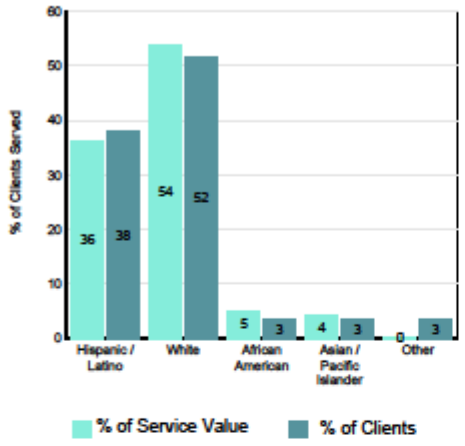
Of the Clients Served, 69 % had a Substance Use Diagnosis.

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	77%
Medicare B	21%
Self Pay/Other	2%

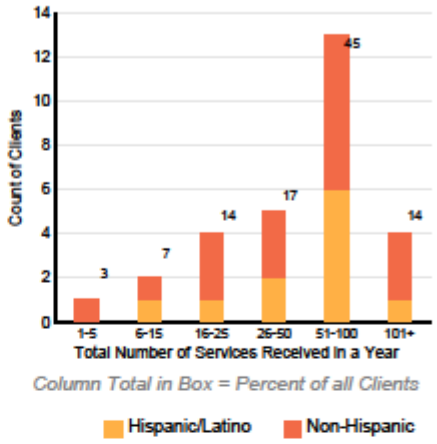
Breakdown of Service Type			
	Number of Services	% of Total Service Minutes	% of Clients
Assessment/Evaluation	113	8 %	90%
Collateral/Family Therapy	46	2 %	62%
Group Counseling	195	8 %	86%
Linkage/Brokerage	581	32 %	100%
Mental Health Counseling	715	46 %	90%
Non Billable	171	3 %	93%
Total	1,821	100%	100%

Health Equities

Breakdown of Clients Served by Ethnicity

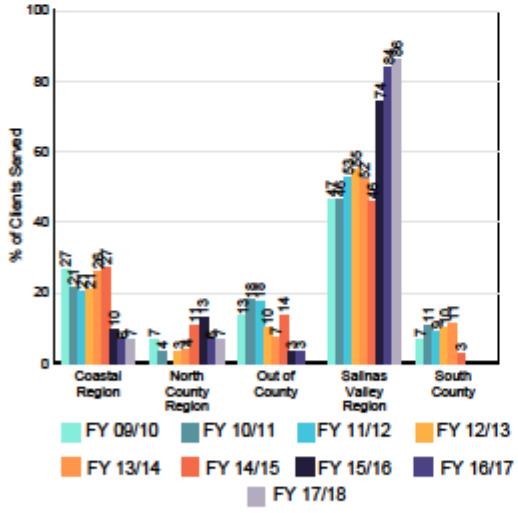


Clients Served Grouped by Number of Services Received During the Year

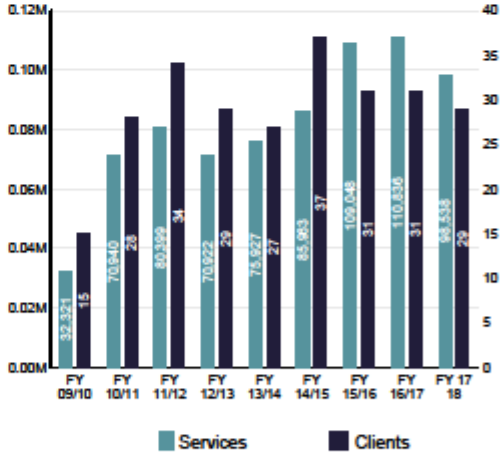


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count

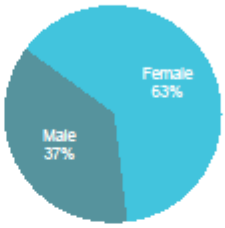


PROGRAM GROUP: Door to Hope Outpatient

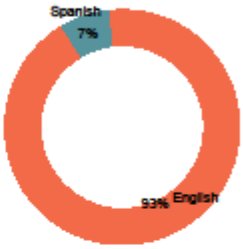
In Monterey County, the Court may grant the outpatient drug treatment program, at the defendant's request through the defendant's attorney. The Court determines whether or not the outpatient drug treatment program is applicable to the defendant and advises the defendant and defendant's attorney of that determination. COUNTY's Behavioral Health Division will authorize referrals to this program who are in need of a more intensive outpatient treatment program. Provider serves adult men and women over the age of 18 who are experiencing acute problems with alcohol and other drugs. Provider maintains a special capability to work with individuals with co-occurring mood disorders, such as depression, anxiety, and PTSD.

- Number of Clients Served: 178
- Total Service Value: $109,821.13
- Average Service Value per Client: $616.97
- Average Age: 35
- Number of New Clients: 110
- Number of Clients Discharged: 161

Gender



Language of Preference



Discharge Disposition/Outcome

Top 5 Primary Diagnosis	
Diagnosis Type	% of Clients with this Diagnosis Type
Substance Related Addictive D/O	100 %

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

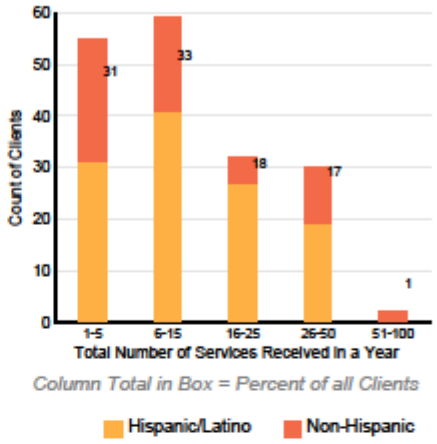
	Breakdown of Service Type		
	Number of Services	% of Total Service Minutes	% of Clients
Group Counseling	1,460	47 %	70%
Mental Health Counseling	270	5 %	64%
Other	751	48 %	34%
Total	2,481	100%	100%

Primary Insurance Source of Clients Served	% of clients served
Medi-Cal	96%
Private Insurance	2%
Self Pay/Other	2%

Health Equities

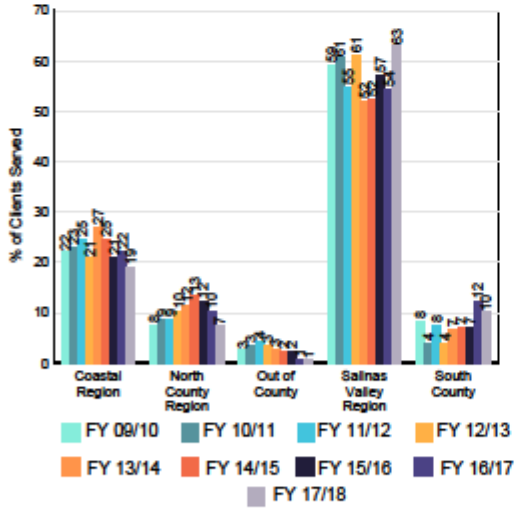
Breakdown of Clients Served by Ethnicity

Clients Served Grouped by Number of Services Received During the Year

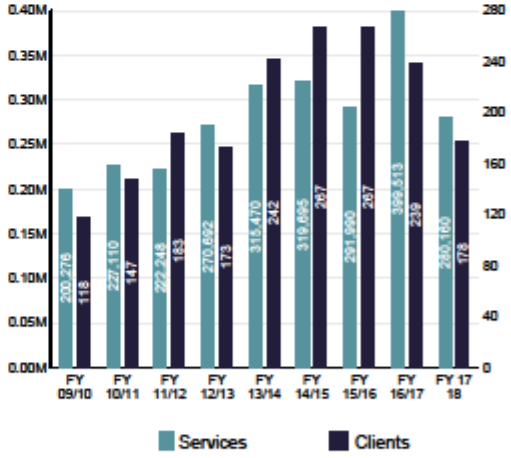


Nine Year Service Trend

Percent of Clients Served by Region of Residence



Total Service Minutes Compared to Total Client Count



Appendix II: Three-Year PEI Evaluation Report

Monterey County MHSA Three-Year Prevention and Early Intervention Evaluation Report

Featuring FY 2017-2018 Data

MONTEREY COUNTY BEHAVIORAL HEALTH

Avanzando Juntos Forward Together

Prepared by:

Research & Consulting

Made possible through funding from Monterey County Behavioral Health Bureau

ACKNOWLEDGEMENTS

This report was made possible through the collaborative effort of a number of individuals and agencies. EVALCORP extends our gratitude to Dr. Amie Miller, Monterey County Behavioral Health Bureau Director, for the opportunity to produce this report in partnership with the County. We also extend thanks to Alica Hendricks, Management Analyst III; Dana Edgull, MHSA Prevention Manager; and Wesley Schweikhard, Management Analyst II, for their significant contributions to building evaluation and data collection infrastructure. Additionally, we acknowledge the Prevention and Early Intervention program providers and participants for sharing their time, information, and experiences with us.

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INTRODUCTION

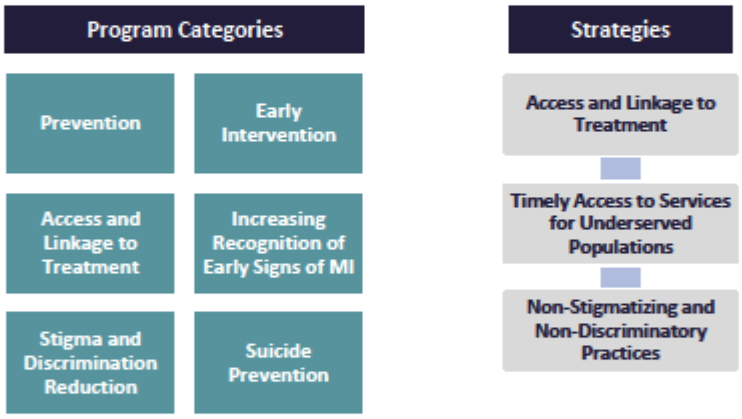
The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63, which designated funding to improve mental health service systems throughout the State. MHSA has several funding components, including Prevention and Early Intervention (PEI), which is intended to support programs that prevent mental illnesses from becoming severe and disabling.

Through MHSA funds, Monterey County Behavioral Health Bureau (MCBH) supports PEI programs that address the mental health prevention and early intervention needs of the County's culturally and regionally diverse communities. In FY 17–18, MCBH funded 22 programs, administered by both the County and contracted community service providers. In addition, MCBH contributes to the CalMHSA statewide PEI project, Each Mind Matters: California's Mental Health Movement.

State PEI Regulations

Each of Monterey County's PEI programs are organized into 1 of 6 categories, as defined by PEI regulations. Additionally, each program must employ PEI strategies within their PEI activities (**Figure 1**). A list of funded MCBH PEI programs by category is included for reference in **Appendix A**.

FIGURE 1. PEI REGULATION PROGRAM CATEGORIES AND STRATEGIES



State regulations also require specific process and outcome evaluation metrics to be reported on an annual and three-year basis. During FY 17–18, data collection and submission improved substantially over the previous fiscal year. Additionally, during FY 17–18, MCBH launched a new system of demographic data collection and outcome surveys for program participants, allowing for a more uniform way of understanding PEI programs' reach and impact on the lives of community members.

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP Research & Consulting to develop this report, which summarizes data for PEI programs funded during FY 17–18. The current report employs a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs.

This report provides a comprehensive review of programs, including:

- Program services and activities
- Service participation
- Participant demographics
- Regions and populations served
- Referrals provided
- Successes, challenges, and community context
- Program impacts (where possible)

Although the types of data provided by PEI programs varied in some cases, this report presents available data in a standardized manner. In preparing this report, extensive data cleaning, validation, and analytic procedures were performed to ensure the highest level of data accuracy and validity.

Data Sources

Data sources compiled to develop the FY 17–18 report fall into five general categories:

1. **MHSA PEI Data Reporting Form**: Developed by MCBH for programs to collect demographic information required by the State (i.e., age group, race, ethnicity, primary language, sexual orientation, disability, veteran status, assigned sex at birth, current gender identity, and participant location of residence). PEI providers used this form to report demographic data from program participants both quarterly and annually. Twelve PEI programs completed and submitted this form to MCBH during FY 17–18.

2. **AVATAR**: The County's electronic health record system, captured demographic information for some PEI-funded programs. Information regarding age group, race, ethnicity, primary language, veteran status, and gender are available, however ethnicity and gender categories are not currently in alignment with State PEI regulations. AVATAR data were used for four PEI programs in this report: Mental Health Services at Archer Child Advocacy Center, Mobile Crisis Team, Seaside Youth Diversion Program, and Silver Star Resource Center.

3. **Data Driven Decisions (D3) Report**: Produced by MCBH, the D3 reports on program funding and populations served. The FY 17-18 D3 report was referenced for information on client services for the following programs: Mental Health Services at Archer Child Advocacy Center, Mobile Crisis Team, and Silver Star Resource Center.

4. **Logic Models**: Some PEI-funded programs completed logic models that identify progress toward program-specific objectives and requirements submitted to the County on a quarterly or biannual basis. Logic model data were used for six PEI programs in this report: Epicenter, Senior Peer Counseling, OMNI Resource Center, School-Based Domestic Violence Counseling, School-Based Counseling, and Chinatown Learning Center.

5. **Narrative and Quantitative Reports**: Several programs submitted reports describing key program activities, quantitative program data (e.g., number of presentations, referrals), and community context. The format of these reports varied across providers. Narrative and quantitative reports were used for six PEI programs in this report: Senior Peer Counseling, Prevention and Recovery in Early Psychosis (PREP), 2-1-1, Chinatown Learning Center, Latino Community Partnership, and the Promotores Mental Health Program.

Data Related Notes

During FY 17–18, MCBH enhanced data collection and evaluation infrastructure; therefore, across the board, improvements were made in data collection and reporting from the previous fiscal year. Data were available for every PEI program for this report. Additionally, in May 2018, MCBH held a training for all PEI Providers to introduce new demographic and outcome survey tools and to support ongoing data collection from individuals served by PEI funded programs.

Below are some considerations useful for keeping in mind throughout this report:

- **Unduplicated data:** PEI data are required to represent unduplicated individuals. However, in some programs, participants were not always unduplicated. For instance, a participant may have received services in Q1 and Q2, then have been counted twice in the annual tabulation. In situations where data are duplicated or suspected of being duplicated, footnotes are provided in the body of that program's report section. The new data reporting tools launched at the start of FY 18–19 ensure that individuals are not duplicated moving forward.

- **Completeness of data:** Program participants are free to skip any question they choose. As a result, for some programs, certain questions have a lower response rate than the total number of participants. In instances where a high percentage of respondents declined to answer, footnotes are provided in the body of that program's report section. When the rate of unanswered questions is high for a given program, data should be interpreted with caution, as they may not be representative of all individuals served by the program. Six programs had at least one metric with declined to answer rates of 10% or more, and four additional programs were missing data on at least one metric from 10% or more of respondents. Overall, percentages of respondents providing data showed a positive trend compared to previous years. In FY 17–18, percentages of respondents declining to answer were typically below 30%, which is an improvement from declined to answer rates of over 50% in previous years.

- **Demographic categories:** The MHSA PEI data reporting form asks participants about their demographics using categories defined by PEI regulations. Some programs used their own demographic data collection forms or AVATAR during FY 17–18 and in some instances, categories of race, ethnicity, gender identity, or sex assigned at birth may have been combined or not included. The new demographic data collection and reporting tools will be used across most programs moving forward to ensure that the state PEI response options are presented to participants.

Report Organization

This report presents all collected PEI data by program. These program sections are organized by PEI Category. The following information is included for programs where available: program activities and reach; participant demographics; program impact; and program successes, challenges, and community context. The report also serves as an inventory of the data sources available by PEI program. Finally, **Appendices B** through **E** of the report contain State-required demographic data across all MCBH-funded programs where data were available.

Prevention Programs

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

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 Monthly Logic Model Reports

Provider Location:
- Salinas

Program Highlights: FY 17–18

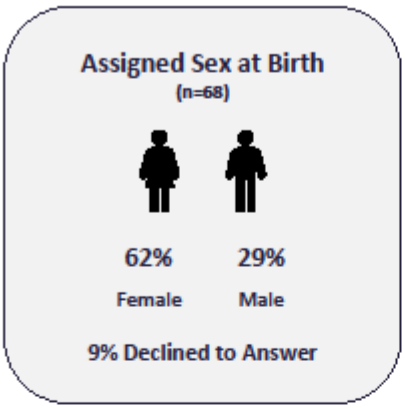
Program Activities and Reach
- 336 Unduplicated individuals served

Participant Demographics
- 57% Age 16 to 25
- 62% Female* (assigned sex at birth)
- 33% Spanish speaking*
- 63% Hispanic/Latino*

Participant Residence
- 75% Salinas
- 18% Peninsula
- 1% South County
- 6% North County

*Percentage should be interpreted with caution due to high numbers of Declined to Answer

Participant Demographics



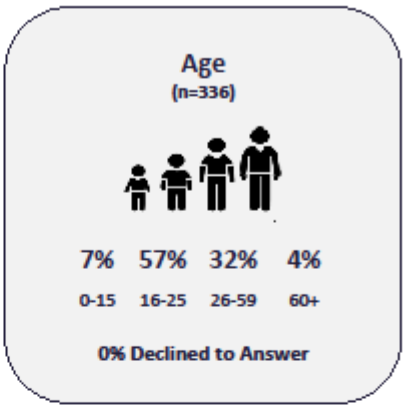


TABLE 1. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

	FY 17–18
Current Gender Identity	**(n=103)**
Male	32%
Female	36%
Transgender	18%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	4%
Declined to Answer	10%
Sexual Orientation	**(n=136)**
Gay or Lesbian	14%
Heterosexual or Straight	44%
Bisexual	11%
Questioning or Unsure	3%
Queer	7%
Another Sexual Orientation	5%
Declined to Answer	16%

TABLE 2. RACE*

	FY 17–18
Race	(n=106)
American Indian or Alaska Native	2%
Asian	3%
Black or African American	10%
Native Hawaiian or other Pacific Islander	0%
White	16%
Another Race	50%
More than One Race	5%
Declined to Answer	14%

*Percentages should be interpreted with caution due to high numbers of missing data.

FIGURE 2. PRIMARY LANGUAGE (n=84)*

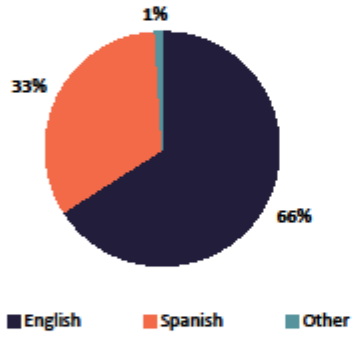


FIGURE 3. ETHNICITY (n=150)*

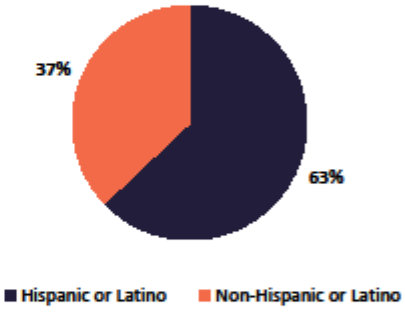


FIGURE 4.
HISPANIC ETHNICITIES (n=94)*

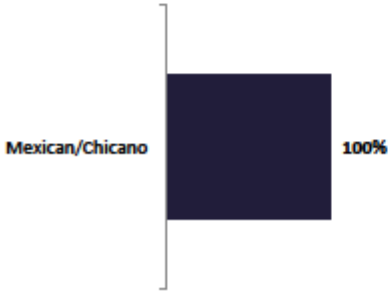
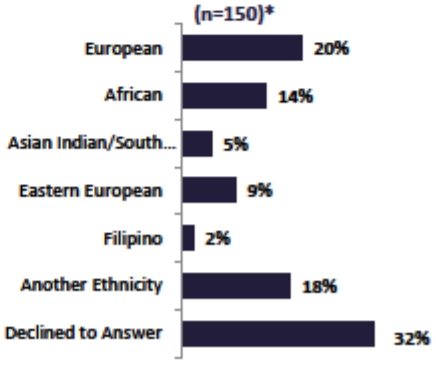


FIGURE 5. NON-HISPANIC ETHNICITIES (n=150)*



*Percentages should be interpreted with caution due to high numbers of missing data.

TABLE 3. TAY ACTIVITY PARTICIPATION PER MONTH

	FY 17–18
Quarter	Participated in Epicenter activities
Q1	62
Q2	137
Q3	92
Q4	68

TABLE 4. TAY PEER SUPPORT/COACHING PARTICIPATION

	FY 17–18	
Quarter	Accessed peer support/coaching	Participated in follow-up support/coaching session or referral program
Q1	100	94%
Q2	81	86%
Q3	54	100%
Q4	26	98%

TABLE 5. COMMUNITY AND LGBTQ PARTICIPATION

	FY 17–18
Program	Number of Participants
Youth Leaders	52
Youth Group Meetings	18
Community Attendance at Groups and Events	409
LGBTQ TAY Attendance at Groups and Events	241

Parent Education Partnership, Multi-Lingual Parent Education

Program Overview

Provider: Community Human Services

Population of Focus: Spanish- and English-speaking parents and caregivers of children with emotional/behavioral challenges or who are at-risk of developing emotional/behavioral challenges in Monterey County

Description: Offers evidence-based parenting programs for parents and caregivers in the population of focus

State Regulation Program Categories:
- Prevention

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form

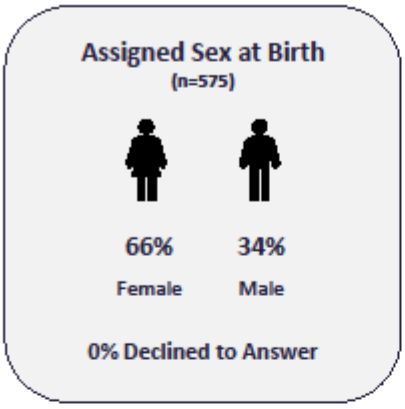
Program Highlights: FY 17–18

Program Activities and Reach
- 575 Unduplicated individuals served

Participant Demographics
- 90% Age 26 to 59
- 66% Female (assigned sex at birth)
- 64% Hispanic/Latino
- 74% Another race
- 36% Spanish speaking

Participant Residence
- 47% Salinas
- 38% South County
- 15% Peninsula

Participant Demographics*



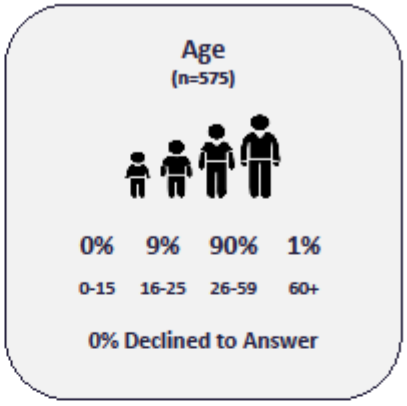


TABLE 6. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=575)**
Male	34%
Female	66%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	0%

*Note: Detailed demographic data including specific categories of ethnicity, gender identity, and sexual orientation were not collected in FY 17–18. Future data collection will include demographic categories according to State requirements.

TABLE 7. RACE

	FY 17–18
Race	(n=575)
American Indian or Alaska Native	1%
Asian	1%
Black or African American	2%
Native Hawaiian or other Pacific Islander	1%
White	15%
Another Race	74%
More than One Race	3%
Declined to Answer	3%

FIGURE 6. PRIMARY LANGUAGE (n=575)

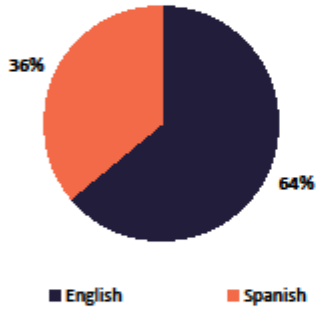
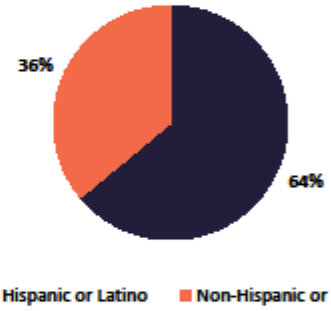


FIGURE 7. ETHNICITY (n=575)



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 of MCBH Adult System of Care 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

Data Collection Tools/Sources:

- FY 17–18 PEI Senior Peer Companion Quarterly Demographic Report
- FY 17–18 Q3 Quarterly Report

Provider Location:

- South County

Program Highlights: FY 17–18

Program Activities and Reach*

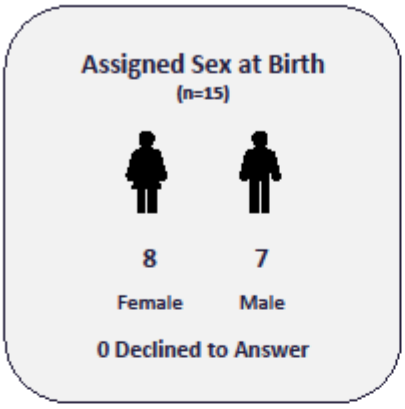
- 15 Clients served
- 3 Senior Companion Volunteers recruited and trained
- 2,859 Total volunteer service hours of peer support and caregiver respite

Participant Demographics**

- 11 Age 60+
- 8 Female (assigned sex at birth)
- 15 Other race
- 15 Hispanic/Latino
- 15 Reported one or more disabilities
- 1 Veteran

*Program Activity data available only for Q3 of FY 17-18.
**Total served is less than 30; Ns reported in lieu of percentages.

Participant Demographics



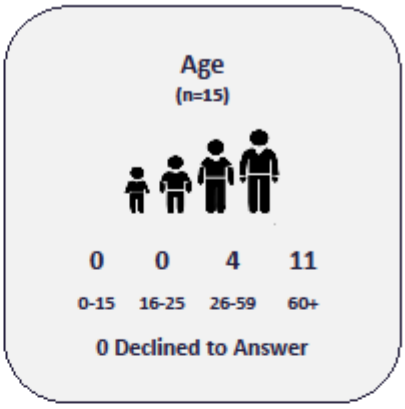


TABLE 8. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=15)**
Male	7
Female	8
Transgender	0
Genderqueer	0
Questioning or Unsure	0
Another Gender Identity	0
Declined to Answer	0
Sexual Orientation	**(n=15)**
Gay or Lesbian	0
Heterosexual or Straight	15
Bisexual	0
Questioning or Unsure	0
Queer	0
Another Sexual Orientation	0
Declined to Answer	0

TABLE 9. RACE*

	FY 17–18
Race	(n=15)
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	15
More than One Race	0
Declined to Answer	0

FIGURE 8. PRIMARY LANGUAGE (n=15)

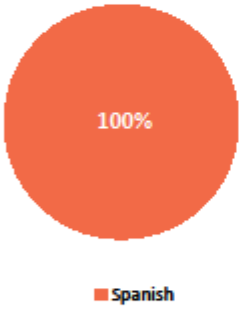
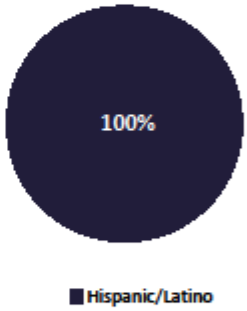


FIGURE 9. ETHNICITY (n=15)



*Race and Ethnicity data were not collected in alignment with State PEI regulations. Improved data collection infrastructure has been established and future data collection and reporting will adhere to regulations.

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; Offers a Spanish-language program called Fortaleciendo el Bienestar

State Regulation Program Categories:
- Prevention

Data Collection Tools/Sources:
- FY 17–18 Logic Model Reports
- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 Quarterly Narrative Reports

Service Location:
- Salinas
- Monterey
- South County

Program Highlights: FY 17–18

Program Activities and Reach
- 522 Individuals served

Senior Peer Counseling
- 112 Participated in individual counseling
- 77 Participated in group counseling
- 32 to 34 Active volunteer peer counselors each quarter

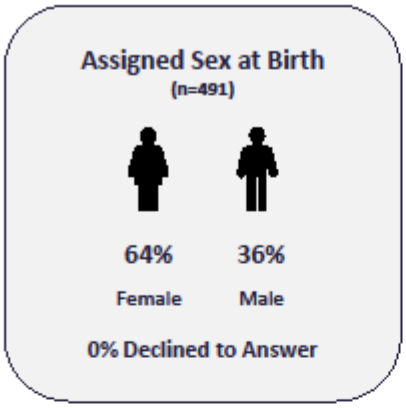
Fortaleciendo el Bienestar
- 333 Individuals participated in lecture series
- 53 Individuals provided with 63 referrals to community benefits

Participant Demographics
- 79% Age 60+
- 64% Female (assigned sex at birth)
- 86% Hispanic/Latino*
- 11% Veterans

Participant Residence
- 54% Salinas
- 26% South County
- 13% Peninsula
- 7% North County

*Percentage should be interpreted with caution due to high numbers of Declined to Answer

Participant Demographics



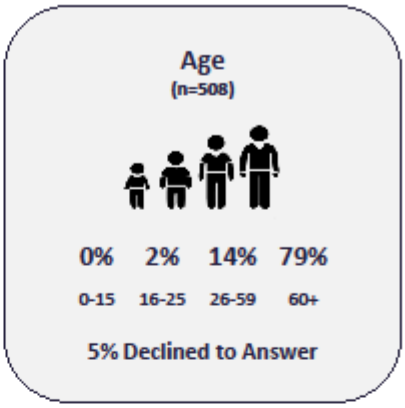


TABLE 10. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

	FY 17–18
Current Gender Identity	**(n=468)**
Male	14%
Female	44%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	42%
Sexual Orientation	**(n=505)**
Gay or Lesbian	1%
Heterosexual or Straight	65%
Bisexual	0%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	34%

*Percentages should be interpreted with caution due to high numbers of Declined to Answer

TABLE 11. RACE

	FY 17–18
Race	(n=484)
American Indian or Alaska Native	0%
Asian	1%
Black or African American	1%
Native Hawaiian or other Pacific Islander	0%
White	94%
Other	3%
More than One Race	0%
Declined to Answer	1%

FIGURE 10. PRIMARY LANGUAGE (n=430)

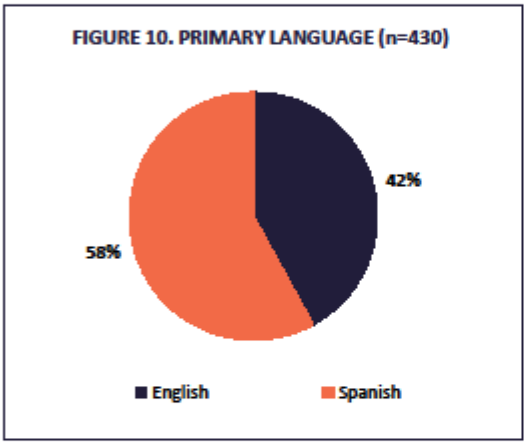
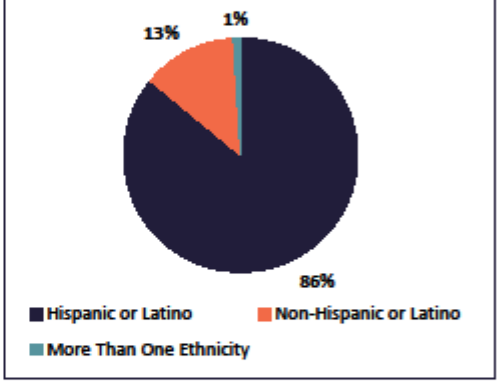


FIGURE 11. ETHNICITY* (n=365)



*Percentages should be interpreted with caution due to high numbers of missing responses

FIGURE 12. HISPANIC ETHNICITIES (n=316)

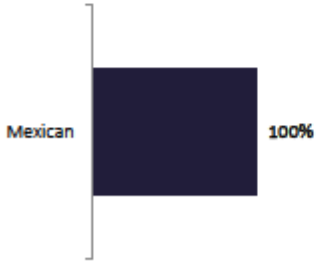
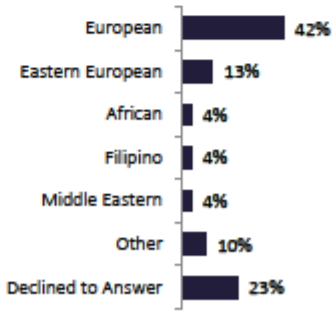


FIGURE 13. NON-HISPANIC ETHNICITIES (n=48)



Program Activities and Reach

TABLE 12. FORTALECIENDO EL BIENESTAR REFERRALS

	FY 17–18
Number of Individuals Provided with Referrals	53
Number of Referrals	63
Percentage of Individuals Who Engaged with One or More Service Linkages	16%
Types of Referrals	• Benefits • Peer counseling • Medicare • Mental health • Transportation • Dental • Taxes • Hearing • Citizenship • Housing

Success Stories

Senior Peer Counseling

- "A female client—single, no family, one friend, living alone, isolated, under the radar, refusing services—was rapidly declining in mental and physical health. She was reassigned a new counselor who was able to gain the client's trust over a period of time and connect her with a geriatric care manager. The program provided emotional support for her as she made major changes in life. This client is now in assisted living, receiving the medical and social care she needs. Her progress would not have happened without the tenacious and caring support of her Senior Peer Counselor."

- "Over the course of 2017–18, program leadership and counselors cultivated a relationship with the medical staff at Taylor Farms Health and Wellness Clinic in Gonzales. This was the first step towards realizing the program's goal of receiving physician referrals to the program. The medical professionals at the clinic have been very responsive in supporting the program, including providing space to conduct educational sessions in a conference room at the clinic."

Fortaleciendo el Bienestar

- Staff efforts to promote the program included distribution of over 7,000 flyers and contacts with 99 professionals, 33 of whom provided a venue and/or helped to promote the program.

Early Intervention Programs

Family Support Groups

Program Overview

Provider: Monterey County Behavioral Health

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

State Regulation Program Categories:

- Early Intervention

Communities Served:

- Marina
- Salinas
- Soledad
- King City

Program Highlights: FY 17–18

Program Activities and Reach

- 44 Unduplicated Individuals served in Marina and King City clinics
- 29 Support group sessions served 124 participants

Demographic data for FY17-18 was not collected

20

TABLE 13. FAMILY SUPPORT GROUP SESSIONS AND ATTENDANCE PER MONTH, MARINA CLINIC*

Month	# of Group Sessions	# of Attendees
July	2	14
August	2	11
September	2	6
October	2	12
November	1	7
December	1	3
January	2	8
February	2	4
March	2	10
April	2	15
May	2	13
June	1	6
Total	21	109

*Individual monthly totals are unduplicated, however, some participants are reflected in more than one monthly total.

35
unduplicated Family Support Group participants, Marina clinic

TABLE 14. FAMILY SUPPORT GROUP SESSIONS AND ATTENDANCE PER MONTH, KING CITY SPANISH CLINIC*

Month	# of Group Sessions	# of Attendees
March	1	3
April	3	6
May	4	6
Total	8	15

*Individual monthly totals are unduplicated, however, some participants are reflected in more than one monthly total.

9
unduplicated Family Support Group participants, King City Spanish clinic

Mental Health Services at Archer Child Advocacy Center

Program Overview

Provider: Monterey County Behavioral Health

Population of Focus: Children who are suspected or confirmed victims of sexual abuse or exploitation

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

State Regulation Program Categories:
- Early Intervention

Data Collection Tools/Sources:
- FY 17–18 AVATAR data
- FY 17-18 Data Driven Decisions Report

Provider Location:
- Salinas

Program Highlights: FY 17–18

Program Activities and Reach
- 247 Individuals served*

Participant Demographics
- 85% Age 0 to 15
- 83% Female
- 74% Hispanic/Latino

Participant Residence
- 46% Salinas Valley
- 9% North County
- 19% South County
- 19% Coastal Region
- 7% Other

*Some individuals may be duplicated across quarters

Participant Demographics*

Gender
(n=247)

83% Female

17% Male

0% Declined to Answer

Age
(n=247)

85% 0-15

15% 16-25

0% 26-59

0% 60+

0% Declined to Answer

FIGURE 14. PRIMARY LANGUAGE (n=247)

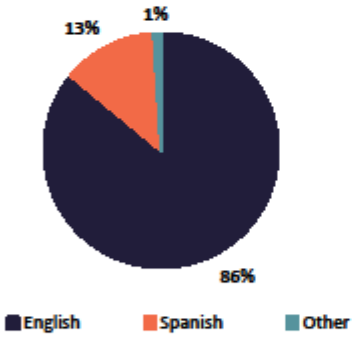
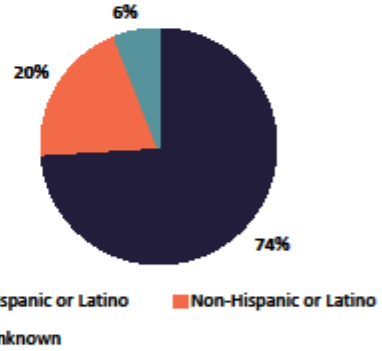


FIGURE 15. ETHNICITY (n=247)



*Race, gender identity, and sexual orientation data not included.

TABLE 15. CLIENTS SERVED

	FY 17–18
	Number of clients
New clients	219
Clients discharged	224

TABLE 16. BREAKDOWN OF SERVICE TYPE

	FY 17–18	
	% of Clients Engaged in Service Type*	Number of Services
Assessment/Evaluation	87%	240
Linkage/Brokerage	77%	386
Non-Billable	50%	231
Other	0%	1
Total		858

*Clients may receive more than one type of service. Therefore, the percent of clients served totals to more than 100%.

Mobile Crisis Team

Program Overview

Provider: Monterey County Behavioral Health

Population of Focus: Children and youth who are experiencing a mental health crisis

Description: Provides law enforcement and other treatment providers with specialized assistance in responding to individuals, youth and families in crisis; PEI funds have been allocated to expand these services to children and youth

State Regulation Program Categories:

- Early Intervention

Data Collection Tools/Sources:

- FY 17–18 AVATAR data
- FY 17-18 Data Driven Decisions Report

Provider Location:

- Monterey County

Program Highlights: FY 17–18

Program Activities and Reach

- 411 Individuals served*

Participant Demographics

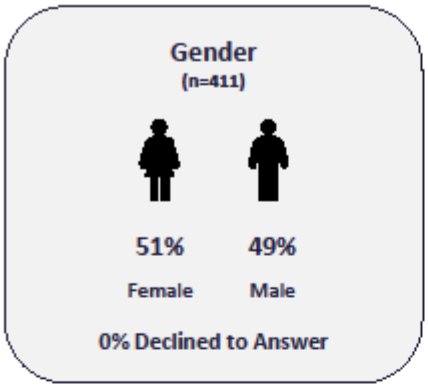
- 43% Age 0 to 25
- 51% Female
- 46% Hispanic/Latino

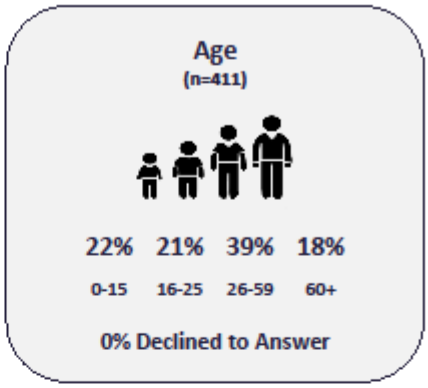
Participant Residence

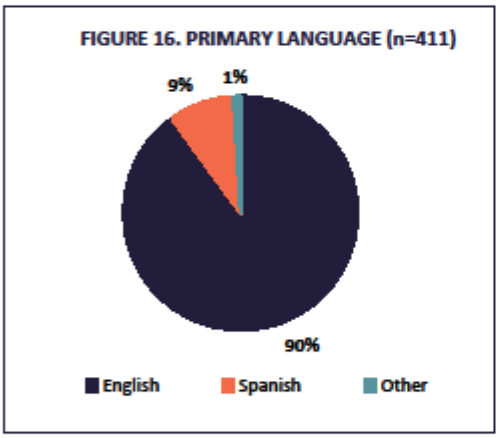
- 26% Salinas Valley
- 10% North County
- 28% South County
- 32% Coastal Region
- 4% Other

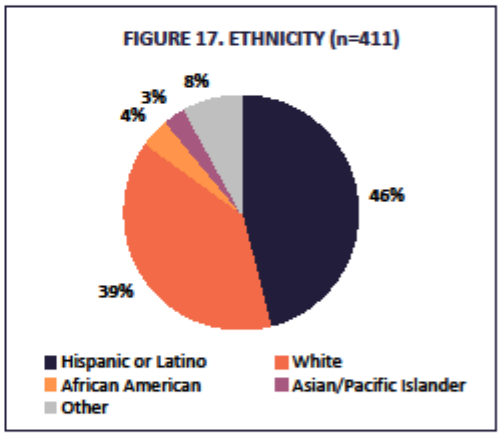
*Some individuals may be duplicated across quarters.

Participant Demographics*









*Race, gender identity, and sexual orientation data not collected.

Program Activities and Reach

TABLE 17. CLIENTS SERVED

	FY 17–18
	Number of clients
New clients	375
Clients discharged	410

TABLE 18. BREAKDOWN OF SERVICE TYPE

	FY 17–18	
	% of Clients Engaged in Service type*	Number of Services
Assessment/Evaluation	3%	19
Collateral/Family Therapy	0%	2
Crisis Intervention	66%	778
Linkage/Brokerage	41%	239
Mental Health Counseling	0%	1
Non-Billable	14%	158
Total		1,197

*Clients may receive more than one type of service. Therefore, the percent of clients served totals to more than 100%.

27

OMNI Resource Center

Program Overview

Provider: Interim, Inc.

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

Description: Offers peer-led programs to promote wellness and mental health recovery and hosts recreational and social opportunities; Assists community members to pursue personal and social growth through self-help, socialization, and peer support groups

State Regulation Program Categories:
- Early Intervention

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 End of Year Logic Model

Service Location:
- Salinas

Program Highlights: FY 17–18

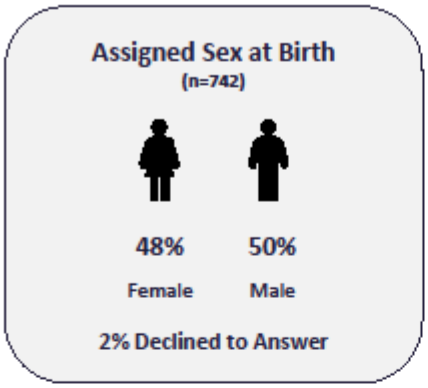
Program Activities and Reach
- 742 Individuals served*

Participant Demographics
- 73% Age 26 to 59
- 50% Male (assigned sex at birth)
- 38% White; 33% Other race
- 43% Hispanic/Latino
- 4% Veterans

Participant Residence
- 66% Salinas
- 17% Peninsula
- 6% North County
- 5% South County
- 6% Unknown

*Some individuals may be duplicated across quarters

Participant Demographics



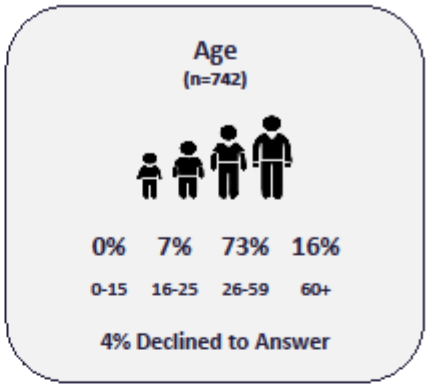


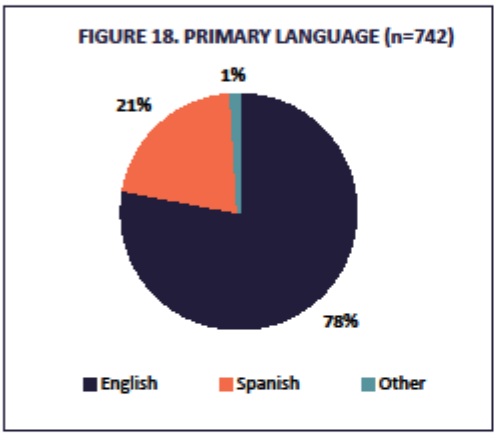
TABLE 19. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

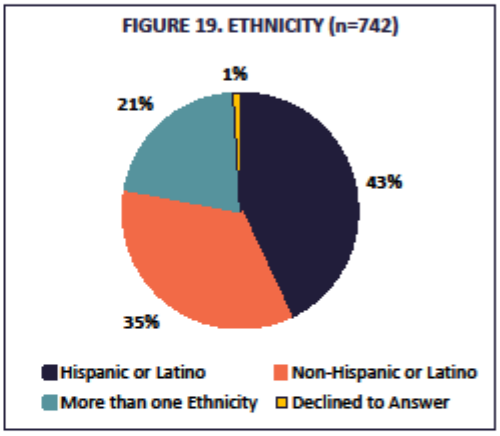
	FY 17–18
Current Gender Identity	**(n=742)**
Male	45%
Female	42%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	12%
Sexual Orientation	**(n=742)**
Gay or Lesbian	2%
Heterosexual or Straight	54%
Bisexual	2%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	1%
Declined to Answer	41%

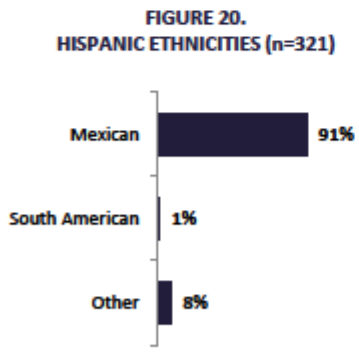
*Percentages should be interpreted with caution due to high numbers of Declined to Answer

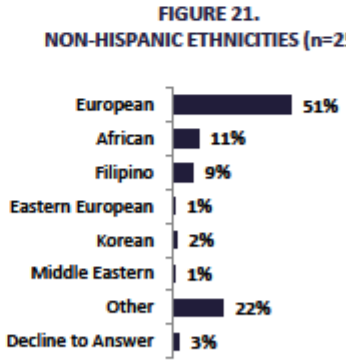
TABLE 20. RACE

	FY 17–18
Race	(n=742)
American Indian or Alaska Native	2%
Asian	2%
Black or African American	5%
Native Hawaiian or other Pacific Islander	2%
White	38%
Other	33%
More than One Race	17%
Declined to Answer	1%









Program Activities and Reach

Services provided by OMNI include:

- Community resource connections
- Nutritious meals provided during the week
- Transportation and bus passes
- Support groups and seasonal events
- Support groups for Spanish speakers for unserved and underserved peers
- Workshops on topics such as stigma reduction, nutrition, diversity, and employment
- Leadership development and volunteer training on the recovery movement
- Community outreach to peers, including Latino residents and the homeless community

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 ages 14–35; Promotes recovery and related functional outcomes for a mental illness early in its emergence

State Regulation Program Categories:
- Early Intervention

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 PREP Short-Term Outcomes Report

Provider Location:
- Salinas

Program Highlights: FY 17–18

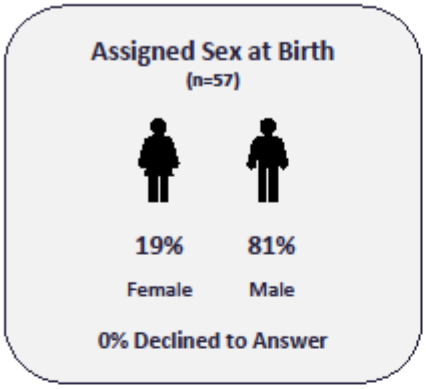
Program Activities and Reach
- 57 Total clients served*
- 31 Clients enrolled for 12 months or more

Participant Demographics
- 79% Age 16 to 25
- 81% Male (assigned sex at birth)
- 70% White
- 54% Hispanic/Latino
- 9% Reported one or more disabilities

Participant Residence
- 40% Salinas
- 37% Peninsula
- 16% South County
- 9% North County

*Some individuals may be duplicated across quarters

Participant Demographics



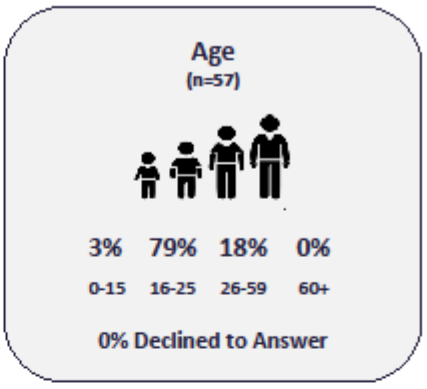


TABLE 21. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=57)**
Male	77%
Female	21%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	2%
Declined to Answer	0%
Sexual Orientation	**(n=57)**
Gay or Lesbian	2%
Heterosexual or Straight	88%
Bisexual	5%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	3%
Declined to Answer	2%

TABLE 22. RACE

	FY 17–18
Race	(n=57)
American Indian or Alaska Native	0%
Asian	5%
Black or African American	9%
Native Hawaiian or other Pacific Islander	7%
White	70%
Other	7%
More than One Race	2%
Declined to Answer	0%

FIGURE 22. PRIMARY LANGUAGE (n=57)

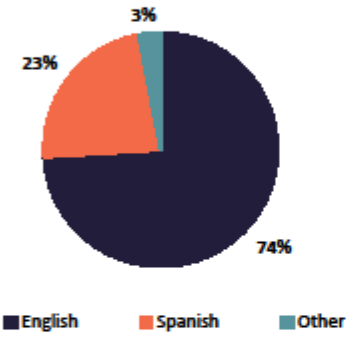


FIGURE 23. ETHNICITY (n=57)

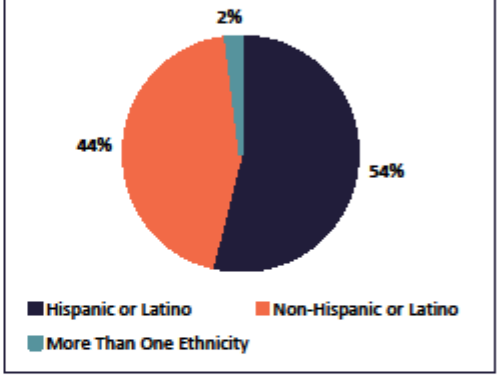


FIGURE 24.
HISPANIC ETHNICITIES (n=31)

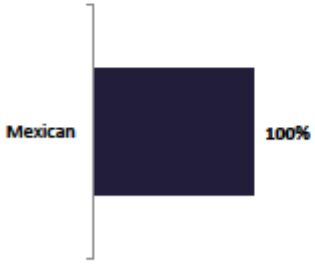


FIGURE 25.
NON-HISPANIC ETHNICITIES (n=25)

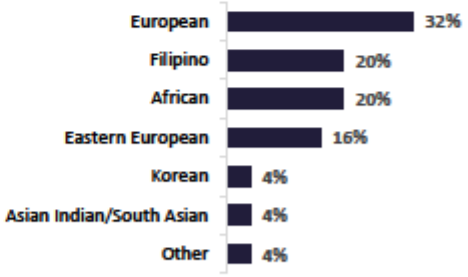


TABLE 23. CLIENT OUTCOMES

Short Term Performance Indicators	FY 17–18 (n=31)	Exceeded performance goal
Improved in Symptoms	77%	✓
Improved in Well-Being	77%	✓
Improved in Functioning	81%	✓
Had at least one family member engage in their treatment	94%	✓

In FY17–18, 31 PREP program clients were enrolled in treatment for a minimum of 12 months. As presented in Table 21, both health and related functional outcomes were largely positive for many of these individuals.

- Over 77% of clients demonstrated improvements in symptoms, overall well-being, and functioning. This exceeded the program goal of 50% improvements in each of these performance indicators.
- Substantial changes were also evidenced at the family level: over 94% of these individuals had at least one family member engage in treatment during the program year. This exceeded the program goal of engaging at least 50% of client families.
- Furthermore, important individual and system impacts were seen in a review of hospital readmission data. Prior to PREP treatment, 15 clients had one or more hospitalizations. After 12 months of PREP treatment, there were notable reductions in hospital stays: 11 clients experienced a reduction in the number of hospitalizations and 12 clients had a reduction in the number of days hospitalized. Overall, this group showed a 61% decrease in the number of hospitalizations and an 83% decrease in the number of days hospitalized. These exceeded the program goals for decreased hospitalizations.

School-Based Domestic Violence 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

State Regulation Program Categories:
- Early Intervention

Data Collection Tools/Sources:
- FY17–18 MHSA PEI Data Reporting Form
- FY17–18 Logic Model Report

Provider Location:
- Monterey County Schools

Program Highlights: FY 17–18

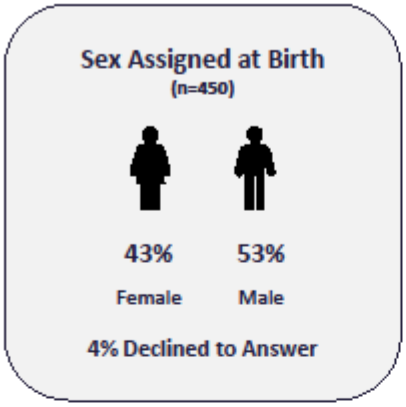
Program Activities and Reach
- 450 Individuals served*

Participant Demographics
- 94% Age 0 to 15
- 53% Male (assigned sex at birth)
- 28% White**
- 70% Hispanic/Latino*
- 26% Reported one or more disabilities*

Participant Residence
- 99% Salinas
- 1% South County

*Some individuals may be duplicated across quarters
**Percentages should be interpreted with caution due to high numbers of Declined to Answer responses

Participant Demographics



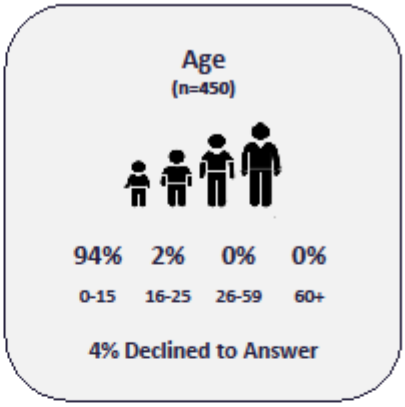


TABLE 24. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

	FY 17–18
Current Gender Identity	**(n=450)**
Male	6%
Female	7%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	87%
Sexual Orientation	**(n=450)**
Gay or Lesbian	0%
Heterosexual or Straight	9%
Bisexual	1%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	89%

*Percentages should be interpreted with caution due to high numbers of Declined to Answer

TABLE 25. RACE*

	FY 17–18
Race	(n=450)
American Indian or Alaska Native	4%
Asian	1%
Black or African American	1%
Native Hawaiian or other Pacific Islander	1%
White	29%
Other	14%
More than One Race	7%
Declined to Answer	43%

* Percentages should be interpreted with caution due to high numbers of Declined to Answer

FIGURE 26. PRIMARY LANGUAGE (n=450)

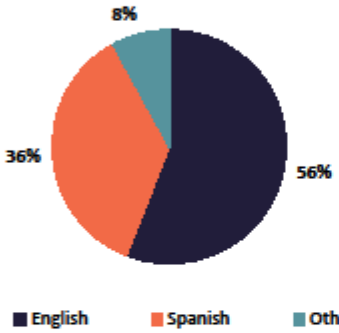


FIGURE 27. ETHNICITY (n=450)

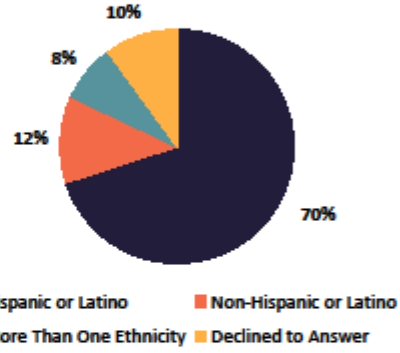


FIGURE 28.
HISPANIC ETHNICITIES (n=315)

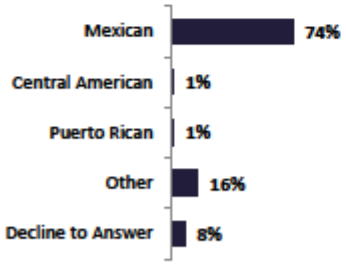
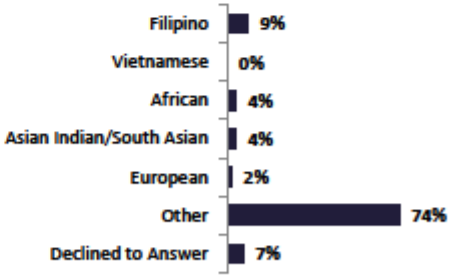


FIGURE 29.
NON-HISPANIC ETHNICITIES (n=55)



Program Activities and Reach

29
family counseling sessions were provided to families of children in need

21% of families who participated gained useful insights, information, and techniques.

900
domestic violence counseling sessions served

450
school-aged children who were impacted by domestic violence

82% of clients who participated improved based on completed pre- and post-tests.

82
referrals to mental health services were made for children, families, and/or parents/caregivers who demonstrated need due to domestic or community violence exposure

21
referrals to program services were made for families or parents/caregivers of children who demonstrated need due to domestic or community violence exposure

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 through school-based mental health counselors to 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

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form
- FY17–18 Logic Model Report

Provider Location:
- Watsonville

Program Highlights: FY 17–18

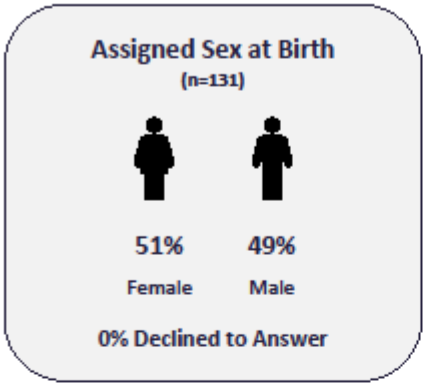
Program Activities and Reach
- 131 Individuals served*

Participant Demographics
- 92% Age 0 to 15
- 51% Female (assigned sex at birth)
- 98% Hispanic/Latino
- 6% Reported one or more disabilities

Participant Residence
- 100% North County

*Some individuals may be duplicated across quarters

Participant Demographics



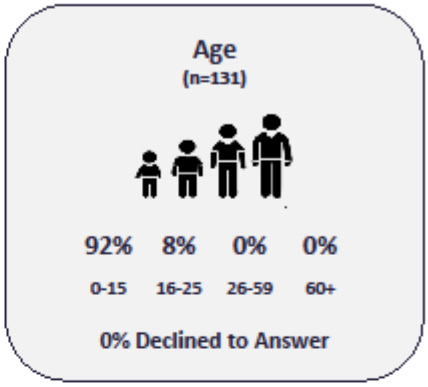


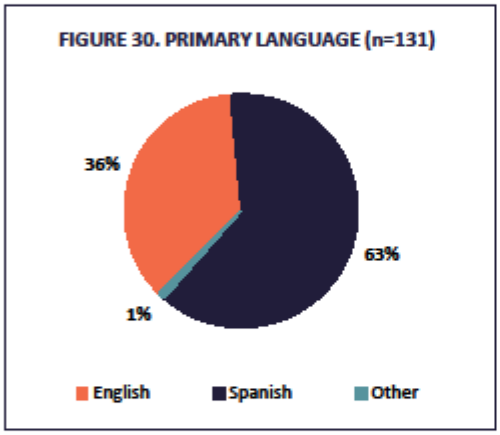
TABLE 26. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

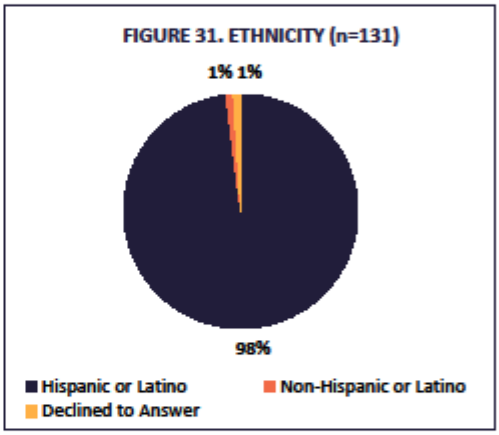
	FY 17–18
Current Gender Identity	**(n=131)**
Male	49%
Female	51%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	0%
Sexual Orientation	**(n=131)**
Gay or Lesbian	0%
Heterosexual or Straight	71%
Bisexual	0%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	29%

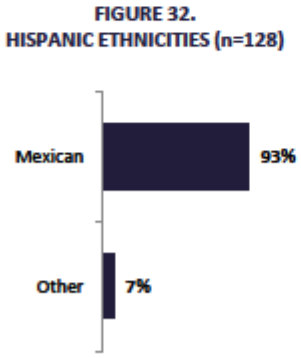
*Percentages should be interpreted with caution due to high numbers of Declined to Answer

TABLE 27. RACE

	FY 17–18
Race	(n=131)
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	1%
Other	97%
More than One Race	0%
Declined to Answer	2%







Note: All Non-Hispanic respondents (N=3) declined to answer or did not specify an ethnicity

42

Program Activities and Reach

TABLE 28. PROGRAM REACH

	FY 17—18
	Number of clients
Referrals received	70
Clients who declined services	12

6
Clinicians provided services

2
Case Managers provided services

Clinicians provided flexible meeting schedules and locations for families to access care: school sites, a Counseling Center, and home visits as requested.

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

Data Collection Tools/Sources:
- FY 17–18 AVATAR data

Provider Location:
- Seaside

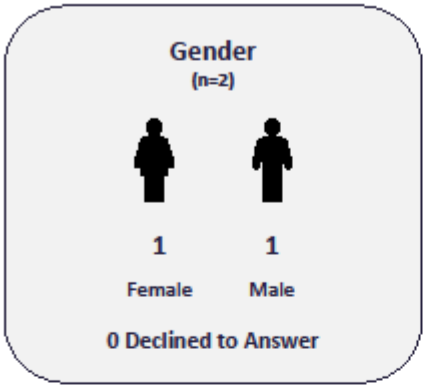
Program Highlights: FY 17–18

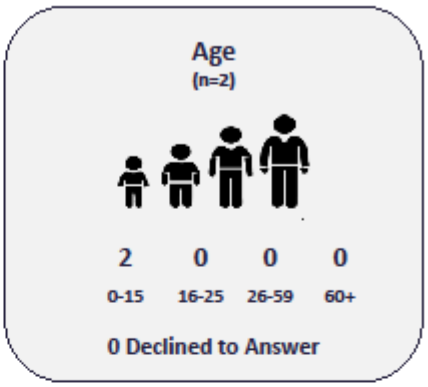
Program Activities and Reach
- 2 Individuals served*

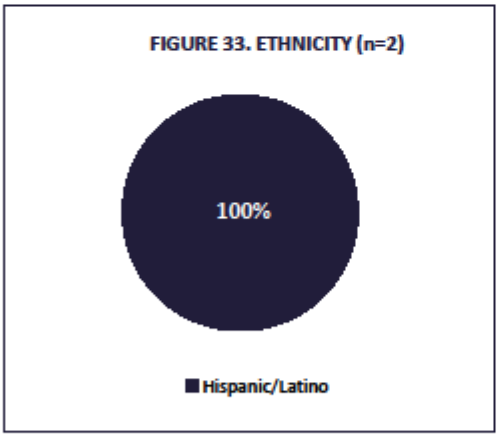
Participant Demographics
- 2 Age 0 to 15
- 1 Male
- 2 Hispanic/Latino

*Program Activity data available only for Q1&Q2 FY 17-18.

Participant Demographics*







*Language, race, gender identity, and sexual orientation data not collected

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 and outpatient mental health services, and coordinating community resources for youth and transition-age youth (TAY) at risk of juvenile justice system involvement

State Regulation Program Categories:
- Early Intervention

Data Collection Tools/Sources:
- FY 17–18 AVATAR data
- FY 17-18 Data Driven Decisions Report

Provider Location:
- Salinas

Program Highlights: FY 17–18

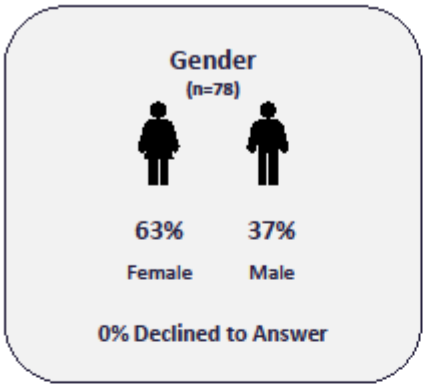
Program Activities and Reach
- 78 Individuals served

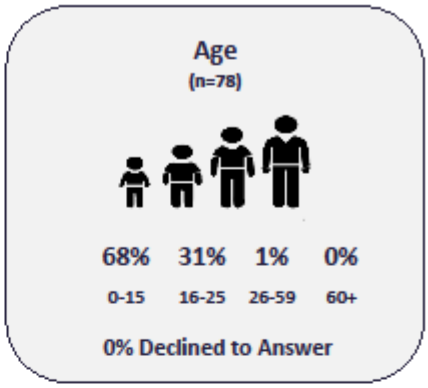
Participant Demographics
- 15 Average Age
- 63% Female
- 13% White
- 65% Hispanic/Latino

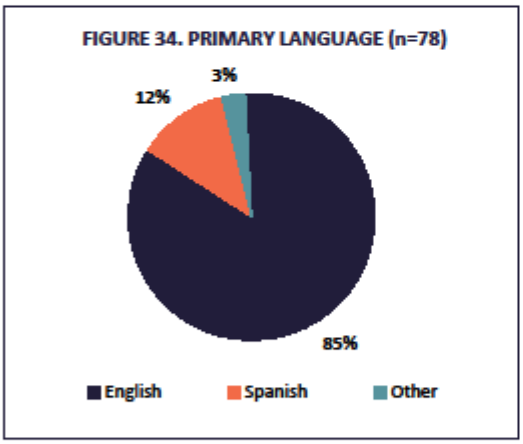
Participant Residence
- 63% Salinas Valley
- 24% Coastal Region
- 6% North County
- 5% South County
- 1% Out of county

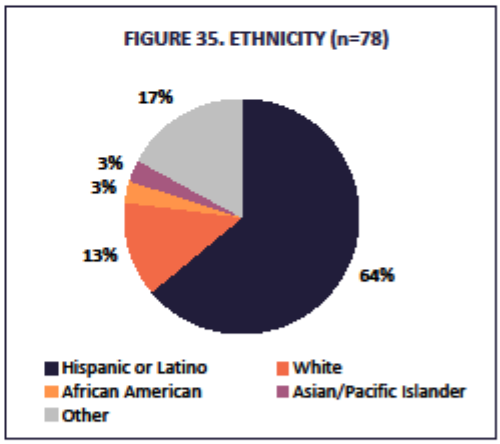
*Some individuals may be duplicated across quarters

Participant Demographics*









*Race, gender identity, and sexual orientation data not collected

TABLE 29. CLIENTS SERVED

	FY 17–18
	Number of clients
New clients	65
Clients discharged	59

TABLE 30. BREAKDOWN OF SERVICE TYPE

	FY 17–18	
	% of Clients Engaged in Service Type*	Number of Services
Assessment/Evaluation	42%	91
Collateral/Family Therapy	18%	75
Crisis Intervention	5%	9
Group Counseling	6%	21
Linkage/Brokerage	42%	269
Medication Support	9%	34
Mental Health Counseling	28%	203
Non-Billable	95%	364
Other	3%	4
Total		1,070

*Clients may receive more than one type of service. Therefore, the percent of clients served totals to more than 100%.

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Access and Linkage to Treatment Programs

2-1-1

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 network that connects individuals to community health and social services, available 24/7 in 170 languages

State Regulation Program Categories:
- Access and Linkage to Treatment

Data Collection Tools/Sources:
- 2-1-1 FY 17–18 Quarterly Reports

Provider Location:
- Monterey

Program Highlights: FY 17–18

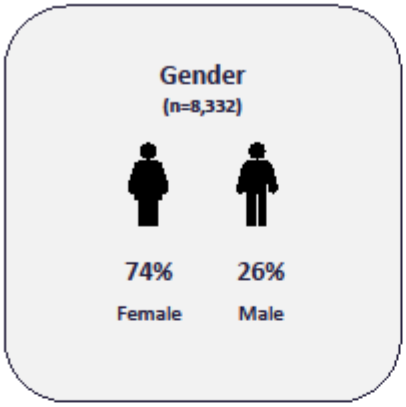
Program Activities and Reach
- 10,587 Total number of calls
- 8,731 Calls for information/referral

Caller Demographics*
- 40% Age 26 to 59**
- 74% Female
- 63% Hispanic/Latino***

Calls by City
- 54% Salinas
- 8% Monterey
- 6% Seaside
- 6% Marina
- 4% Other California Counties

*Callers may call more than once; therefore, some numbers may be duplicated
**In some months, ages reported exceeds number of calls due to some callers inquiring on behalf of someone else; ages of both caller groups were collected
***Percentages should be interpreted with caution due to high numbers of missing data

Caller Demographics*



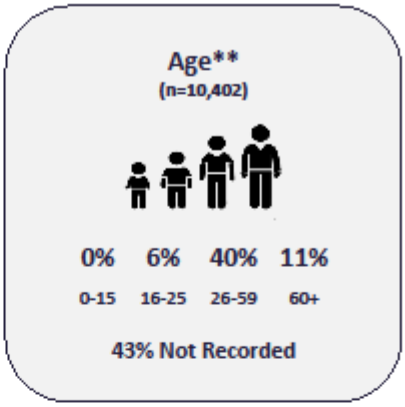
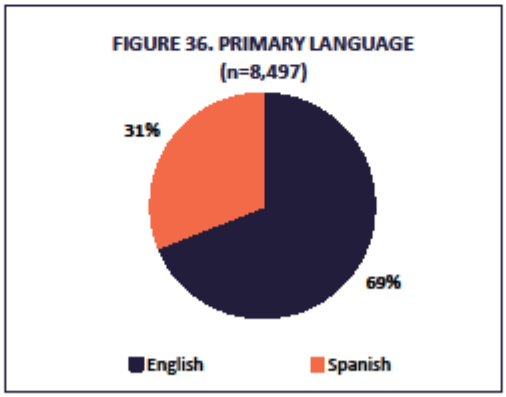


TABLE 31. RACE/ETHNICITY***

	FY 17–18
Race	(n=6,992)
African American/Black	3%
Asian	2%
Caucasian	16%
Hispanic/Latino	63%
Native American	1%
Pacific Islander/Native Hawaiian	0%
Other	4%
Multi-Ethnic	4%
Declined to Answer	7%



*Callers may call more than once; therefore, some numbers may be duplicated. Additionally, percentages should be interpreted with caution due to high numbers of missing data

**In some months, total number of ages reported exceeds number of calls due to some callers inquiring on behalf of someone else; ages of both caller groups were collected

***Race/Ethnicity asked in one question (not collected in alignment with State category requirements)

TABLE 32. 2-1-1 CALLS

	FY 17–18
Total Calls	
Total Number of Calls	10,587
Total Number of Calls for Information/Referral	8,731
Information/Referral Calls by Contact Type	**(n=8,731)**
Standard Information and Referral	94%
Disaster	0%
Crisis - Mental Health/Suicidal	1%
2-Way Texting	3%
Crisis - Domestic Violence	1%
Crisis - Medical (Not Mental Health Related)	0%
Crisis - Sexual Assault/Rape	0%
Other Service/Referral	1%

TABLE 33. TOP 5 CALLER NEEDS*

	FY 17–18: Q1 and Q2 (n=8,855)
Housing/Shelter	25%
Legal Services	10%
Food/Meals	9%
Utility Assistance	8%
Mental Health Evaluation/Treatment	6%

*Data available only for Q1 and Q2 in FY 17–18

TABLE 34. TOP 5 CALLER LOCATIONS*

	FY 17–18: Q1 and Q2 (n=5,170)
Salinas	54%
Monterey	8%
Seaside	6%
Marina	6%
Other California Counties	4%

*Data available only for Q1 and Q2 in FY 17–18.

Chinatown Learning Center

Program Overview

Provider: Interim, Inc; California State University Monterey Bay

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

Data Collection Tools/Sources:

- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 Logic Model
- FY 17–18 Logic Model Narrative Summary
- FY 17–18 MCBH Contract Program Outcomes Report

Provider Location:

- Salinas

Program Highlights: FY 17–18

Program Activities and Reach

- 477 Unduplicated homeless individuals served
- 6 Individuals placed in jobs
- 2 Individuals placed in housing
- 30 Individuals provided SSI assistance
- 28 Individuals provided other benefit assistance
- 118 Individuals attended 189 group sessions

Participant Demographics

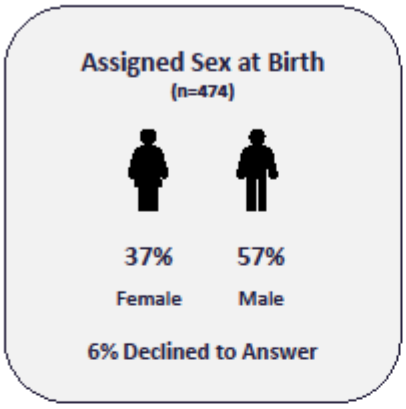
- 77% Age 26 to 59
- 57% Male (assigned sex at birth)
- 47% White
- 67% Mexican/Mexican-American/Chicano*
- 4% Veterans
- 46% Reported one or more disabilities

Participant Residence

- 100% Salinas

*Percentages should be interpreted with caution due to high numbers of Declined to Answer responses

Participant Demographics



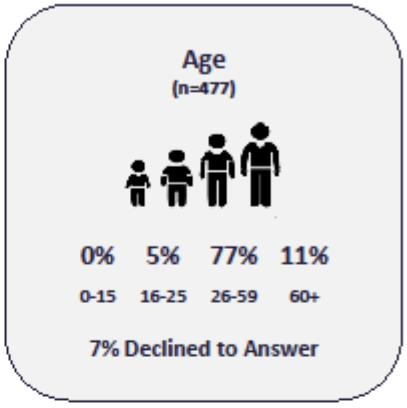


TABLE 35. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=475)**
Male	56%
Female	37%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	1%
Another Gender Identity	0%
Declined to Answer	6%
Sexual Orientation	**(n=477)**
Gay or Lesbian	6%
Heterosexual or Straight	76%
Bisexual	10%
Questioning or Unsure	2%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	6%

TABLE 36. RACE

	FY 17–18
Race	(n=225)
American Indian or Alaska Native	3%
Asian	10%
Black or African American	14%
Native Hawaiian or other Pacific Islander	0%
White	47%
Other	8%
More than One Race	8%
Declined to Answer	10%

FIGURE 37. PRIMARY LANGUAGE (n=477)

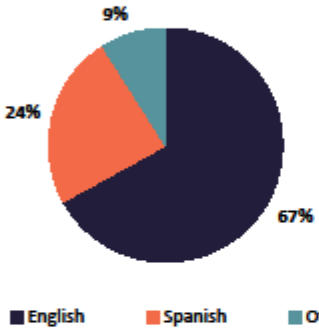


FIGURE 38. ETHNICITY (n=480)

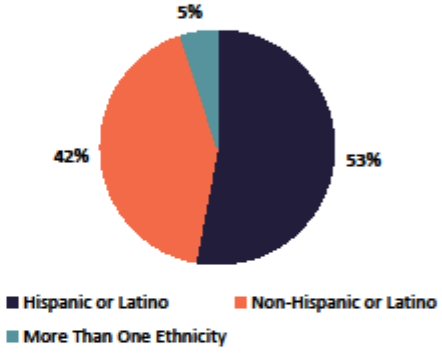


FIGURE 39.
HISPANIC ETHNICITIES (n=255)

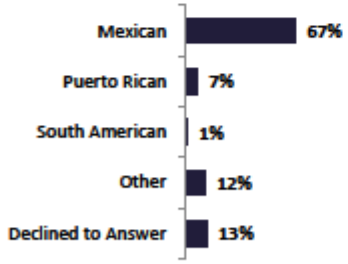


FIGURE 40.
NON-HISPANIC ETHNICITIES (n=202)

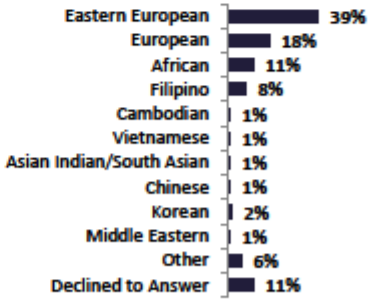


TABLE 37. HOMELESS INDIVIDUALS SERVED PER MONTH*

Month	Clients Served
July	80
August	75
September	90
October	99
November	92
December	75
January	92
February	82
March	95
April	95
May	97
June	91
Total homeless served	1,063
Total unduplicated homeless served	477
Avg. # of Unduplicated Individuals Per Month	39

*Monthly totals are unduplicated, but individuals could be included in multiple months

TABLE 38. INDIVIDUALS PROVIDED EMPLOYMENT AND HOUSING ASSISTANCE PER MONTH*

Month	Job Readiness Contacts	Job Placement	Housing Contacts	Housing Placement
July	2		1	
August			4	
September	3		6	
October	2		16	
November	7	1	6	
December	4		8	
January	3		3	
February	2		5	
March	3		4	1**
April	6	5	5	
May			9	
June	1		4	1
Total	33	6	71	2

*Individual monthly totals are unduplicated, however, some individuals may be reflected in more than one monthly total.
**One placement was rejected once the individual was admitted to the program

FIGURE 41. NUMBER OF INDIVIDUALS PROVIDED BENEFITS ASSISTANCE PER MONTH*

*In the months of May and October, no individuals were served

TABLE 39. GROUPS FACILITATED AND INDIVIDUALS SERVED PER MONTH*

	Grief and Loss		Stress Reduction		Seeking Safety		Life Skills 1–6		Total Clients Served
Month	# of Groups	# Served	# of Groups	# Served	# of Groups	# Served	# of Groups	# Served	
July	-	-	2	6	3	10	5	16	32
Aug	-	-	3	6	3	9	3	5	20
Sep	-	-	5	18	3	8	5	18	44
Oct	4	16	-	-	3	14	13	47	77
Nov	3	9	3	15	4	8	12	35	67
Dec	3	9	-	-	3	9	7	27	45
Jan	1	5	-	-	3	8	11	51	64
Feb	3	11	-	-	3	11	10	40	62
Mar	5	16	-	-	5	16	14	61	93
Apr	3	12	-	-	4	11	14	47	70
May	3	18	-	-	3	16	10	68	102
Jun	1	7	-	-	4	22	5	31	60
Total*	26	103	13	45	41	142	109	446	736

*Monthly totals are unduplicated, but individuals could be included in multiple months

3.6
group sessions provided per week

2.5
unique individuals provided SSI assistance per month

57

Veterans Reintegration Transition Program

Program Overview

Provider: Monterey County Military & Veterans Affairs Office

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 service resources

State Regulation Program Categories:
- Access and Linkage to Treatment

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form

Provider Location:
- Monterey

Program Highlights: FY 17–18

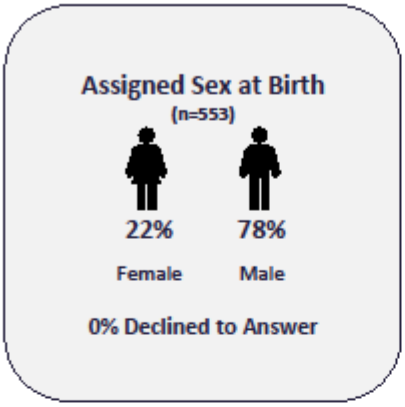
Program Activities and Reach
- 553 Individuals served*

Participant Demographics
- 60% Age 60+
- 78% Male (assigned sex at birth)
- 73% White
- 33% Hispanic/Latino*
- 86% Veterans
- 89% Reported one or more disabilities

Service Area
- 100% Peninsula

*Some individuals may be duplicated across quarters

Participant Demographics



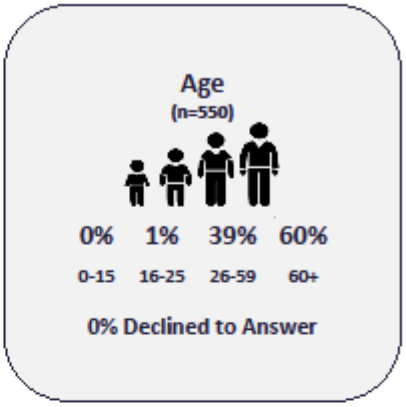


TABLE 40. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=552)**
Male	78%
Female	22%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	0%
Sexual Orientation	**(n=551)**
Gay or Lesbian	1%
Heterosexual or Straight	97%
Bisexual	1%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	1%

TABLE 41. RACE

	FY 17–18
Race	(n=543)
American Indian or Alaska Native	1%
Asian	5%
Black or African American	12%
Native Hawaiian or other Pacific Islander	2%
White	73%
Other	1%
More than One Race	5%
Declined to Answer	1%

FIGURE 42. PRIMARY LANGUAGE (n=550)

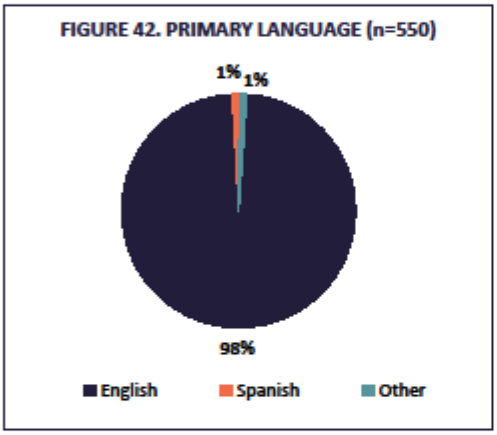


FIGURE 43. ETHNICITY (n=212)*

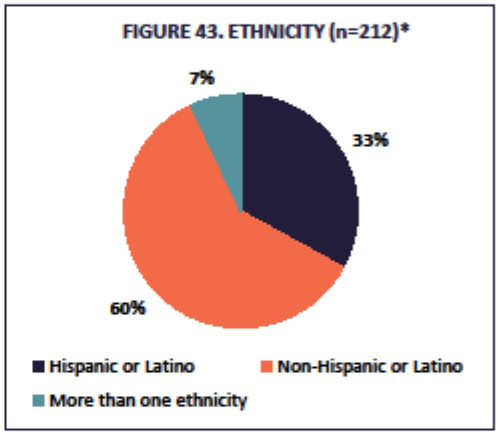


FIGURE 44.
HISPANIC ETHNICITIES (n=69)*

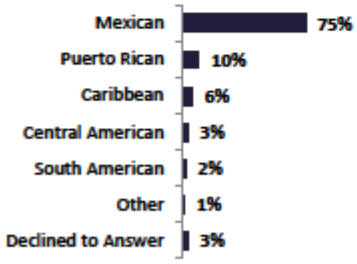
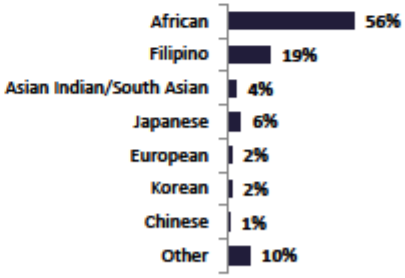


FIGURE 45.
NON-HISPANIC ETHNICITIES (n=128)*



*Percentages should be interpreted with caution due to high numbers of missing data

60

Suicide Prevention Program

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 multilingual 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

Data Collection Tools/Sources:
- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 Annual Service Level Report

Provider Location:
- Santa Cruz

Program Highlights: FY 17–18

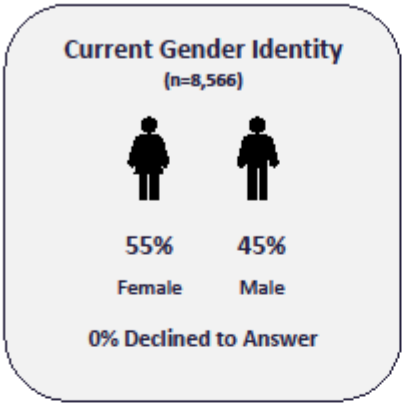
Program Activities and Reach
- 33 Suicide Crisis Line volunteers
- 549 Crisis Line calls from Monterey County*
- 24 Suicide prevention groups with 37 unduplicated attendees
- 15 Individuals receiving other grief support services*
- 140 Educational presentations and 10 trainings with 8,566 attendees*
- 16,424 Bilingual materials distributed

Participant Demographics
- 34% Age 0 to 15
- 55% Female (current gender identity)
- 63% Hispanic/Latino
- 53% Spanish speaking

Participant Residence
- 50% Salinas
- 37% Peninsula
- 9% South County
- 4% North County

*Some individuals may be duplicated

Participant Demographics*



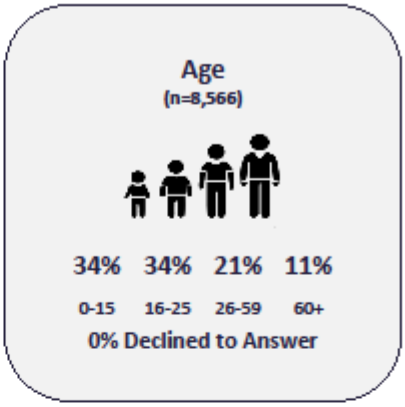
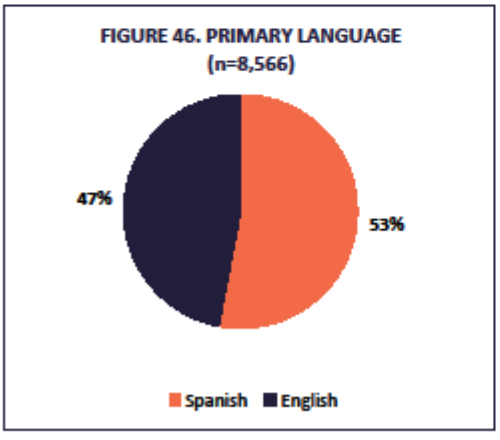
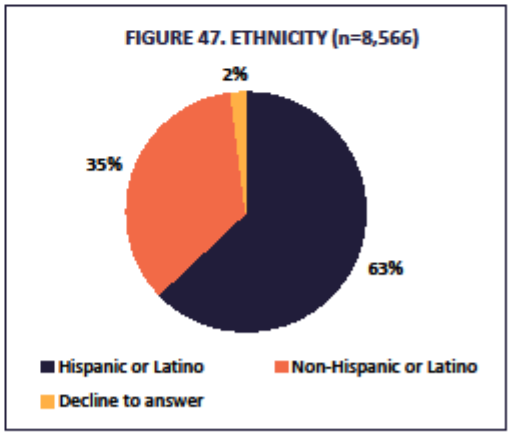


TABLE 42. GENDER IDENTITY AND SEXUAL ORIENTATION**

	FY 17–18
Current Gender Identity	(n=8,566)
Male	45%
Female	54%
Transgender	1%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	0%





*Participant demographics include both outreach presentation/training attendees as well as grief support service participants.
**Sex assigned at birth, sexual orientation, and race information not collected

TABLE 43. SUICIDE CRISIS LINE SERVICE DELIVERY

	FY 17–18
Number of Crisis Line Calls by Location	
Calls from Monterey County	549
Calls from Unidentified Location	1,548
Percentage of Completed Calls by Category*	
Crisis Calls	29%
Suicide Calls	71%
911 Calls	
Number of 911 Calls Made by Crisis Line Staff for Monterey County	29
Number of Bilingual Calls	28
Time-Limited Callers**	
Number of Time-Limited Callers	77
Volunteers	
Number of Recruited/Trained Volunteers	33

*Percentages of completed calls by category as reported by provider in Annual Service Level Report
**Identified by staff as continuous callers for whom Crisis Line is not the most appropriate resource (limited to one ten-minute call per day)

TABLE 44. GRIEF SUPPORT ACTIVITIES

	FY 17–18
Suicide Prevention Groups	
Number of Suicide Prevention Groups	24
Number of Unduplicated Persons Attending Groups	37
Other Grief Support Services	
Number of New Individuals Receiving Other Grief Support Services	15

TABLE 45. PREVENTION EDUCATION PRESENTATIONS AND TRAININGS

	FY 17–18
Presentations and Trainings	
Number of Presentations	140
Number of Trainings	10
Number of Attendees	8,566
Material Distribution	
Number of Bilingual Materials Distributed	16,424
Prevention Activity Locations	
ACCESS Support Network	Monterey County Behavioral Health
AFSP Survivor Day	Monterey County Juvenile Hall
AIM for Awareness Rally	Monterey County Rape Crisis Center
Alisal High School	Monterey County Senior Fair
Alliance on Aging	Monterey County Sheriff
Anxiety and Depression: A Public Forum	Monterey Peninsula College
ASIST	Monterey Peninsula PRIDE
Binational Health Week Closing Fair	Mt. Toro High School
Bright Young Minds	NAACP Hype FAIR at CSUMB
Buena Vista Middle School	NAMI Monterey County
California Institute for Behavioral Health	North Monterey County High School
California State University Monterey Bay	North Salinas High School
Cesar Chavez Café	Oak Ave Elementary School-Parent Café
City of Monterey	Pacific Grove Community High School
Dia del Trabajador	Radio Bilingue
Everett Alvarez High School	safeTALK
Family Radio	Salinas High School
Harmony at Home	San Benancio High School
Hartnell College	San Benancio Middle School
Interim, Inc	Senior Services
KSCO Radio Station	Service of Love Street
Marina High School	Vet Workshop
Mary Chapa Academy	Veterans Connect Resource Fair
Monterey County CIT	Vista Verde Middle School

Stigma and Discrimination Reduction Programs

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Success Over Stigma

Program Overview

Provider: Interim, Inc.

Population of Focus: Adults with mental illness and the community at large

Description: Success Over Stigma (SOS) is a consumer-led peer advocacy and outreach program dedicated to eradicating the stigma associated with mental illness. SOS creates forums where individuals with mental illness share their personal stories with the community and provide peer to peer outreach to people who are living with a mental illness

State Regulation Program Categories:

- Stigma and Discrimination Reduction

Data Collection Tools/Sources:

- SOS Program Outcomes FY 17–18
- 2017–2018 Interim, Inc. Annual Report

Provider Location:

- Salinas

Program Highlights: FY 17–18

Program Activities and Reach

- 2,661 audience members
- 31 Consumers/peers participated in and provided feedback at policy and advocacy committee meetings
- 48 Educational presentations conducted at inpatient units
- 46 Presentations conducted at schools, organizations, public agencies, and other community locations
- 9 General meetings held to support peer speakers
- 86 Peers trained to share their resiliency stories with others

TABLE 46. SUCCESS OVER STIGMA SERVICE DELIVERY

	FY 17–18
Consumer/Peer Training and Participation	
Consumers/Peers Trained on Anti-Stigma Messaging and Storytelling Techniques	86
Consumers/Peers Participating in Policy/Advocacy Committees	31
Presentations	
Presentations at Schools, Public Agencies, Community Locations	46
Hope and Recovery Inpatient Unit Presentations	48
Meetings	
General Meetings Held to Support Peer Speakers	9

45
Peers trained in storytelling techniques

25
Presentations; Exceeded annual goal by 84%

Presentation Outcomes

- 98% of presentation participants felt more aware of their own views and feelings about mental health (n=259)
- 90% felt that they would be able to recognize and correct misconceptions about mental health (n=259)

Outreach for Increasing Recognition of Early Signs of Mental Illness Programs

69

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; PEI funds support outreach and engagement activities to increase mental health awareness and timely access to mental health services by unserved/underserved low income communities on the Monterey Peninsula

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

Data Collection Tools/Sources:

- FY 17–18 MHSA PEI Data Reporting Form

Provider Location:

- Seaside

Program Highlights: FY 17–18

Program Activities and Reach

- 375 Individuals served*

Participant Demographics

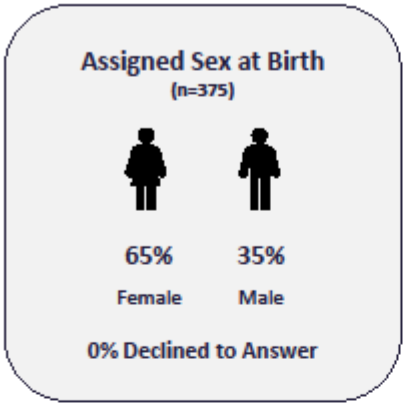
- 34% Age 0 to 15
- 65% Female (assigned sex at birth)
- 38% White**
- 30% Black or African American*
- 67% Reported one or more disabilities

Participant Residence

- 84% Peninsula
- 11% Salinas
- 4% North County

*Some individuals may be duplicated across quarters
**Percentage should be interpreted with caution due to high numbers of missing data

Participant Demographics



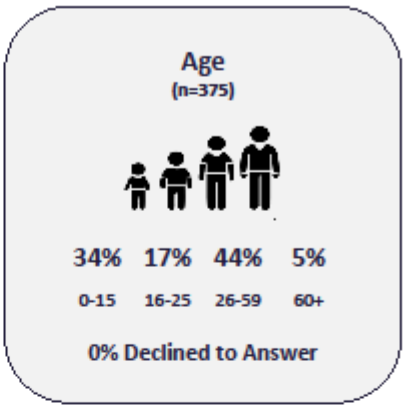


TABLE 47. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION*

	FY 17–18
Current Gender Identity	**(n=89)**
Male	32%
Female	64%
Transgender	2%
Genderqueer	2%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	0%
Sexual Orientation	**(n=156)**
Gay or Lesbian	8%
Heterosexual or Straight	87%
Bisexual	2%
Questioning or Unsure	2%
Queer	0%
Another Sexual Orientation	1%
Declined to Answer	0%

*Percentages should be interpreted with caution due to high numbers of missing data

TABLE 48. RACE

	FY 17–18
Race	(n=260)
American Indian or Alaska Native	0%
Asian	4%
Black or African American	30%
Native Hawaiian or other Pacific Islander	0%
White	38%
Other	28%
More than One Race	0%
Declined to Answer	0%

*Percentages should be interpreted with caution due to high numbers of missing data

FIGURE 48. PRIMARY LANGUAGE (n=375)

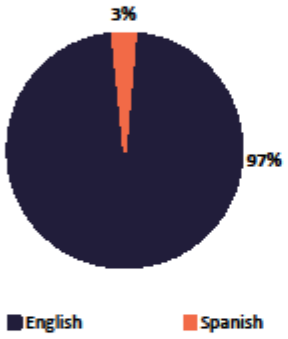


FIGURE 49. ETHNICITY (n=313)

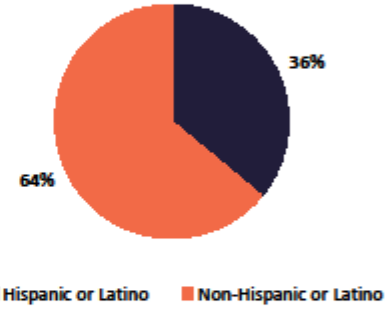


FIGURE 50.
HISPANIC ETHNICITIES (n=114)

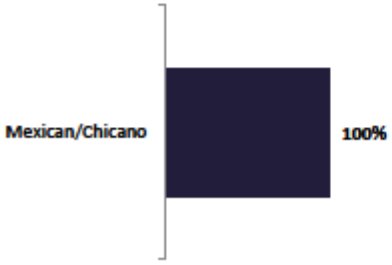
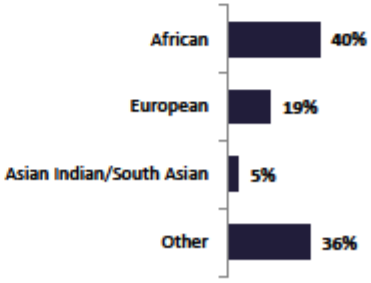


FIGURE 51.
NON-HISPANIC ETHNICITIES (n=199)



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Family Self-Help Support and Advocacy

Program Overview

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

Population of Focus: Individuals affected by mental illness and their family members, loved ones, and professional providers

Description: Provides education, outreach, support, and referrals to those affected by mental illness

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

Data Collection Tools/Sources:

- FY 17–18 MHSA PEI Data Reporting Form
- FY 17–18 NAMI Monterey County Annual County Partner Report

Provider Location:

- Salinas

Program Highlights: FY 17–18

Program Activities and Reach

- 1,887 Unduplicated individuals served
- 296 Follow-up calls and emails sent
- 57 Office walk-ins and calls
- 48 Community presentations
- 28 Support groups with over 104 attendees
- 11 New volunteers with 476 volunteer hours

Participant Demographics*

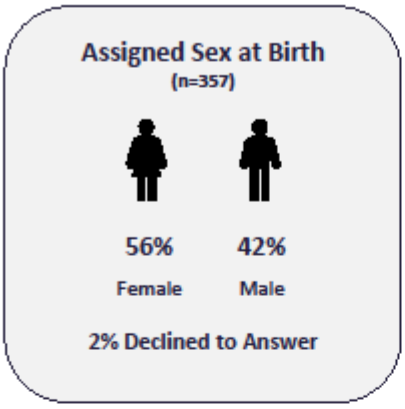
- 67% Age 0 to 15
- 56% Female (assigned sex at birth)
- 69% Hispanic/Latino
- 7% Veterans
- 23% Reported one or more disabilities

Participant Residence

- 42% Salinas
- 38% Peninsula
- 15% South County
- 5% North County

*Percentages should be interpreted with caution due to high numbers of missing responses

Participant Demographics*



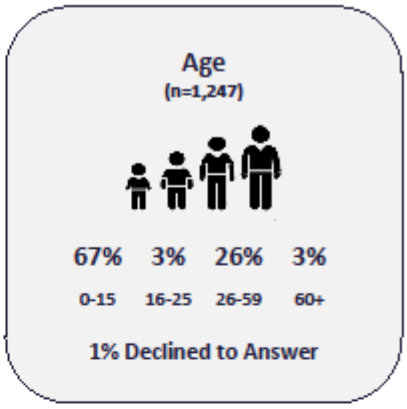


TABLE 49. CURRENT GENDER IDENTITY AND SEXUAL ORIENTATION

	FY 17–18
Current Gender Identity	**(n=326)**
Male	42%
Female	52%
Transgender	0%
Genderqueer	0%
Questioning or Unsure	0%
Another Gender Identity	0%
Declined to Answer	6%
Sexual Orientation	**(n=315)**
Gay or Lesbian	0%
Heterosexual or Straight	83%
Bisexual	2%
Questioning or Unsure	0%
Queer	0%
Another Sexual Orientation	0%
Declined to Answer	15%

*Demographic data percentages should be interpreted with caution due to high numbers of missing demographic data

TABLE 50. RACE

	FY 17–18
Race	(n=276)
American Indian or Alaska Native	1%
Asian	3%
Black or African American	2%
Native Hawaiian or other Pacific Islander	1%
White	47%
Other	29%
More than One Race	8%
Declined to Answer	9%

FIGURE 52. PRIMARY LANGUAGE (n=355)

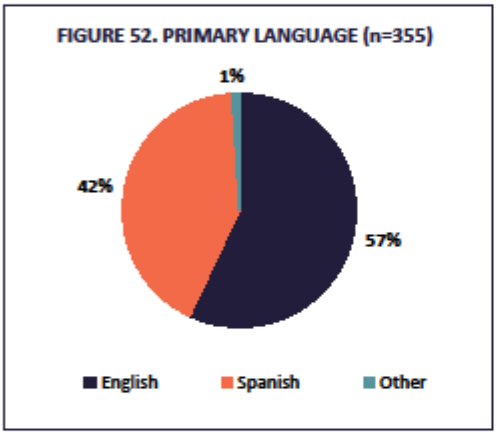


FIGURE 53. ETHNICITY (n=340)

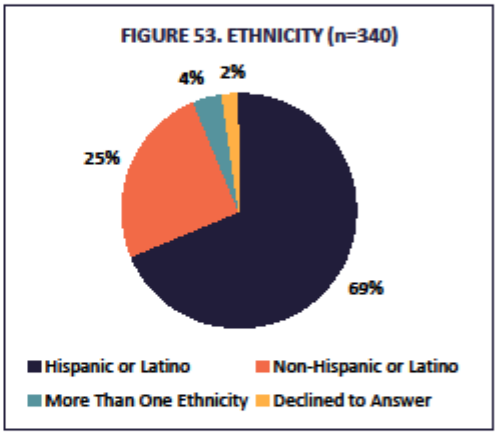


FIGURE 54.
HISPANIC ETHNICITIES (n=233)

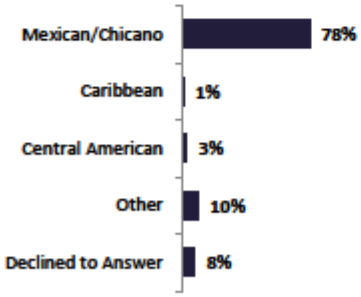
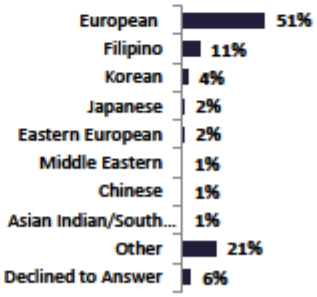


FIGURE 55.
NON-HISPANIC ETHNICITIES (n=86)



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Program Activities and Reach

TABLE 51. PROGRAM ACTIVITIES

	FY 17–18
Education Courses	
Number of Spanish Courses (*Familia-a-Familia, Persona-a-Persona*)	1
Number of English Courses (*Family to Family, Peer to Peer*)	3
Number of Participants	46
Number of Graduates	34
Trainings	
Number of Trainings (*Provider Education, Faith Leader, Crisis Intervention Team (CIT), law enforcement*)	7
Support Groups	
Number of Support Groups (*Connection Recovery Support Group, NAMI Family Support Group*)	32
Number of Group Attendees	130

TABLE 52. OUTREACH ACTIVITIES

	FY 17–18
Community Presentations	
Spanish Presentations	11
English Presentations	37
Community Events	
Number of resource tables presenting mental health information	31
Number of face-to-face contacts providing mental health information	2,232
Media	
Spanish Media Promotion (radio, TV, news, etc.)	4
Volunteers	
Trained Program Volunteer Hours (provider, family, and peer program volunteers)	459
New Trained Program Volunteers	1
General Volunteer Hours (non-programs: outreach, office, presentations)	17
New General Volunteers (family members, peers, community members)	10
Volunteer Administration/Board Member Hours	799

After receiving resources and support from NAMI through an initial phone call, email, or walk-in visit, individuals and family members were contacted to determine whether they followed through on recommended services and supports, as well as their perceptions of the helpfulness of the services or support.

TABLE 53. OUTREACH COMMUNICATION AND FOLLOW-UP ACTIVITIES

	FY 17–18
Outreach Communication	
Number of Phone Calls/Emails Received	483
Number of Office Walk-ins	57
Number of Packets Mailed Out	118
Follow-up	
Number of Follow-up Calls/Emails	296
Number of Follow-up Survey Respondents	113

- 42% of respondents were interested in registering for a NAMI program.
- 39% of respondents found the information provided helpful
- 30% of respondents were able to follow through and utilize initial resources and information provided

Challenges

NAMI identified challenges faced during FY 17–18, including:

- Difficulty in reaching participants for follow-up phone calls
- Lack of trust by community members due to fears about immigration status
- Low numbers of new Program Teachers as a result of training protocols (trained program volunteers must first be accepted and trained by NAMI California)
- Limited pool of trained Spanish Peer Facilitators
- Low participation from South County families
- Increase in small police department participation in CIT training, resulting in decreased demand for separate NAMI trainings

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 (Health Promoters) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services; provides information and referrals to services

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

Data Collection Tools/Sources:

- FY 17–18 Qualitative Quarterly Reports
- FY 17–18 Quantitative Quarterly Activities

Provider Location:

- Salinas

Program Highlights: FY 17–18

Program Activities and Reach

- 265 Attendees at 34 presentations across the county
- 30 Referrals to Monterey County Behavioral Health
- 34 Non-behavioral health referrals
- 25 Trainings for existing Promotores
- 12 New Promotores trained

FY 17-18 Demographic data not collected

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Program Activities and Reach

TABLE 54. PROMOTORES SERVICE DELIVERY

	FY 17–18
Presentations	
Number of Presentations to Community Members (conducted in Spanish)	34
Number of Presentation Attendees*	265
Primary Presentation Audiences	• Farmworkers • Heads of household • Latinos • School aides • Triqui and Mixtec speakers • Parents • Seniors
Presentation Locations	• Las Lomas • Pajaro Valley • Watsonville • Greenfield • Salinas • Soledad • Gonzales
Encounters	
Number of One-on-One Encounters with Community Members*	4,118
Referrals/Materials Provided	
Number of Monterey County Behavioral Health Referrals	30
Number of Non-behavioral Health Referrals	34
Types of Non-behavioral Health referrals	• Health • Monterey County Court • California Rural Legal Assistance • Immigration Rights Assistance • YWCA • Housing Tenant Rights • Big Sur Land Trust • Legal Services for Seniors

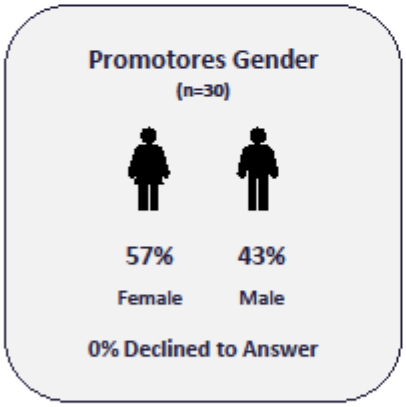
*Numbers may include duplicated individuals.

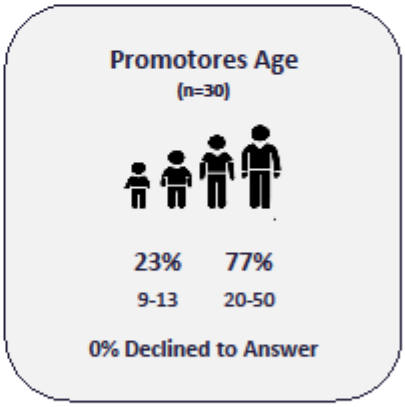
Specialized Training Topics for Promotores

- End of life
- Depression
- Resilience
- Impacts of Child Abuse
- Stress Reduction
- Mental Health

TABLE 55. NEW PROMOTORES TRAINED TO PROVIDE SERVICES TO COMMUNITY*

	FY 17–18
Gender	**(n=6)**
Female	5
Male	1
Age	**(n=12)**
25-40	2
40-55	9
55+	1
Ethnicity	**(n=12)**
Latino	12
Language	**(n=12)**
Spanish	8
Bilingual (English/Spanish)	4
Region of Residence	**(n=8)**
Salinas	2
Pajaro Valley	6





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Note: Demographic data reflects newly trained Promotores. PEI demographic data was not collected from program participants.

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 (Health Promoters) to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services; provides information and referrals to services and offers mental health counseling

State Regulation Program Categories:

- Outreach for Increasing Recognition of Early Signs of Mental Illness

Data Collection Tools/Sources:

- FY 17–18 Qualitative Quarterly Reports
- FY 17–18 Quantitative Quarterly Activities

Provider Location:

- Salinas

Program Highlights: FY 17–18

Program Activities and Reach

- 4 Presentations
- 10 Community outreach events
- 97 Individuals and families received 286 counseling sessions
- 5,427 One-on-one encounters with community members*
- 6 Referrals to Monterey County Behavioral Health
- 1,783 Individuals provided with non-behavioral health referrals*

*Some individuals may be duplicated across quarters.
FY 17-18 Demographic data not collected

Program Activities and Reach

TABLE 56. PROMOTORES PRESENTATIONS AND COMMUNITY OUTREACH

	FY 17–18
Presentations	
Number of Presentations on Mental Health	4
Presentation Topics	• How to recognize mental health struggles in family, friends and neighbors • Mental health and stress management • Identifying normal stress and anxiety in children and when to get help
Community Outreach	
Number of Community Outreach Events	10
Number of Flyers and Information Pamphlets	3,490
Number of Collaborative Meetings to Build Mental Health Service Delivery Model for the Latino Community	6
Community Outreach Event Locations	• CSUMB's Service Learning Center • Greenfield Dia del Trabajador/Farmworker Day • Salinas • Hebbron Family Center Spring Resource Fair
Populations Targeted Through Community Outreach	• South County residents including Spanish speakers • Spanish speaking students • Agricultural workers

TABLE 57. PROMOTORES DIRECT SERVICES PROVIDED TO COMMUNITY MEMBERS

	FY 17–18
Direct Clinician Service and Counseling	
Number of Individuals and Families Receiving Mental Health Services	97
Number of Counseling Sessions	286
Encounters and Referrals	
Number of One-on-One Encounters with Community Members*	5,427
Number of Monterey County Behavioral Health Referrals	6
Number of Individuals Provided with Non-Behavioral Health Referrals*	1,783
Types of Non-Behavioral Health Referrals	• Immigration services • Legal assistance • Educational resources • Housing resources • Support in completing paperwork • Medical assistance • Domestic violence resources • Economic aid agencies

*Some individuals may be duplicated across quarters.

Community Context

Outreach to the community by Promotores Mental Health Program revealed information about community context in FY 17–18. Members of the community express concern regarding:

- The limited number of therapists available to work with children in the county
- Possible new restrictions in Medi-Cal's ability to reimburse all mental health services from all providers
- There was increased concern about future access to Medi-Cal due to proposed federal changes to the Affordable Care Act
- There was increased parent and child stress due to fears about deportation of family members

APPENDIX A: FY 17–18 PEI PROGRAMS BY STATE CATEGORY

PEI Program Category Program (*Provider*)
Prevention
Epicenter *(The Epicenter)*
Parent Education Partnership, Multi-Lingual Parent Education *(Community Human Services)*
Senior Companion Program *(Seniors Council of Santa Cruz and San Benito Counties)*
Senior Peer Counseling *(Alliance on Aging)*
Early Intervention
Family Support Groups *(Monterey County Behavioral Health)*
Mental Health Services at Archer Child Advocacy Center *(Monterey County Behavioral Health)*
OMNI Resource Center *(Interim, Inc.)*
Mobile Crisis Team (*Monterey County Behavioral Health)*
Prevention and Recovery in Early Psychosis (PREP) *(Felton Institute)*
School-Based Domestic Violence Counseling *(Harmony at Home)*
School-Based Counseling *(Pajaro Valley Prevention and Student Assistance)*
Seaside Youth Diversion Program *(Monterey County Behavioral Health)*
Silver Star Resource Center *(Monterey County Behavioral Health)*
Access and Linkage to Treatment
2-1-1 *(United Way of Monterey County)*
Chinatown Learning Center *(Interim, Inc.)*
Veterans Reintegration Transition Program *(Monterey County Military & Veterans Affairs Office)*
Suicide Prevention
Suicide Prevention Service *(Family Service Agency of the Central Coast)*
Stigma and Discrimination Reduction
Success Over Stigma *(Interim, Inc.)*
Outreach for Increasing Recognition of Early Signs of Mental Illness
African American Community Partnership *(The Village Project, Inc.)*
Family Self-Help Support and Advocacy *(NAMI Monterey County)*
Latino Community Partnership *(Center for Community Advocacy)*
Promotores Mental Health Program *(Central Coast Citizenship Project)*

APPENDIX B: TOTAL NUMBER OF CLIENTS SERVED

Program Name	Number Served
Epicenter (The Epicenter)	336
Parent Education Partnership, Multi-Lingual Parent Education (Community Human Services)	575
Senior Companion Program (Seniors Council of Santa Cruz and San Benito Counties)	15*
Senior Peer Counseling (Alliance on Aging)	552
African American Community Partnership (The Village Project, Inc.)	375*
Family Support Groups (Monterey County Behavioral Health)	44
Mental Health Services at Archer Child Advocacy Center (Monterey County Behavioral Health)	247*
Mobile Crisis Team (Monterey County Behavioral Health)	411*
OMNI Resource Center (Interim, Inc.)	742*
Prevention and Recovery in Early Psychosis (PREP) (Felton Institute)	57*
School-Based Domestic Violence Counseling (Harmony at Home)	450*
School-Based Counseling (Pajaro Valley Prevention and Student Assistance)	131*
Seaside Youth Diversion Program (Monterey County Behavioral Health)	2
Silver Star Resource Center (Monterey County Behavioral Health)	78*
2-1-1 (United Way of Monterey County)	10,587*
Chinatown Learning Center (Interim, Inc.)	477
Veterans Reintegration Transition Program (Monterey County Military & Veterans Affairs Office)	553*
Suicide Prevention Service (Family Service Agency of the Central Coast)	8,566*
Success Over Stigma (Interim, Inc.)	2,661*
Family Self-Help Support and Advocacy (NAMI Monterey County)	1,887
Latino Community Partnership (Center for Community Advocacy)	265*
Promotores Mental Health Program (Central Coast Citizenship Project)	97*
Total	**29,108**

*Total number of clients served may include duplicated individuals.

Preface to Appendices C through E: Demographic Data Across Programs

Appendices C through E present PEI required demographic questions and the number of participants who belong to each demographic category. The demographic questions and selection options are shown in the rows. The number of participants who selected each option are presented by program in the columns, and the final column displays the grand total. The total number of respondents is reported at the top of each demographic question in the darker rows. For those programs who did not ask their participants a given demographic question, that portion of the column is greyed out. Please note that each appendix spans two pages.

APPENDIX C: AGE, GENDER, AND SEXUAL ORIENTATION ACROSS PROGRAMS

	Epicenter*	Parent Education Partnership*	Senior Companion Program	Senior Peer Counseling	African American Community Partnership	Mental Health Services at Archer*	Mobile Crisis Team*	OMNI Resource Center	Prevention and Recovery in Early Psychosis	School-Based DV Counseling
Age (total respondents)	**336**	**575**	**15**	**508**	**375**	**247**	**411**	**742**	**57**	**450**
0 to 15 years	23	0	0	0	126	209	90	0	2	424
16 to 25 years	191	49	0	12	65	38	88	52	45	7
26 to 59 years	107	518	4	68	164	0	161	543	10	0
60 years and older	13	8	11	402	20	0	72	115	0	0
Declined to answer	2	0	0	26	0	0	0	32	0	19
Assigned Sex at Birth (total respondents)	**68**	**575**	**15**	**491**	**375**	**246**	**411**	**742**	**57**	**450**
Male	20	194	7	177	132	43	202	372	46	240
Female	42	381	8	313	243	203	209	354	11	195
Declined to answer	6	0	0	1	0	0	0	16	0	15
Current Gender Identity (total respondents)	**103**	**575**	**15**	**468**	**89**			**742**	**57**	**450**
Male	33	194	7	65	28			335	44	26
Female	37	381	8	204	57			313	12	32
Transgender	19	0	0	0	2			4	0	0
Genderqueer	0	0	0	0	2			1	0	0
Questioning or unsure	0	0	0	0	0			0	0	1
Another gender identity	4	0	0	0	0			0	1	0
Declined to answer	10	0	0	199	0			89	0	391
Sexual Orientation (total respondents)	**136**		**15**	**505**	**156**			**742**	**57**	**450**
Gay or Lesbian	19		0	2	12			12	1	0
Heterosexual or Straight	60		15	327	137			397	50	41
Bisexual	15		0	2	3			19	3	5
Questioning or unsure	4		0	0	3			1	0	1
Queer	10		0	0	0			1	0	0
Another sexual orientation	7		0	0	1			8	2	2
Declined to answer	21		0	174	0			304	1	401

*Gender/Sexual Orientation data not collected according to PEI regulations for this program in FY 17-18.

APPENDIX C (CONTINUED): AGE, GENDER, AND SEXUAL ORIENTATION ACROSS PROGRAMS

	School-Based Counseling	Seaside Youth Diversion Program*	Silver Star Resource Center*	2-1-1*	Chinatown Learning Center	Veteran's Re-Integration Transition Program	Suicide Prevention Service*	Family Self-Help Support and Advocacy	Total
Age (total respondents)	**131**	**2**	**78**	**10,402**	**477**	**550**	**8,566**	**1,247**	**25,169**
0 to 15 years	121	2	53	25	2	0	2,924	845	**4,846**
16 to 25 years	10	0	24	600	24	8	2,890	36	**4,139**
26 to 59 years	0	0	1	4,139	368	213	1,817	325	**8,438**
60 years and older	0	0	0	1,110	51	329	934	33	**3,098**
Declined to answer	0	0	0	4,528	32	0	1	8	**4,648**
Assigned Sex at Birth (total respondents)	**131**	**2**	**78**	**8,332**	**474**	**553**		**357**	**13,357**
Male	64	1	29	2,135	270	433		150	**4,515**
Female	67	1	49	6,193	175	120		199	**8,763**
Declined to answer	0	0	0	4	29	0		8	**79**
Current Gender Identity (total respondents)	**131**				**475**	**552**	**8,566**	**326**	**12,549**
Male	64				268	432	3,895	137	**5,528**
Female	67				175	120	4,627	170	**6,203**
Transgender	0				0	0	26	0	**51**
Genderqueer	0				0	0	0	0	**3**
Questioning or unsure	0				1	0	0	0	**2**
Another gender identity	0				1	0	18	0	**24**
Declined to answer	0				30	0	0	19	**738**
Sexual Orientation (total respondents)	**131**				**477**	**551**		**315**	**3,535**
Gay or Lesbian	0				28	5		1	**80**
Heterosexual or Straight	93				362	537		260	**2,279**
Bisexual	0				48	4		6	**105**
Questioning or unsure	0				8	0		0	**17**
Queer	0				1	0		0	**12**
Another sexual orientation	0				0	0		1	**21**
Declined to answer	38				30	5		47	**1,021**

*Gender/Sexual Orientation not collected according to PEI regulations for this program in FY 17-18

Note: Age, Gender, and Sexual Orientation data were not collected in FY 17-18 for the following programs: Family Support Groups, Success Over Stigma, Latino Community Partnership, and Promotores Mental Health Program

APPENDIX D. RACE AND ETHNICITY ACROSS PROGRAMS

	Epicenter	Parent Education Partnership*	Senior Companion Program*	Senior Peer Counseling	African American Community Partnership	Mental Health Services at Archer*	Mobile Crisis Team*	OMNI Resource Center	Prevention and Recovery in Early Psychosis	School-Based DV Counseling
Race (total respondents)	**106**	**575**	**15**	**484**	**251**	**61**	**110**	**742**	**57**	**450**
American Indian or Alaska Native	2	4	0	0	0			13	0	19
Asian	3	4	0	5	9	3	12	13	3	5
Black or African American	11	10	0	4	79	7	16	36	5	3
Native Hawaiian or Pacific Islander	0	6	0	2	0			17	4	6
White	17	86	0	453	99	41	49	289	40	130
Other	53	427	15	16	73	10	33	244	4	65
More than one race	5	21	0	1	0			125	1	33
Declined to answer	15	17	0	3	0			5	0	189
Ethnicity (total respondents)	**150**	**575**	**15**	**365**	**313**	**186**	**181**	**742**	**57**	**450**
Hispanic or Latino	94	368	15	316	114	186	181	321	31	315
Caribbean	0			0	0			1	0	0
Central American	0			0	0			1	0	4
Mexican/Mexican-American/Chicano	94			315	114			290	31	232
Puerto Rican	0			0	0			1	0	3
South American	0			0	0			3	0	1
Other	0			1	0			24	0	50
Declined to answer	0			0	0			1	0	25
Non-Hispanic or Latino	56	207	0	48	199			259	25	55
African	8			2	79			27	5	2
Asian Indian/South Asian	3			0	10			1	1	2
Cambodian	0			0	0			1	0	0
Chinese	0			0	0			1	0	0
Eastern European	5			6	0			3	4	0
European	11			20	37			132	8	1
Filipino	1			2	0			22	5	5
Japanese	0			0	0			1	0	0
Korean	0			0	0			5	1	0
Middle Eastern	0			2	0			2	0	0
Vietnamese	0			0	0			0	0	0
Other	10			5	73			57	1	41
Declined to answer	18			11	0			7	0	4
More than one Ethnicity	0			1	0			154	1	37
Declined to answer	0			0	0			8	0	43

*Race and Ethnicity data not collected according to PEI regulations for this program in FY 17-18

APPENDIX D (CONTINUED): RACE AND ETHNICITY ACROSS PROGRAMS

	School-Based Counseling	Seaside Youth Diversion *	Silver Star Resource Center*	2-1-1*	Chinatown Learning Center	Veteran's Re-Integration Transition	Suicide Prevention Service*	Family Self-Help Support and Advocacy	Total
Race (total respondents)	**131**		**27**	**2,028**	**225**	**543**		**276**	**6,090**
American Indian or Alaska Native	0			41	7	3		3	**92**
Asian	0		2	115	23	31		9	**237**
Black or African American	0		2	200	31	67		5	**476**
Native Hawaiian or other Pacific Islander	0		0	28	1	9		2	**75**
White	1		10	984	104	398		130	**2,831**
Other	128		13	259	18	3		81	**1,442**
More than one race	0				18	29		21	**254**
Declined to answer	2			401	23	3		25	**683**
Ethnicity (total respondents)	**131**	**2**	**78**	**4,125**	**480**	**212**	**8,566**	**340**	**16,968**
Hispanic or Latino	**128**	**2**	**51**	**3,879**	**255**	**69**	**5,371**	**233**	**11,929**
Caribbean	0				0	4		2	**7**
Central American	0				0	2		6	**13**
Mexican/Mexican-American/Chicano	119				171	52		181	**1,599**
Puerto Rican	0				18	7		1	**30**
South American	0				2	1		1	**8**
Other	9				31	1		23	**139**
Declined to answer	0				33	2		19	**80**
Non-Hispanic or Latino	**1**	**0**	**27**		**202**	**128**	**2,985**	**86**	**4,251**
African	0				22	71		0	**216**
Asian Indian/South Asian	0				2	5		1	**25**
Cambodian	0				1	0		0	**2**
Chinese	0				3	1		1	**6**
Eastern European	0				78	0		2	**98**
European	0				36	3		44	**292**
Filipino	0				17	24		9	**85**
Japanese	0				0	8		2	**11**
Korean	0				4	3		3	**16**
Middle Eastern	0				2	0		1	**7**
Vietnamese	0				1	1		0	**2**
Other	1				13	12		18	**231**
Declined to answer	0				23	0		5	**68**
More than one Ethnicity	**0**			**246**	**23**	**13**		**13**	**488**
Declined to answer	**2**				**0**	**2**	**210**	**8**	**273**

*Race and Ethnicity data not collected according to PEI regulations for this program in FY 17-18

Note: Race and ethnicity data were not collected in FY 17-18 for the following programs: Family Support Groups, Success Over Stigma, Latino Community Partnership, Promotores Mental Health Program

APPENDIX E: DISABILITY, PRIMARY LANGUAGE, AND VETERAN STATUS ACROSS PROGRAMS

	Epicenter*	Parent Education Partnership*	Senior Companion Program	Senior Peer Counseling	African American Community Partnership	Mental Health Services at Archer*	Mobile Crisis Team*	OMNI Resource Center	Prevention and Recovery in Early Psychosis	School-Based DV Counseling*
Disability (total respondents)			15	501	252			887	57	465
Total Number of Disabilities**			15	151	252			721	5	123
Total communication disability			0	47	6			324	1	64
Difficulty seeing			0	34	5			157	0	34
Difficulty hearing or having speech understood			0	13	1			86	1	20
Other communication difficulty			0	0	0			81	0	10
Mental disability			15	24	237			113	3	24
Physical or mobility disability			0	56	9			88	0	0
Chronic health condition			0	14	0			114	0	9
Other			0	0	0			82	1	26
No Disability			0	103	0			107	52	218
Declined to answer			0	257	0			59	0	124
Primary Language (total respondents)	84	575	15	430	375	247	411	742	57	450
English	55	368	0	182	365	212	370	582	42	253
Spanish	28	207	15	247	10	32	37	155	13	161
Other	1	0	0	1	0	3	4	5	2	36
Veteran Status (total respondents)	86		14	433	5			742	57	
Yes	1		1	46	5			27	1	
No	85		13	386	0			715	56	
Declined to answer	0		0	1	0			0	0	

*Disability, Primary Language, and/or Veteran Status not collected according to PEI regulations for this program in FY 17-18

**Respondents could select more than one disability. Therefore, total number of disabilities may exceed total number of respondents.

APPENDIX E (CONTINUED): DISABILITY, PRIMARY LANGUAGE, AND VETERAN STATUS

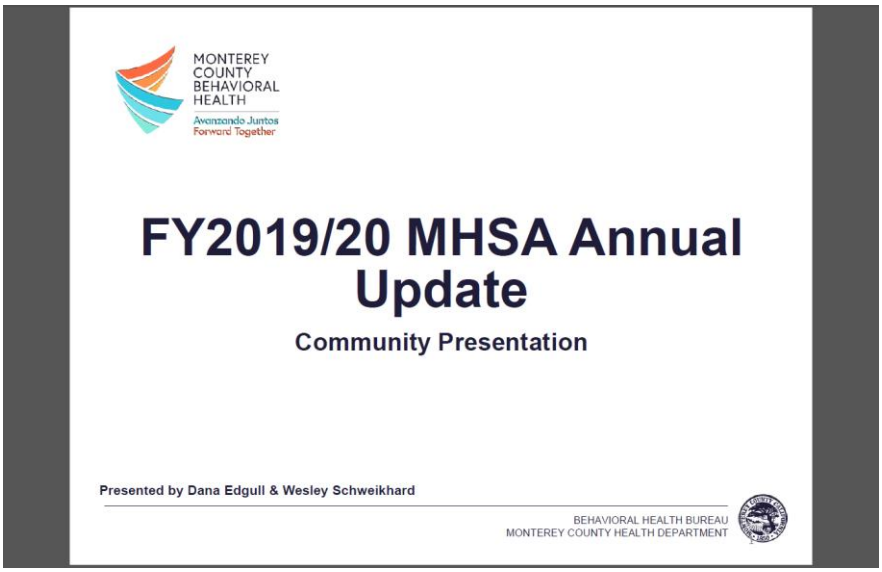
	School-Based Counseling	Seaside Youth Diversion Program*	2-1-1*	Silver Star Resource Center*	Chinatown Learning Center	Veteran's Re-Integration Transition Program	Suicide Prevention Service*	Family Self-Help Support and Advocacy	Total
Disability (total respondents)	131				478	985		346	4,117
Total Disability**	8				222	920		80	2,497
Total communication disability	4				13	158		42	659
Difficulty seeing	1				9	1		22	263
Difficulty hearing or having speech understood	2				4	157		17	301
Other communication difficulty	1				0	0		3	95
Mental disability	4				27	236		4	687
Physical or mobility disability	0				26	278		5	462
Chronic health condition	0				146	191		16	490
Other	0				10	57		13	189
No Disability	123				227	57		241	1,128
Declined to answer	0				29	8		25	502
Primary Language (total respondents)	131	2	8,497	78	477	550	8,566	355	22,042
English	47	0	5,854	66	320	544	4,013	202	13,445
Spanish	83	2	2,638	9	116	3	4,553	151	8,460
Other	1	0	5	3	41	3	0	2	107
Veteran Status (total respondents)	131				474	553		332	2,827
Yes	0				20	475		24	600
No	131				421	77		302	2,186
Declined to answer	0				33	1		6	41

*Disability, Primary Language, and/or Veteran Status not collected according to PEI regulations

**Respondents could select more than one disability

Note: Disability, Veteran Status, and/or Language data were not collected in FY 17-18 for the following programs: Family Support Groups, Mental Health Services at Archer Child Advocacy Center, Success Over Stigma, Latino Community Partnership, and Promotores Mental Health Program.

Appendix III: FY20 Annual Update Stakeholder Presentation



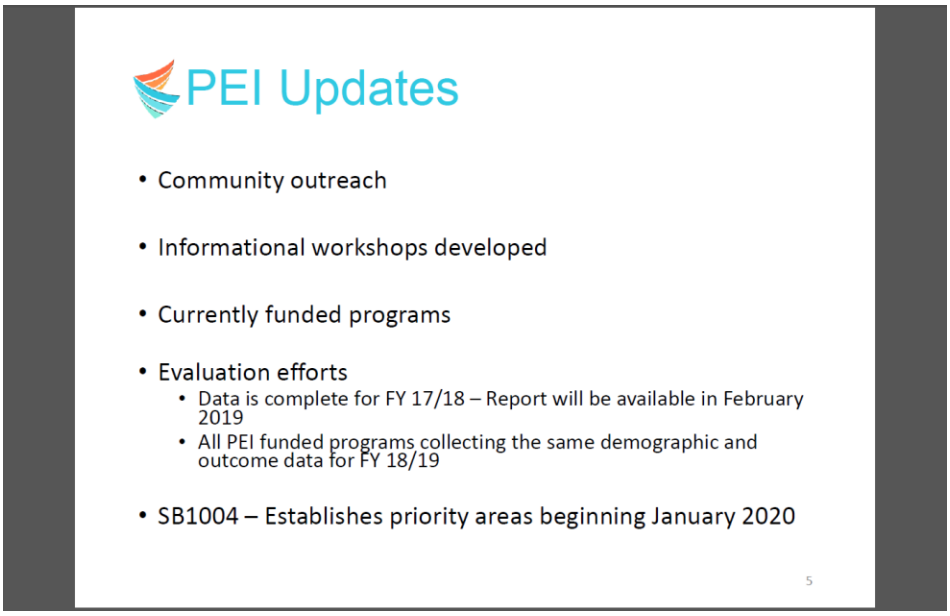
What is MHSA?

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:

MHSA Funding Components

- ***Prevention & Early Intervention (PEI)***
- ***Innovations (INN)***
- Community Services & Supports (CSS)
- Capital Facilities and Technical Needs (CFTN)
- Workforce Education and Training (WET)


PEI Updates
• Community outreach
• Informational workshops developed
• Currently funded programs
• Evaluation efforts
• Data is complete for FY 17/18 – Report will be available in February 2019
• All PEI funded programs collecting the same demographic and outcome data for FY 18/19
• SB1004 – Establishes priority areas beginning January 2020
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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
MONTEREY COUNTY BEHAVIORAL HEALTH
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Innovation Updates

- All 3 Innovation Plans approved by MHSOAC
  - Transportation Coaching by Wellness Navigators
  - Screening for Timely Access (Web-based Application)
  - Micro-Innovation Grants for Increasing Latino Engagement
- Ideas resulted from years of:
  - Community input identifying transportation as a barrier to access and;
  - Data identifying a persistent gap in services being provided to Hispanic/Latino communities
- Project ideas vetted with community in Fall '17 – Spring '18 during 3-Year MHSA planning and annual updates processes

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Transportation Coaching by Wellness Navigators

- **Goal:** Teach clients transportation skills to reach appointments and other activities to improve wellness
- **Method:** Develop a transportation needs assessment tool to create individualized plans, and employ peer wellness-navigators (WN's) to facilitate training
- **Target Population:** All adults engaged in local mental health services who would like to participate
- **Timeline/Status**
  - January – June 2019: Develop assessment tool and training curriculum; hire and train WN's
  - July 2019 – June 2021: Offer assessments and coaching services
  - July 2021 – December 2021: Evaluate and conclude project

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Screening to Timely Access

- **Goal:** Help individuals access mental health services
- **Method:** Develop web-based application to screen individuals for a broad range of mental health disorders and provide appropriate referral to local resource
- **Target Population:** Individuals at-risk of mental health disorder (not currently engaged in mental health services)
- **Timeline/Status**
  - January – June 2019: Identify web developers
  - July 2019 – December 2019: Build application and beta test
  - January 2020 – December 2021: Promote county-wide use of application and perform evaluation of product/project

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Micro-Innovation Grants for Increasing Latino Engagement

- **Goal:** Increase access to and quality of services
- **Method:** Provide mini-grants to public, partners and staff of MCBH system, to support activities aimed at engaging Latino communities with local MH resources
- **Target Population:** Unserved and underserved populations (particularly Latino communities)
- **Timeline/Status**
  - April 2019: Begin accepting and reviewing applications
  - July 2019 – June 2020: Cohort #1 implements projects
  - Jan. 2020 – Dec. 2020: Cohort #2 implements projects
  - July 2020 – June 2021: Cohort #3 implements projects

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Micro-Innovation Grants for Increasing Latino Engagement

- Application Requirements:
  - Learning goals related to State and County objectives
  - Target population
  - Anticipated outcomes
  - Strategies/Methods of activity (i.e. project details)
  - Staffing/Labor requirements
  - Budget
  - What will be evaluated, and how
- Applications will be reviewed by a panel of stakeholders
- Panel will refine plans with successful applicants
- Formal announcements requesting applications will be made, but leave us your contact information today if interested in applying
- Application workshops to be held in Winter/Spring '19

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Prioritizing Community Needs

- Supporting workforce retention
- Improving clinic environments and Tele-Medicine services
- Evaluating how to reduce involvement in the criminal justice system for individuals with mental health disorders
- Providing more supports to individuals and families in mental health crises
- Creating local options for youth who need intensive treatment
- Cultural competence training and coaching
- Developing youth and family leadership

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Questions / Comments

Additional comments can be directed to:

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Appendix IV: Comments Received During 30-Day Public Review Period and Staff Response

From: Rosa Rivas
Affiliation(s): Monterey County Behavioral Health Commissioner
Date Received: 3/28/2019
Summary of Comments Received:
Speaking from experience working in a school, Rosa identified that when a child has a learning disability, physical or emotional need, schools do IEP's and try to provide families with wraparound services. Rosa noted on Page 3 of the Update, 50% of funds was to be allocated for full service partnerships, for moderate to severe mental illness and "their FAMILIES". However, it was noted only (1) one Family Member attended the MHSA Annual Stakeholders Meeting.

Rosa further noted that Latino families, or any family, would benefit from having a social worker / Nurse that can do home visits – similar to the Mobile Crisis Response. Rosa also noted that many Latino families go without medical care due to not having transportation, insurance, missing work, and other reasons. Rosa would like a team of experts to work like a crisis team and do home visits, providing information, education on mental health and nutrition for families.

Rosa noted most of PEI programs serve families with small children, and none serve adults over the age of 26. Furthermore, Patricia feels "parenting classes" for families with small children is not enough, and a mobile team providing home visits would be more beneficial.

County Response to Rosa Rivas:
Regarding only "one family member" attending MHSA stakeholder meetings, MCBH staff was not able to collect comprehensive demographic and categorical data from the individuals who participated in the CPP. For this last round, a "Community Member Comment Form" was created that has categories individuals could select that would let us know what stakeholder groups they represent. We asked for people to complete this at the end of the meeting and we had a very low response rate of attendees completing this form. We had everyone sign-in and our sign-in sheet asked for a person's "Affiliation/Organization" and in some instances this was left blank. We will be modifying our sign-in sheets to collect more comprehensive information that will allow the participants to self-identify in all of the categories that apply to them, so for example a person can identify as a "consumer" and a "community member" at the time that they sign in so we will capture more comprehensive data moving forward. Additionally, we acknowledge there are challenges to involve more families in our stakeholder meetings and will be working with a consultant and the BH Commission to develop a more effective strategy for stakeholder engagement in our upcoming 3 year MHSA Program and Expenditure Plan process.

For the mobile service idea, we are looking for additional funds to expand our Mobile Crisis Response to children/youth. Developing additional family support services will also be part of the upcoming 3 year MHSA Program and Expenditure Plan process.

For the school-based services for children with IEPs, BH has agreements with most of Monterey County school districts to support a therapist in working in the school to provide services and referrals to more intensive services such as wraparound, when indicated. This service is funded outside of MHSA, using SELPA funding. Also note that when using MHSA funds, wraparound services are more appropriately funded under CSS and not PEI.

Regarding PEI services for adults, there exist 10 PEI services targeting adults as indicated in this current 3-Year Plan and this Annual Update.

From: Barbara Mitchell
Affiliation(s): Executive Director, Interim Inc.
Date Received: 4/1/2019
Summary of Comments Received:
Barbara was pleased the new ACT program was discussed as a method to provide more services to unserved/ underserved families in the Salinas Valley with a focus on Latino families. Her agency, Interim Inc., is working in partnership with MCBH on implementing this program, and hopes to eventually obtain office space in King City or Soledad to have a base for services. In addition, Barbara saw there was a need expressed to expand OMNI services to South County and stated Interim is willing to expand peer operated wellness services to South County, but would need additional funding. Interim has previously tried having clients come to OMNI in Salinas from South County, and tried having some activities in South County, but this hasn't proven to be cost effective due to the costs/ time of staff transport and the low numbers of participants. Barbara hopes, in the future, Interim can combine offices for some of Interim's community services (dual recovery and ACT) with a wellness center in King City or Soledad. Interim is also open to partnership opportunities with other agencies or the County in order to expand wellness services in South County. Regarding, Interim's Success Over Stigma program, Barbara was pleased Interim's anti-stigma programs and community education was recognized and notes these are entirely peer run programs.

County Response to Barbara Mitchell:
MCBH appreciates the collaborative partnership with Interim, Inc. Expansion of services, funding and facilities to support South County will be part of the upcoming 3 year MHSA Program and Expenditure Plan process.

From: Joe Livernois
Affiliation(s): President, NAMI Monterey County
Date Received: 4/2/2019
Summary of Comments Received:
On behalf of NAMI Monterey County, Joe noted that NAMI should be listed among the providers in Table 1, in both PEI-04 and PEI-03, as NAMI provides both family support & education, and stigma reduction and advocacy services.

County Response to Joe Livernois:
The PEI Regulations require counties to report out on outcomes and other data according to the type of PEI program/service. MCBH recognizes NAMI for including stigma and discrimination reduction efforts, but did assign their MHSA-funded family support and advocacy program under the Outreach for Increased Awareness and Early Signs of Mental Illness program category to facilitate simpler reporting requirements for NAMI. These labels are driven by state regulations and are not an inclusive description of what each agency offers the community.

From: Members of Monterey County Behavioral Health Commission (BHC)
Affiliation(s): Monterey County Behavioral Health Commission
Date Received: 4/9/2019 via meeting minutes provided by BHC Secretary
Summary of Comments Received:

During the March BHC meeting, several Commissioners made remarks on the Update.

Commissioner Herrera questioned why there were only nine "community members" out of the 100 attendees. Commissioner Herrera would like the BHC and Monterey County Behavioral Health (MCBH) Bureau to develop a strategy for more community input in the planning process.

Chair Fosler asked that there be an agenda item at the next meeting to investigate this report.

Supervisor Lopez suggested that Commissioners share the outlets they know to reach out to the community through the radio, television, etc. to help spread the word about the work being done.

Commissioner Rivas expressed a concern about having wrap-around services for adults and family members. Commissioner Rivas said that the draft plan does not have a program for the families and resource information should be provided for them.

County Response to BHC Comments:
Regarding the concern of only nine "community members" attending MHSA stakeholder meetings, MCBH staff was not able to collect comprehensive demographic and categorical data from the individuals who participated in the CPP. For this last round, a "Community Member Comment Form" was created that has categories individuals could select that would let us know what stakeholder groups they represent. We asked for people to complete this at the end of the meeting and we had a very low response rate of attendees completing this form. We had everyone sign-in and our sign-in sheet asked for a person's "Affiliation/Organization" and in some instances this was left blank. We will be modifying our sign-in sheets to collect more comprehensive information that will allow the participants to self-identify in all of the categories that apply to them, so for example a person can identify as a "consumer" and a "community member" at the time that they sign in so we will capture more comprehensive data moving forward. Additionally, we acknowledge there are challenges to involve more community members in our stakeholder meetings and will be working with a consultant and the BH Commission to develop a more effective strategy for stakeholder engagement in our upcoming 3 year MHSA Program and Expenditure Plan process.

Developing, reforming and/or supporting new and existing outreach and wraparound type activities will be brought forward in the upcoming 3 year Program and Expenditure Plan process.

From: Eileen Brown
Affiliation(s): Director of Multi-Tiered Systems of Support, North Monterey County Unified School District
Date Received: 4/13/2019
Summary of Comments Received:
Eileen is the Director of Health Services, including mental health, in the N. Monterey County Unified School District. Eileen noted there are no MHSA-funded services dedicated to or located in Castroville, which Eileen finds troubling as over 1/3 of NMCUSD student population as homeless, and had over 700 referrals for school based counseling in just one year. Additionally, 10% of their students have missed more than 18 days of school, often due to mental health reasons of the students or parents. Many more students have experienced trauma.

Eileen also noted that North County families can often not travel to Salinas for basic services, nor could they travel to Seaside or Monterey for some of the offerings. And as a predominantly Latino population (85%) these are one of MCBH's targeted groups.

Eileen was surprised to read that PVPSA is receiving funds through Monterey County MHSA, as they serve a tiny number of students living in Monterey County, while NMCUSD serves 4,500 students and do not benefit from PVPSA's services in their District.

Eileen respectfully requests MCBH include funding for satellite services delivered in Castroville and NMCUSD happily will provide a location. Eileen also suggested MCBH host an input session in Castroville in the future so North County families can give input in advance.

County Response to Eileen Brown:
Pajaro Valley Prevention and Student Assistance (PVOSA) served 123 youth in North County in FY 2018. Using SELPA funding (which is separate from MHSA), MCBH has an MOU with NMCUSD to provide a therapist to their schools. This therapist served 37 students in 2018. County staff appreciates the information and concern for the broader NMCUSD student body and staff and will take these into consideration during future planning processes.

From: Pamela Weston
Affiliation(s): NorcalMHA Access Ambassador
Date Received: 4/12/2019
Summary of Comments Received:
As an NorcalMHA Access Ambassador and consumer, Pamela made recommendations for:

- Creating a MHSA community planning committee that meets monthly to perform outreach activities, especially to unserved, undeserved, and unrepresented diverse communities.
- Using MHSA planning funds to create engagement methods to involve new participants in meetings and outreach that are designated under WIC 5892(c) and 9 CCR 3300(b,)
- Provide trainings pursuant to 9 CCR 3300(c)((3)(b) that provide adequate information and meaningful participation for stakeholders to be involved in oversight, quality improvement and evaluations.
- Involved community, client and family stakeholders in the development of the screening to timely access Innovation app.
- Providers, services and supports being client and family driven and use client input in planning policies, procedures and outcomes.
- The community planning process to be represent the dead and hard of hearing community.
- The community planning process have diverse communities be represented and services not be just based on population sizes with benchmarks and outcomes. Culturally and Linguistically Appropriate Services (CLAS) standards should drive the planning process, benchmarks and outcomes.

Pamela also felt the current stakeholder planning process created another area of concern with regard to priorities, citing the MHSA General Standards as outlined in WIC 5813.5 (d) and 9 CCR 3320, aimed an cultural inclusivity, and noted the Cultural Competency Action Plan focus groups identified disparities not reflected in priorities for Innovation. Pamela also stated that "disparities in services for diverse communities are not specifically measured and identified with treatment interventions and outreach services that effectively engage and retain and provide appropriate service delivery and culturally relevant programs."

Regarding the screening to timely access Innovation project, Pamela asked who sees the data and how is the information used.

County Response to Pamela Weston:
County staff held a productive meeting with Norcal MHA Ambassador, Pamela Weston, on how community planning processes may become more inclusive. We will look to incorporate her recommended strategies as we develop a more comprehensive stakeholder engagement plan and undergo the upcoming 3 year Plan planning process.

From: Patricia Peña
Affiliation(s): Licensed Social Worker/Coordinator, North Monterey County Unified School District
Date Received: 4/12/2019
Summary of Comments Received:
Patricia submitted comments as a concerned resident of Castroville and an employee of North Monterey County Unified School District. Patricia noted that in the MHSA Annual Update there is no mention of services for North Monterey County, which includes Castroville, Prunedale, Elkhorn, Royal Oaks, Aromas, Las Lomas, Moss Landing and Pajaro. These communities are small, rural and densely populated by Latinos.

Patricia cite that NMCUSD enrollment is 4,589 , with an additional 160 preschool students. Of the 4,589 enrolled students, 89% are identified as Hispanic or Latino. NMCUSD school staff regularly provide mental health support by way of check-ins, counseling, groups, and parent meetings, as well as referrals for psychiatric holds and safety planning upon re-entry to school.

Patricia cited there is a common barrier of access to services given that there is no mental health provider in Castroville. Some families do not own vehicles, or don't know how to drive, or they don't speak English and are hesitant to use public transportation.

Patricia notes that NMCUSD does have a contract with MCBH where an ACCESS clinician comes to Castroville to screen and refer children and adults to outpatient services. However, due to having to travel to a nearby city (Salinas or Marina) [to follow up on referrals], these referrals often times are not pursued.

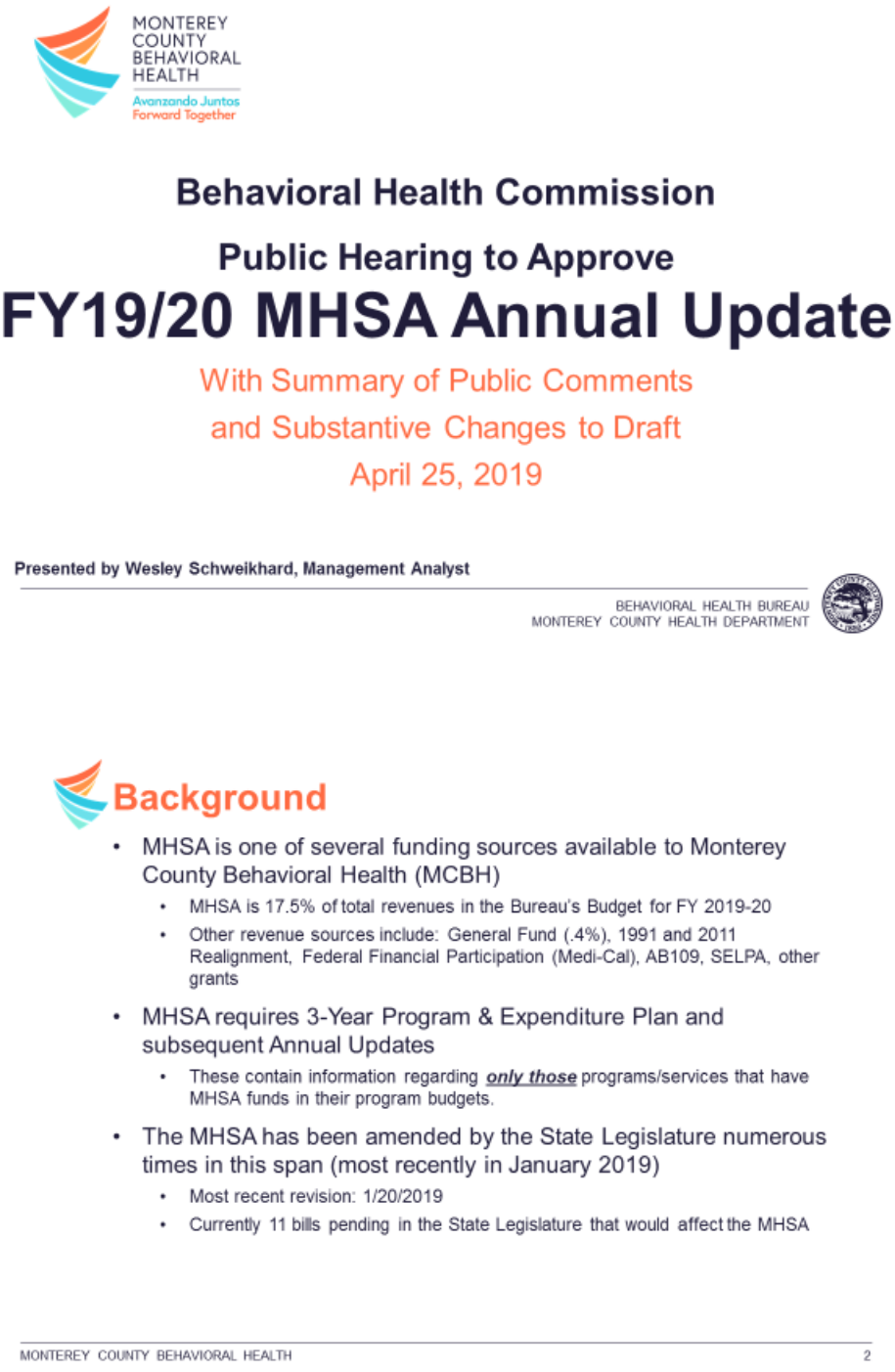
NMCUSD is very interested in getting an outpatient mental health provider in North Monterey County.

County Response to Patricia Peña:
County staff appreciates these comments concerning the students and communities of North County and will include these expressed needs in future MHSA planning processes.

From: MCBH staff
Affiliation(s): MCBH
Date Received: 4/15/2019
Summary of Comments Received:
Staff discussions concerning the Draft MHSA Update identified two opportunities for substantive changes to be made in the document. First, analysis of Transitional Age Youth (TAY) cases and data found that many clients in the non-FSP side of the program were received FSP level of services. This relates to the observed complexity of needs expressed by the TAY population increasing in recent years. Second,

staff found a type in the budget sheets indicating the prudent reserve maximum level set to 20%. New legislation has set the prudent reserve maximum to 33%.
County Response to MCBH staff: Given the similarity in client needs and serviced provided between the TAY FSP and non-FSP county operated programs, MCBH moves to consolidate this programming into a single TAY FSP program. The service impact would be enhanced levels of care for all TAY and associated positive outcomes. The fiscal impact would be increased opportunities to leverage federal reimbursement funding (Medi-Cal). The typo concerning the prudent reserve limit will be corrected.

Appendix V: Presentation for BHC Public Hearing on Draft FY20 MHSA Annual Update



Prevention and Early Intervention Regulations as amended by Senate Bill 1004

- Priority focus areas and populations – effective January 2020
  1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
  2. Early psychosis and mood disorder detection and intervention
  3. Suicide prevention programming that occurs across the lifespan
  4. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
  5. Culturally competent and linguistically appropriate prevention and intervention
  6. Strategies targeting the mental health needs of older adults

Background (continued)

- **Purpose of MHSA Annual Update** is to inform our community stakeholders and State agencies (MHSOAC & DHCS) of most recent service data (FY17-18) for MHSA-funded programs and identify any substantive changes to the current MHSA 3-Year Program & Expenditure Plan (FY18-20) which we forecast for the upcoming FY 19-20.
- Must be developed with local stakeholders input/feedback
- Must include a Public Hearing at close of a 30-day Public Comment period

Background (continued)

Purpose of the Public Hearing

- Behavioral Health Commission conducts a hearing on the Annual Update, which includes a Summary of Comments and County Staff responses to the substantive comments received during the Public Comment period; receives any additional comments by attendees, and makes recommendations for revisions prior to final approval process

Final Approval Process

- Document is finalized, to include the Public Comments and the documentation of the Public Hearing
- Certifications by the County Behavioral Health Director and the County Auditor-Controller
- Adoption by County Board of Supervisors
- Submitted to MHSOAC and DHCS within 30 days of BOS adoption

Recap of Stakeholder Planning Process

- Five community planning sessions conducted across county regions
  - Marina (1), Salinas (3), Soledad (1)
  - 97 attendees
  - Spanish materials and translation services available
  - Soledad presentation provided in Spanish (w/ English translation available)
- Planning Sessions included:
  - Review of MHSA
  - Discussion and review of new and existing PEI programs
  - Regulatory/Legislative updates
  - Announcement and information on accessing newly approved Innovations programs
  - Participant engagement activities to communicate community priorities and inform the development of future planning

Recap of Stakeholder Planning Process

- Themes and needs identified by community
  - Increase awareness of Behavioral Health resources
  - Training for community on mental health issues
  - Create more accessible wellness centers and mobile clinics
    - South County
  - More mental health supports for:
    - Parental & maternal mental health
    - Single older adults
    - Youth involved with juvenile justice
  - School based counseling
  - Culturally specific programs
  - Holistic approaches
  - Develop partnerships with faith community and agricultural industry to reach people in natural environments

30-Day Public Review Period

- March 18 – April 18
- Links to Draft (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
- Eight comments received:
  - Interim, Inc.
  - Behavioral Health Commission
  - NAMI
  - North Monterey County Unified School District
  - Norcal MHA Access Ambassador
  - MCBH staff
- Summary of comments and County responses to be included in Final version of Annual Update

30-Day Public Review Period

- Substantive comments on existing MHSA-funded programs concerned:
  - Consolidation of TAY programming to support more FSP's
  - Typo on current prudent reserve limit
- Planning-oriented comments were in support of:
  - More robust stakeholder engagement process
  - K-12 mental health supports
  - Additional services in North County
  - Additional family supports and mobile family therapy services
  - Additional funding to support wellness clinic in South County

Changes to Draft FY19/20 Annual Update

- CSS-09: Transition Age Youth System Development services to merge with CSS-04: Transition Age Youth FSP program
  - This will result in higher levels of care and improved outcomes for all Transition Age Youth clients
  - CSS-09 will not appear in program descriptions or budget (p.17,21,24)
- Edit budget footnote concerning MHSA Local Prudent Reserve from 20% to state 33% per new State statute (p.23)
- Significant comments received concerning local planning processes and proposed services
  - While these comments do not directly affect existing program descriptions, data or budget estimates, County staff will incorporate this feedback into upcoming Three-Year Program & Expenditure Plan for FY 21-23

Legislative Updates Driving Changes to PEI Programs

- State regulations require us to evaluate the effectiveness of our PEI programs looking at outcomes, impact and cost effectiveness
- We have retained an evaluator to support this process
- All of the PEI contractor providers are in compliance with the requirements
- Data will be used to inform the selection of programs and funding for the next 3 year plan
- New legislation has redefined PEI priorities effective January 2020

Pending Fiscal Challenges

- County budget increase in costs associated with labor and contracted providers
- New legislation sets prudent reserve max to 33%
- Federal challenges to ACA
- Upcoming State fiscal MHSA audits

Staff Recommendation

- Approve Draft FY19/20 MHSA Annual Update with identified edits to be included in the final document; and,
- Forward Final version to the Monterey County Board of Supervisors for adoption prior to submitting to the State, as required by the MHSA.

Questions?

Thank you!

Appendix VI: Meeting Minutes for BHC Public Hearing on Draft FY20 MHSA Annual Update

THE MONTEREY COUNTY BEHAVIORAL HEALTH COMMISSION

April 25, 2019 MEETING MINUTES

Meeting Held at 1270 Natividad Road, Whitney Conference Rooms, Salinas

Attendance ~ MENTAL HEALTH COMMISSIONERS x = Present E = Excused					
X	Ramirez, Mario, District 1	X	Lopez, Mark, District 3, PAST CHAIR/CHAIR ELECT	X	Deming, Heather, District 5
E	Leon, Maria, District 1	E	Ferreira, Maribel, District 4	E	Young, Cortland, District 5
X	Rivas, Rosa, District 1	X	Herrera, Jesse, District 4	E	Dicken-Young, Hailey, District 5 (Associate Member)
X	McHoney, Alma, District 2		Johnson, Sydney, District 4 (Associate Member)	X	Chief Brian Ferrante, Chief Law Enforcement Officer
E	Sokotowski, Margie, District 2	E	Fosler, Linda, District 5, CHAIR	X	Supervisor Christopher Lopez
X	Tack, Larry, District 2				

Attendance ~ COUNTY STAFF x = Present					
X	Hendricks, Alica, MHSA Coordinator		Moreno, Rose, Management Analyst III for Prevention	X	Eli Salameh, Deputy County Counsel
X	Hernandez, Miriam, Behavioral Health Finance Manager II	X	Robles, Lucero, QI Services Manager		Christina Santana Health Equity and Cultural Competency Coordinator
X	Lisman, Michael, Deputy Director, Adults	X	Sandoval, Marni, Deputy Director, Children's		Elsa Jimenez, Health Dept. Director
X	Miller, Amie, Behavioral Health Director	X	Schweikhard, Wesley, MA II	X	Dana Edgull, BHSM II, Prevention Services Manager
	Jill Walker, Training Manager		Mark Alexakos, M. D, BH Medical Director		

Attendance ~ GUESTS x = Present					
X	Joseph Harvin, Interpreter	X	LeVonne Stone	X	Pamela Weston, Bay Area Region Norcal MHA (Mental Health America) Ambassador
X	Kontrena V. McPheter, Interim	X	Doris Drest, DSS	X	Eileen Brown, NMCUSD
X	Georgina Alvarez, CCCIL				

1	**Call to Order** The meeting was called to order by Chair Elect Lopez at 5:30 p.m.
2	**Introductions** Chair Elect Lopez welcomed all attendees.
3	**Corrections to the Agenda ~** *The Clerk of the Commission will announce agenda corrections.* Dr. Miller asked to have Item 7, Discussion of Community Outreach, omitted.

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* ***2 minutes, 39 seconds** - Pamela Weston said she is the Access Ambassador for the Bay Area Region for Norcal MHA (Mental Health America), and she asked to have more places to post outreach in the community (for families, consumers and stakeholders), and in future meetings discuss how the Commission can have a more innovative process of ways to post meetings with the community. - Lyla Handler with Community Human Services reported the services given and asked for continued support for CHS and its outpatient mental health treatment. - LeVonne Stone said she is concerned about the amount of medication that is not healing anybody and can even cause people (Veterans included) to commit suicide. She said she is on the Monterey County Citizens Commission on Human Rights and she said they bring a better quality of life in the County. - An attendee spoke about her son who had a lot of side effects and is suffering from medications taken while at the Seventh Avenue Center in Santa Cruz. - Kontrena McPheter with Interim, Inc. invited attendees to the *Night of Magic* Mental Health Awareness Banquet and Art Show on May 3rd and she said they will be giving out the David Soskin award. Tickets are still available. - Dedra said there are a lot of good things happening in mental health. She said she wanted to help others because of what she has experienced. She said she is concerned about having communication and connection so that people can have a better life. And, she said thank you for what is being done by the Commissioners and BH. - Georgina Alvarez with the Central Coast Center for Independent Living gave an update on what they are doing.
5	**Action: Approve Minutes of March 28, 2019 Meeting of Monterey County Behavioral Health Commission (BHC)** ***15 minutes, 52 seconds** **M/S/C: Commissioners McHoney/Herrera /Carried**
6	**Public Hearing on the Mental Health Services Act (MHSA) FY 2019/20 Annual Update.** ***16 minutes, 20 seconds** **A. Opening Comments by the Behavioral Health Commission-Chair** **Review of the Public Hearing Process.** Behavioral Health Management Analyst II Wes Schweikhard shared with attendees the Public Hearing process for the meeting. He explained that funds received for the MHSA (Prop 63) make up about 17 1/2% of total BH revenues. Other funding for BH comes from Medi-Cal reimbursement, the contributions from the General Fund, Realignment Fund, AB109, SELPA (Special Education Local Plan Area), and other grants. To receive the MHSA funds, every three years a program and expenditure plan is written; every second and third year Annual Updates is provided. These documents are required to meet state regulations and reporting requirements while also attending to community priorities. Hearings like this provide meaningful input to the planning process. **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.** Wes Schweikhard distributed to attendees the FY 2019/20 MHSA Annual Update Comments Received During the 30-Day Public Review Process. He said that as part of the community planning process in developing this Update, five community workshops were held throughout the county—one in Marina, one in Soledad, and three in Salinas; all had Spanish translation available (in Soledad, the meeting was held in Spanish and they had English translation available). At the planning sessions there were a total of 97 attendees. Attendees were given a history of the MHSA, discussed new and existing Prevention and Early Intervention programs, regulatory updates, and were informed about the newly approved Innovation Programs and how they could get involved with this. The meetings also consisted of activities where participants could vocalize their local needs. Participants then voted on the high priority needs that could be addressed in current and future programming. Participants asked to have the following:

- Activities that increase awareness of BH resources
- Training for the community on mental health issues
- Create more accessible services, wellness centers and mobile clinics, specifically in South County
- More mental health supports for Parental and maternal mental health, for single, older adults and for youth involved with juvenile justice
- School based counseling
- Culturally specific programs
- Holistic approaches
- Develop partnerships with faith community and agricultural industry to reach people in natural environments

The 30-day Public Review Period was March 18 to April 18, 2019. There were links to the draft in English and Spanish posted on the County website, it was announced to the community partners and stakeholders via email and at meetings, and announced to the public via County website, Facebook and Twitter accounts. Eight comments wreceived were from Interim, Inc., Behavioral Health Commission, NAMI, North Monterey County Unified School District, Norcal MHA Access Ambassador and Monterey County Behavioral Health staff. The summary of comments and County responses will be included in the Final version of the Annual Update.

Planning oriented comments were in support of the following:

- More robust stakeholder engagement process
- K-12 mental health supports
- Additional services in North County
- Additional family supports and mobile family therapy services
- Additional funding to support wellness resource center in South County

Changes to the Draft FY 19/20 Annual Update:

- CSS-09: Transition Age Youth (TAY) System Development services to merge with CSS-04: TAY Full Service Partnership (FSP).
- Edit budget footnote concerning MHSA Local Prudent Reserve from 20% to state 33% per new state statute.
- Significant comments were received concerning local planning processes and proposed services. While these comments do not directly affect existing program descriptions, data or budget estimates, County staff will incorporate this feedback into upcoming Three-Year Program and Expenditure Plan for FY 21-23.

Dr. Miller shared legislative updates regarding the MHSA. She said the laws are really changing around the MHSA with legislators wanting accountability, return on investment and strategic priorities with many more changes on the horizon. This makes it much less a community driven process as the legislators are driving more and more where they think the investments should be. Counties are now required to produce PEI (Preventive and Early Intervention) outcome reports and have more data collection.

Pending Fiscal Challenges:

- County budget increase in costs associated with labor and contracted providers.
- New legislation sets prudent reserve max to 33%.
- Federal challenges to the Affordable Care Act.
- Upcoming State fiscal MHSA audits.

Staff Recommendation:

- Approve Draft FY 19/20 MHSA Annual Update with identified edits to be included in the final document.
- Forward Final version to the Monterey County Board of Supervisors for adoption prior to submitting to the State, as required by the MHSA.

C. Public Comment Regarding the Draft Annual Update.

- LeVonne Stone said that as part of the community she was not getting any resources from anybody, she wants to know why there was such a low amount of input and she said there should be oversight from the community. She asked about the improvements that have been written into the document that will really happen.
- Pamela Weston said she is the Bay Area Region Access Ambassador and she said the outreach effort needs to be diverse and inclusive and she said that five percent of MHSA dollars are supposed to be spent in training. She suggested creation of a MHSA committee that meets monthly to look at the background, do the outreach to diverse populations, and have a community planning process that deals with trainings for budget, history, and helps them champion regionally.
- Eileen Brown with the North Monterey County Unified School District said she appreciates all the work done on the draft Plan, and she said she is in agreement with the MHSA. In reading the PEI section of the update, they apply the following services: open access wellness centers where all community members can receive onsite support to address their needs, family supported education including parent education and partnerships, NAMI project, student mental health in North County including Pajaro and Las Lomas, the Harmony at Home Sticks and Stones school based counseling program, and the early childhood mental health including Secure Families and Door to Hope's program. She said they are seeing more and more students unable to access their education due to mental health needs. They need to bring in more services so that their students can access their education.
- An attendee who is a parent of a special needs child (mental health) said that a team of advocates (free to parents) is needed for children in the schools.

D. Commissioners review and discuss the Draft Annual Update and all public comments received.

- Commissioner Tack asked how many pages are in the draft update and who do we want to read the document? Dr. Miller said that the plan is written according to government statues. He asked if there could be a glossary of terms to explain what all the acronyms mean in the draft plan in order to add clarity.
- Commissioner Herrera said this whole process is an attempt to include the communities' ideas, input, and their oversight about services and whether it's meeting their needs or not. The draft Plan needs to be at the reading level of the community (grade level 6), it needs to be of interest and intellegible to the community. It is much harder to read as it is written. He said we are not getting much input or providing an opportunity to the community to say what it is they need and what would be helpful and what makes sense to them. He said there is a breakdown between the community from even hearing about the MHSA plan and knowing there's an opportunity to say something about it. There are a lot of meetings going on in the community that would welcome a presentation about the MHSA; a lot of people would be interested in commenting, saying something and being involved in the process. He said it is the "systems" responsibility to translate into the "governees" language that goes into the reports. ● He said he would appreciate getting the comments received prior to the meeting to have a chance to read them instead of trying to read them while at the meeting during the presentation. He said that for people who are not already getting services or are not already impacted by services given, they need to be asked what are their thoughts, where would they prioritize services, and what they see as available and needed.
- Chief Ferrante said he thinks BH is doing a very good job of attempting to reach out (to the community); the makeup of the Commission is designed to take people from different walks of life (such as consumers and professionals) from different parts of the county to provide diverse input. ● He asked what it would take to create a summary of the plan that would be in plain English.
- Supervisor Lopez said he has had two Commissioner vacancies in his district and he has been promoting them over and over again in the last 10 years to fill them. He said public participation is extremely hard to get unless you have a concrete plan. He said it's about doing the best we can with what we have and continuing to serve the communities that they represent. A critical role in serving the community is for people to step up and serve on the Commission. Everything is a work in progress, start tomorrow and get

	engaged in voicing your concerns. Conversation is needed as to how to spread the information to the community, and this should be discussed at the next meeting. He said, "Let's hear the voices, make sure we address them, and start planning today." - Commissioner Lopez said he very much appreciated the comment about student advocacy and would like to pursue that. He said he wanted to echo the fact that there is adequate representation in the community. There were five meetings for people to give input on the MHSA plan, but if they do not show up, that is not our fault. He said in his opinion, the 98 people that showed up is a great amount; however, 1,000 would be better. ● In regard to the language in the MHSA plan, he said it is a matter of economics. How much time and money will it take to rewrite the plan so that everyone can understand it; we will never satisfy everyone. ● He said he has been trying for two years to fill the South County Commissioner vacancies. People say they are just not interested or they do not have time. He understands that we are trying to do what we can and he thinks staff is doing a great job. Commissioner Lopez reiterated that there is only $17.5 million in MHSA funding. It seems that the public has a misconception that there is millions and millions of dollars. - Commissioner Rivas commented that it's not necessarily that they are trying to be so negative about what they say. It's just that they want to say what they are seeing and what is the need in their communities. ● Also, she wanted to make sure that there is a program that can provide follow up in the homes with the families when the patient goes home. - Commissioner McHoney said she agreed that an advocate is something that consumers have needed for years. She said that with as much need in the communities for mental health services, she suggested that each one of the Board of Supervisors have a staff person in each office serving as an advocate who can take the phone calls to deal with those with mental health issues. Supervisor Lopez added that that is the role he played for 10 years as a staff member with Supervisor Salinas in District 3, and he thinks he was elected because he was great at that job. When he took office, he looked for someone who would be able to interact with the public and how they were able to take somebody's worst day and fix it. This is someone who has the time to do the research, walk into a meeting and advocate for the community. - Commissioner Herrera wanted to say that he thought the staff was doing a good job, but it is separate from what the community is saying about services and the plan. He said BH should have meetings that are interesting with the MHSA plan woven in. You do not have to create a meeting, you have to find out where the meetings are, and that's when community people would give BH access to these meetings. Be more creative and inclusive by including other partners and speak in the language of those people. **E. ACTION: Make recommendations to County Behavioral Health Bureau for revision to the draft FY 19/20 Annual Update.** **Approve draft Annual Update to include the summary of substantive recommendations received during the 30-day public comment period and at Public Hearing for forwarding to the Board of Supervisors for adoption.** **M/S/C: Supervisor Lopez/Commissioner Rivas/Carried**
7	**<u>Information: Receive a Report from the Behavioral Health Director</u>** ***<u>*1 hour, 20 minutes, 34 seconds</u>*** Dr. Miller shared with attendees the Director's Report which included the following: - New Deputy Director of Access Services Lucero Robles was welcomed and congratulated on her new position. - The EQRO (External Quality Review) Audit was just wrapped up for the new substance use delivery system. - Community Human Services celebrates 50 years of service. - Sun Street Center will open residential services in King City on May 2nd. - <u>May 2019</u>: o May 3rd Mental Health Awareness Banquet o May 3rd NAMI Regional Meeting o May 2nd & 3rd ASIST training (Suicide Prevention) o May 6th Monterey County BH will be tabling at a Health Fair at Monterey Peninsula College o May 7th Presentation by Monterey County BH at Cesar Chavez Library at 6:30 pm

	○ Mental Health Awareness Activation Kits distributed ○ Youth Mental Health First Aid—800 adults have been trained, additional 25 participants trained on 4/24/19, and trainings are on-going and goal is to increase provision of trainings in Spanish
8	**Information: Receive a Report from a Member of the Board of Supervisors** ***1 hour 25 minutes 17 seconds*** Supervisor Lopez spoke about the South County Ciclovia (Where the Streets are Yours!) event in King City on April 14 and he said he saw staff from multiple departments interacting with the community and he saw folks all day long at the BH booth where staff was promoting, giving outreach and resource information ● TheBoard of Supervisors had their budget workshop a couple weeks ago. There is a $14 million shortfall in the County budget, and they are looking at ways to get creative to fill the gap. They are trying to make changes to put themselves in a better position for the coming years. ● He said he was able to help pass the Salinas Valley Promise after working on this for eight months, the County is putting $200,000 of Cannabis funding into the Salinas Valley Promise program which gives free tuition (and more) for first year college students. ● He said the Sun Street Center in King City looks beautiful. He heard about the challenges of the community, specifically psychosis and other things brought on by early drug use in South County which are rising. But to have this beacon of hope right across from the high school means there is a place folks can go to and ask for help which is a huge part of having comfort and safety in your own community. ● He said he is a big advocate for equity. Ten years ago the state committed to build a court house in Greenfield and Greenfield set aside land to get this done. They have been waiting and advocating and every year sending letters asking for help and last year they were sent a letter saying the Governor is throwing in more funding and they would reopen the process. However, it now looks like the state may be prioritizing a new courthouse in Seaside and not giving South County the court house. They had a court house in King City with two court rooms; they were shut down in 2013 and they were told it would not be more than a year before they have a court house. He said here it is six years later with no access to justice in South County.
9	**Information: Receive the Commissioners' Reports/Updates** ***1 hour 31 minutes, 6 seconds*** - Commissioner Rivas shared that she heard on the radio that there is a new program for youth. She called in and said it would be nice to talk about mental health for youth. ● She said that in her work place with the school district, she is trying to get every school to have a resource table with information regarding mental health. She said just wearing the green ribbon strikes up conversations and in her doctor's office they asked for information to be left in their waiting room. ● She had the opportunity to do a presentation at MCOE to counselors in the County and mentioning mental health and inviting them to the NAMI Regional meeting on May 3 and she invited attendees to attend. - Commission Herrera recently sent out information on some webinars—Cultural Formulation and Integrating Curanderismo into Behavioral Health and Curanderismo and Latina Women and Latino Cultural Health Behaviors and the roll of Women. ● CSUMB started the 28 month physician assistant program 2/3 of this group is bi-lingual, from all over the country. ● CSUMB will be graduating its eighth cohort of students, part time and full time program, and they have an average of 50% Latinos, 60% bilingual and 80% are first year students. This program is having an impact across the tri-county area. - Commissioner Tack spoke about the little green ribbons and he had suggested last year that they be passed out in April. He asked everyone to take a ribbon on their way out so that a conversation can be started and the outreach can be enhanced. - Commissioner Deming said she was happy to hear new information, she appreciated the enthusiasm, and she thanked everyone. - Commissioner Lopez spoke about a comment made at the last meeting about a Commissioner who said he said too much. Commissioner Lopez had said that he did not think than any comment was "too much." He encouraged all Commissioners to speak up and say what you have to say whether it be negative or positive.
	Meeting adjourned at 7:16 p.m.

*** This time indicates the location on the audio minutes located at**
http://www.co.monterey.ca.us/government/departments-a-h/health/boards-collaboratives/mental-health-commission

Handouts given:	- Director's Report - FY2019/20 MHSA Annual Update – Comments Received During the 30-Day Public Review Period