



Community Services and Support

ANNUAL REPORT

FY 2022-2023

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ACKNOWLEDGMENTS

EVALCORP would like to acknowledge the support of numerous individuals whose efforts contributed greatly to the development of this report. First, we would like to thank Monterey County Behavioral Health for their partnership throughout the process. Thank you to Mental Health Services Act (MHSA) Coordinator, Shannon Castro, MHSA Innovations Coordinator, Wesley Schweikhard, and Assistant Bureau Chief, Jon Drake, for their leadership and oversight. We would also like to extend gratitude to Deputy Directors Melanie Rhodes and Marni Sandoval, and the AVATAR Team for obtaining the information reported here. We greatly appreciate their collaboration and support. Lastly, we would like to thank all the funded providers for their hard work in collecting the data presented throughout this report.

INTRODUCTION

Overview

In 2004, California voters passed the Mental Health Services Act (MHSA) through Proposition 63. This act designated funding to improve mental health service systems throughout the state. Community Services and Supports (CSS) is one of several MHSA components; it is intended to fund programs that provide mental health services to adults and older adults experiencing moderate to severe mental illness (SMI), and children and transitional-aged youth with serious emotional disturbance (SED). CSS is the largest of all the components, with 76% of all MHSA funds received by counties being allocated to these programs.

Through MHSA funds, Monterey County Behavioral Health Bureau (MCBH) supports CSS programs that address the mental health needs of the county's culturally and regionally diverse communities. In fiscal year (FY) 22-23, Monterey County funded 48 CSS programs administered by both MCBH and contracted community service providers. This report details those programs, including, program descriptions, successes, challenges, goals, or utilization information, based on available data sources.

MHSA CSS Regulations

CSS programs expand and transform services for individuals living with SMI, with a particular focus on cultural competency and recovery orientation. Furthermore, these programs are driven by client and family needs, collaboration with the community, and integration of various services. CSS programs include the following regulatory categories: full-service partnerships (FSPs), general systems development, and outreach and engagement.

In Monterey County, CSS programs are categorized into 'strategies' based on the MHSA regulation and the individuals they serve. A list of CSS-funded programs in Monterey County by strategy is included for reference in **Appendix A**.

Full Service Partnership	<ul style="list-style-type: none">• Used to provide "whatever it takes" support to individuals with SMI and their families
General Systems Development	<ul style="list-style-type: none">• Used to enhance and improve the system of care for all clients and their families
Outreach and Engagement	<ul style="list-style-type: none">• Used to identify and increase access for unserved and underserved communities

REPORT METHODOLOGY

Analytic Approach

MCBH contracted with EVALCORP to develop this report, which summarizes data for CSS programs funded during FY 22-23. The evaluation utilized qualitative and quantitative data provided to Monterey County by CSS-funded programs.

Data Sources

CSS programs provided narrative reports describing program activities for the fiscal year through an online survey. Quantitative information about CSS programs was obtained by pulling data from the county's electronic health record system, Avatar.¹ Data reported from Avatar may contain total percentages that exceed 100% due to rounding and/or being able to select more than one response option.

Report Organization

This report presents CSS data by program. The following information is included for each program where available:

- Program description
- FY 22-23 successes and strengths
- Challenges and action plans in FY 22-23
- Goals for FY 23-24
- Client information (demographics, service engagement, etc.)

¹ Not all CSS programs have data available in Avatar. Therefore, some programs do not have quantitative data for this report. For programs that did not complete the online survey, program descriptions were pulled from the FY 21-22 report where available.

CSS-01: EARLY CHILDHOOD AND FAMILY STABILITY

FSP

FAMILY ASSESSMENT SUPPORT AND TREATMENT

The FAST Treatment Team offers mental health treatment and case management services to children and families involved in the Monterey County Dependency Court and Child Welfare system due to severe abuse and neglect. Therapy options include individual therapy, attachment work, group therapy, and family therapy. The FAST Team employs a systems perspective, with a team of therapists often providing therapy to multiple family members. This fosters a collaborative, cohesive, and stimulating approach to clinical work.

Successes and Highlights

- Delivered intensive support services to children and youth within the child welfare system.
- Successfully provided both in-person and telehealth services for children and families.
- Ensured that bilingual Spanish-speaking families could access the majority of services in their preferred language.

FAMILY ASSESSMENT SUPPORT AND TREATMENT

Challenges & Growth Opportunities

CHALLENGES: The FAST Team faced challenges this period.

- Ongoing coordination challenges due to the inability to meet the needs of youth with severe mental and behavioral challenges through local services, leading to their placement in residential facilities.

ACTION PLAN: The FAST Team developed an action plan to address these challenges.

- Conducted Child and Family team meetings to provide support and facilitate effective communication regarding the needs of the youth.
- Held clinical coordination meetings to enhance collaboration and address the challenges faced in meeting the needs of youth.



FAMILY REUNIFICATION FSP



- 6 clients served in FY 22-23
- On average, clients engaged in services for 530 days

Housing

Housing Type Before Services (n=6)		Current Housing Type (n=7)	
50%	Independent house or apartment	67%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
0%	Residential treatment facility	0%	
33%	Foster home	50%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
17%	Another housing status	0%	
14%	Unknown/Declined to state	0%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 1 missing "housing type before services" status.

Employment and Education

Changes in Employment and Education

0% of clients
are currently employed
or volunteering

compared to 0% before
program engagement

67% of clients
are currently enrolled in
or completed school

compared to 67% before
program engagement

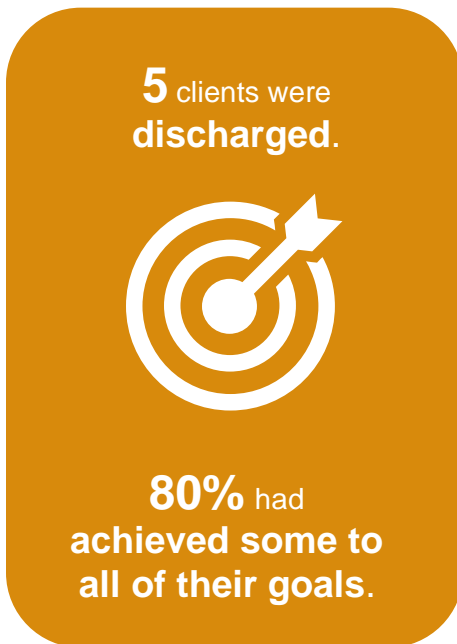
FAMILY REUNIFICATION FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

No clients were arrested or experienced physical health or mental health emergencies during either time point.

Discharge Information



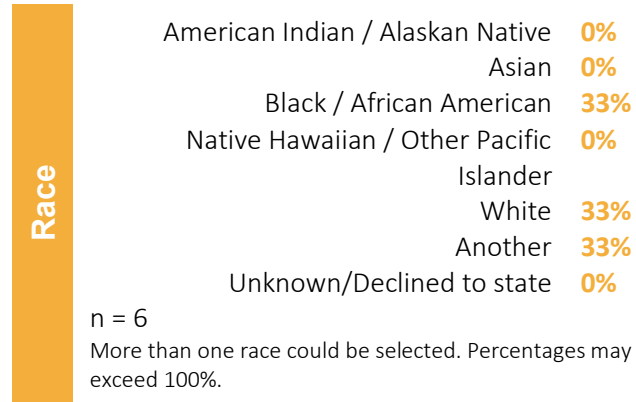
Reason for Discharge

AWOL/AMA	0%
Client declined services	0%
Client incarcerated	0%
Client moved	0%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	0%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	100%
Unable to contact client	0%
Other	0%
Unknown/Declined to state	0%

n = 1

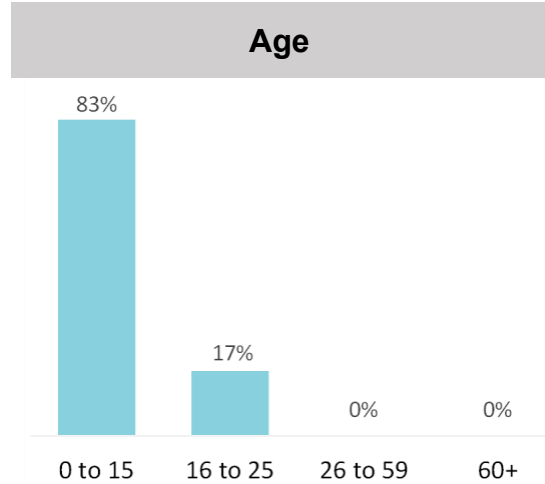
FAMILY REUNIFICATION FSP

Demographic Data

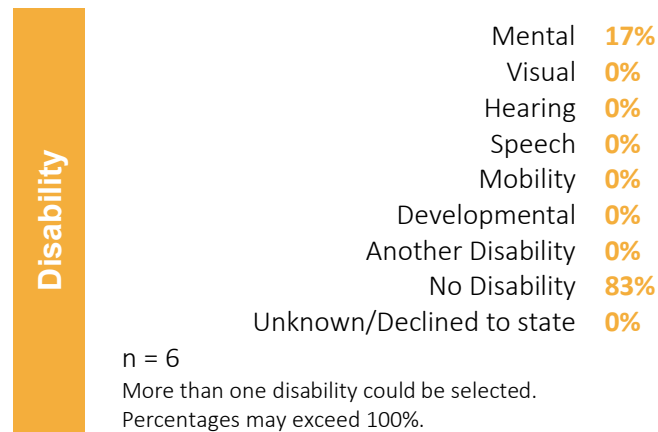


33% Hispanic/Latino
33% Not Hispanic/Latino

n = 6
33% Unknown/Declined to state.

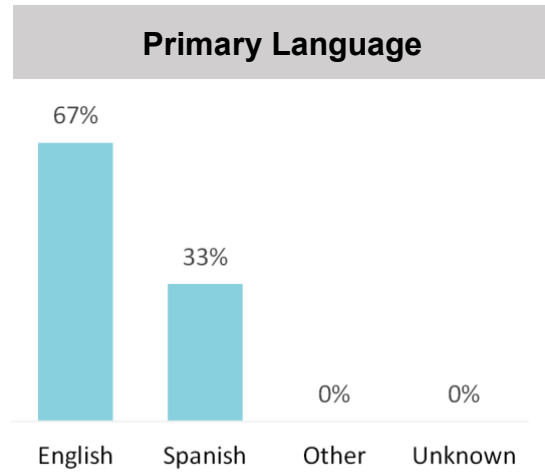


n = 6
0% of individuals did not answer this question.



17% of individuals reported having one or more disabilities

n = 6

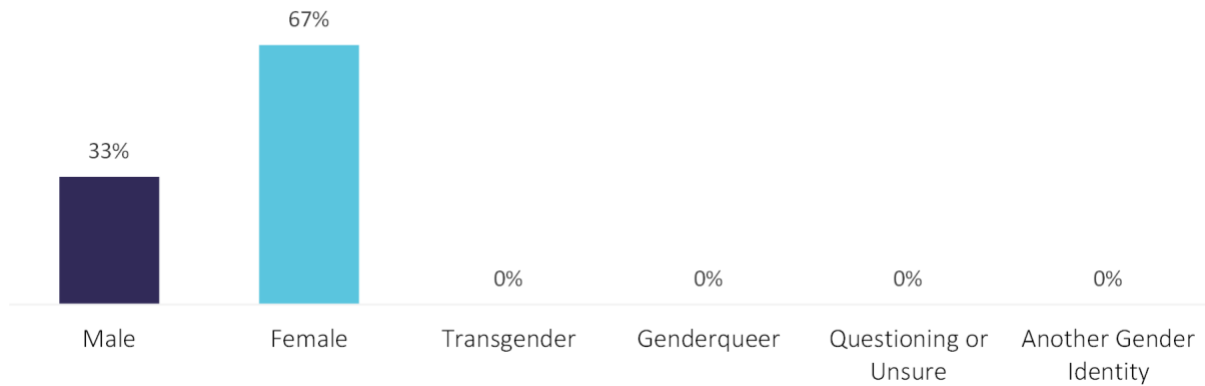


n = 6

FAMILY REUNIFICATION FSP

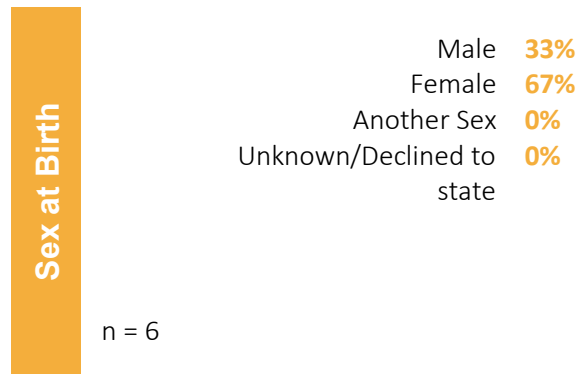
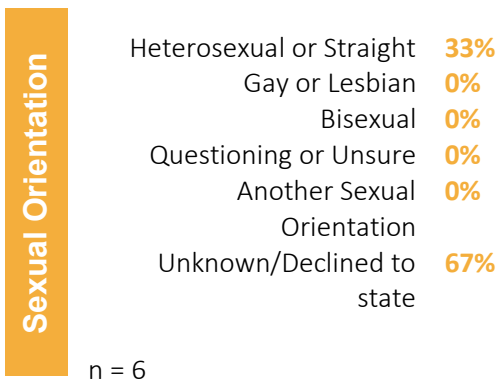
Demographic Data

Gender Identity



n = 6

0% Unknown/Declined to State.



0% of individuals were veterans

n = 6

KINSHIP CENTER, FIRST FIVE TRAUMA FSP



- 11 clients served in FY 22-23
- On average, clients engaged in services for 148 days

Housing

Housing Type Before Services (n=11)		Current Housing Type (n=8)	
100%	Independent house or apartment	45%	
0%	With friends/family	9%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
0%	Residential treatment facility	0%	
0%	Foster home	18%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
0%	Another housing status	0%	
0%	Unknown/Declined to state*	27%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 3 missing "current housing type" statuses.

Employment and Education

Changes in Employment and Education

0% of clients are currently employed or volunteering

compared to 0% before program engagement

55% of clients are currently enrolled in or completed school

compared to 27% before program engagement

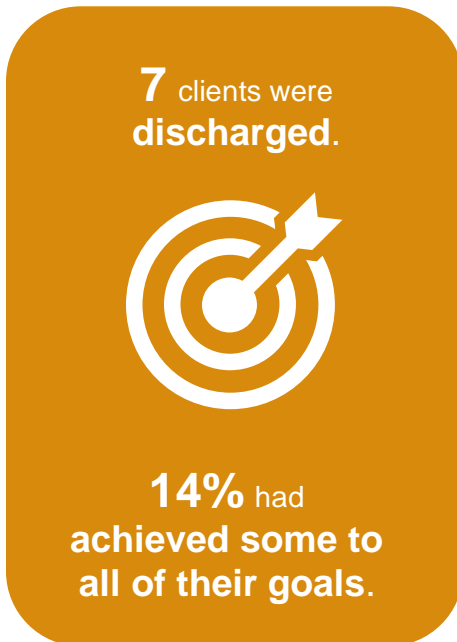
KINSHIP CENTER, FIRST FIVE TRAUMA FSP

Emergency Events & Arrests

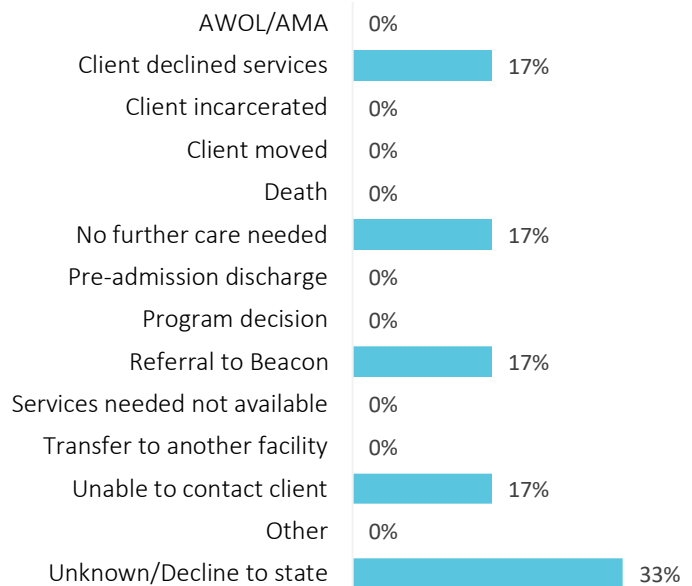
Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

No clients were arrested or had a mental health emergency during either time point. 9% (n = 1) of clients experienced a physical health emergency during their enrollment in FY 22-23.

Discharge Information



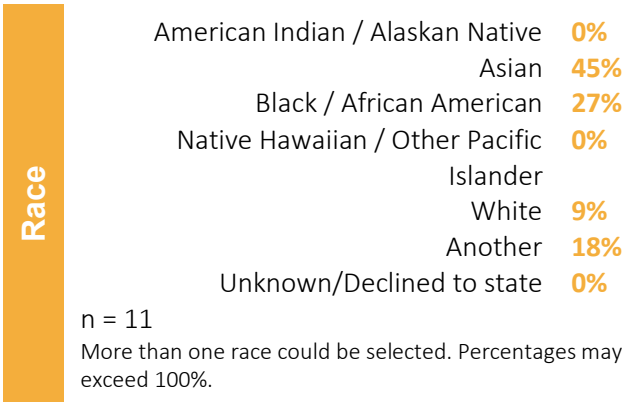
Reason for Discharge



n = 6

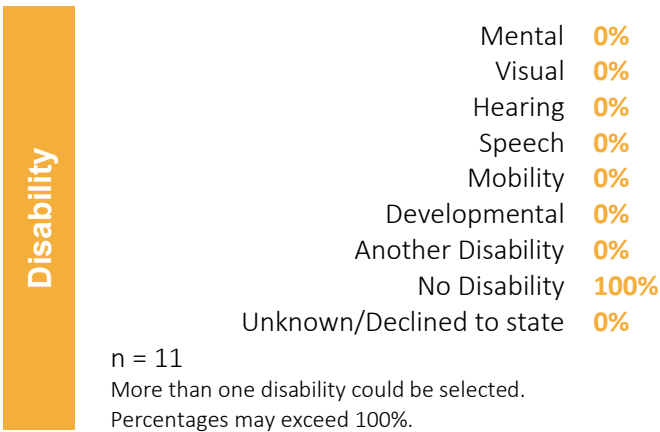
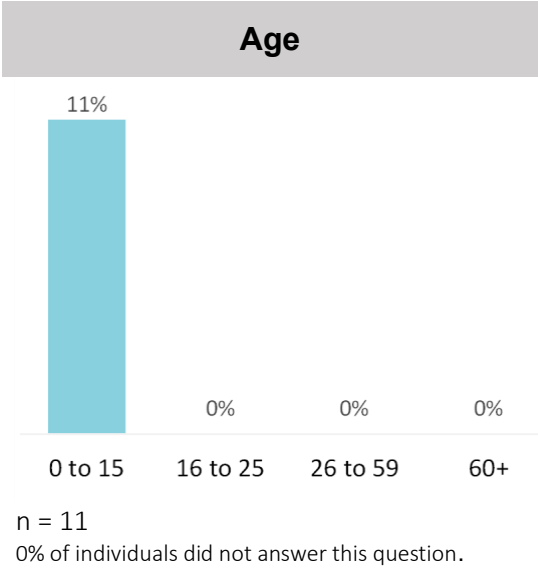
KINSHIP CENTER, FIRST FIVE TRAUMA FSP

Demographic Data



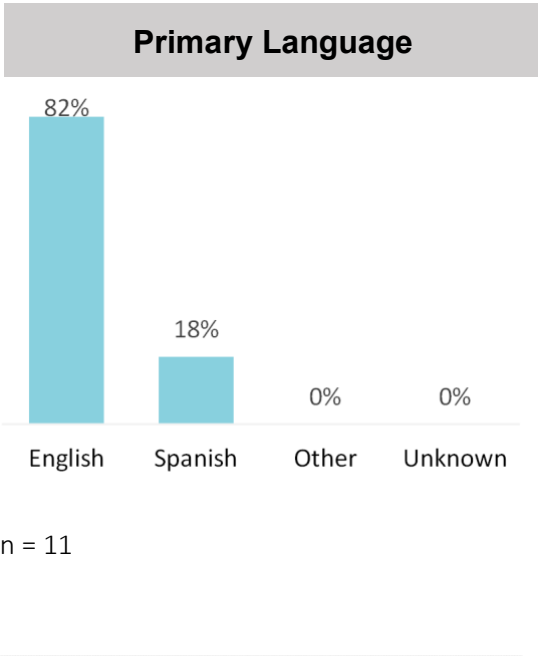
73% Hispanic/Latino
9% Not Hispanic/Latino

n = 11
18% Unknown/Declined to state.



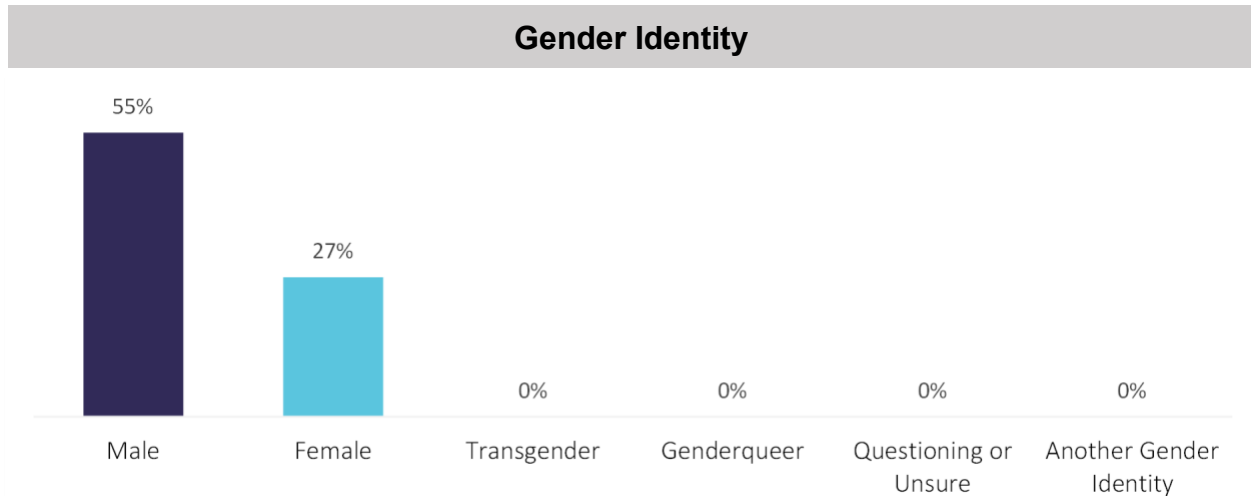
0% of individuals reported having one or more disabilities

n = 11
0% Unknown/Declined to state.

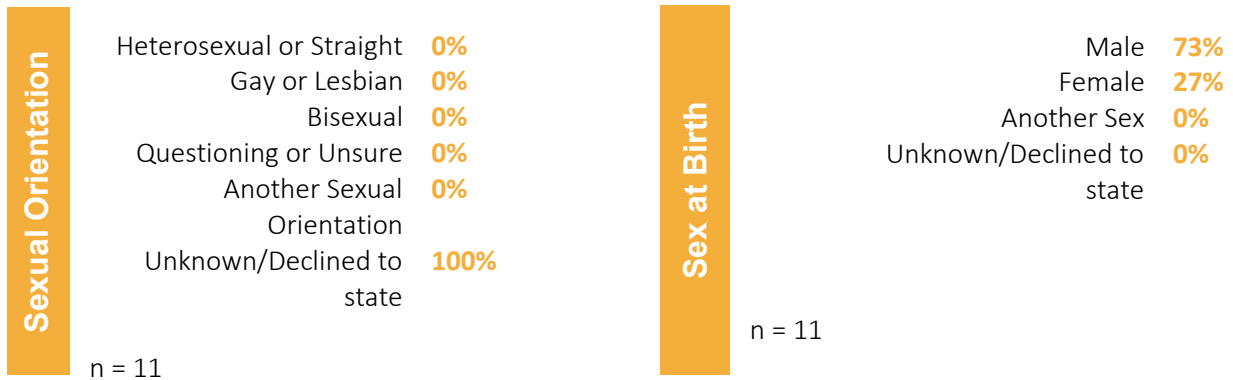


KINSHIP CENTER, FIRST FIVE TRAUMA FSP

Demographic Data



n = 11
18% Unknown/Declined to state.



0% of individuals were veterans

n = 11
0% Unknown/Declined to state.

KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

The Monterey Outpatient program offers Mental Health Services, Medication Support, and Case Management to eligible children, youth, and their families who require outpatient care. Additionally, Crisis services are provided in infrequent situations where a child/youth in a foster care home requires stabilization. These services aim to promote the mental health of children who have been negatively affected by loss and trauma resulting from poor family functioning, abuse, neglect, domestic violence, parental incarceration, and parental substance abuse.

Specializing in serving foster care, adoption care, and adoption preservation, the program utilizes their expertise in permanency, development, attachment, and trauma to support the well-being of the entire family. Children and youth who are at acute risk of disruption in home or school placement, or loss of community access to extra-curricular activities, receive a team-based approach. This approach includes a Child & Family Therapist and a Family Support Counselor. To encourage adoption preservation, the program integrates a parental course and additional mental health services.



- **102 clients served** in FY 22-23
- On average, clients engaged in services for **507 days**

Successes and Highlights

- Provided a range of evidence-based therapies, including trauma focused cognitive-behavioral therapy, play therapy, psychoeducation, and more, tailored to individuals' specific needs.
- Services made it easier for individuals to seek help without the need to seek higher levels of services such as hospitalization or residential care.
- Offered more individualized trainings for our mental health clinicians in order to serve the needs of our target populations.

KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

Challenges & Growth Opportunities

CHALLENGES: Kinship Center, D'Arrigo Children's Clinic faced challenges this period.

- The mental health clinician shortage crisis affected our clinics due to insufficient staff.
- The constant demand to incorporate more clinical documents and screening tools, along with training requests and inconsistencies between counties, as well as the impact of CalMHSA, have negatively affected staff morale and retention.
- The short deadlines for completing new training or implementing changes, coupled with conflicting information from the state and county, have caused significant confusion, sometimes diverting attention from client care.
- It is important to acknowledge that this increased workload on our leaders can potentially lead to burnout.

ACTION PLAN: Kinship Center, D'Arrigo Children's Clinic tailored their goals for the coming year to address the challenges they've faced.



KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

Housing

Housing Type Before Services (n=102)		Current Housing Type (n=96)	
98%	Independent house or apartment	73%	
0%	With friends/family	21%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
0%	Residential treatment facility	0%	
1%	Foster home	1%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
1%	Another housing status	0%	
0%	Unknown/Declined to state*	6%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 6 missing "current housing type" statuses.

Employment and Education

Changes in Employment and Education

0% of clients
are currently employed
or volunteering

compared to 0% before
program engagement

88% of clients
are currently enrolled in
or completed school

compared to 88% before
program engagement

KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

Emergency Events & Arrests


Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

12 months prior to accessing services: No clients were arrested or experienced a physical or mental health emergency.

During FY 22-23 enrollment: 1% (n = 1) of clients were arrested. 3% (n = 3) of clients experienced a physical health emergency. 13% (n = 13) of clients experienced a mental health emergency.

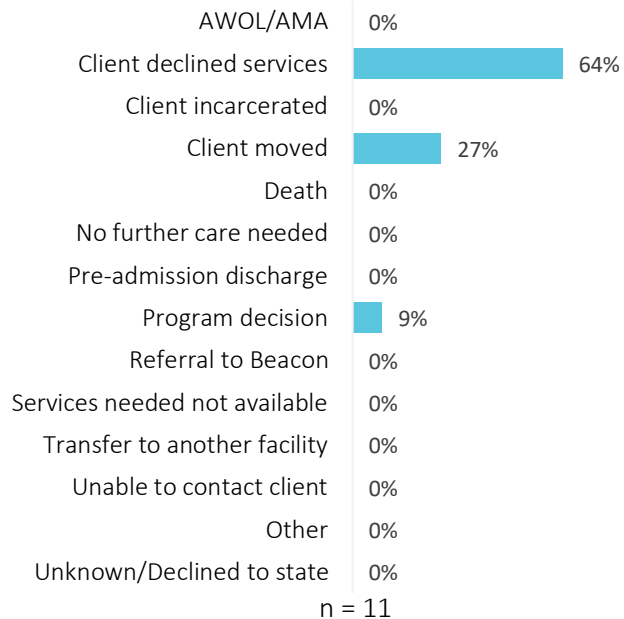
Discharge Information

57 clients were discharged.



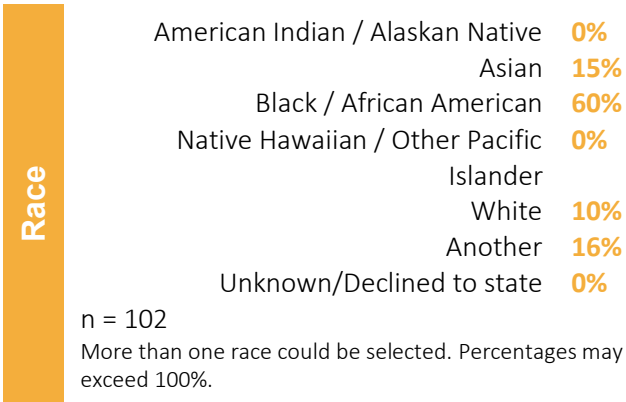
63% had achieved some to all of their goals.

Reason for Discharge



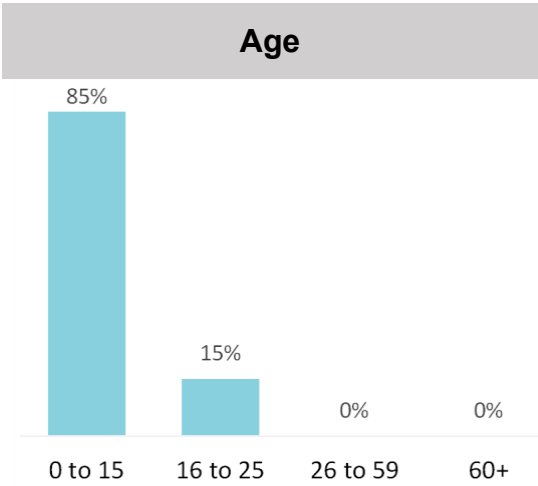
KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

Demographic Data

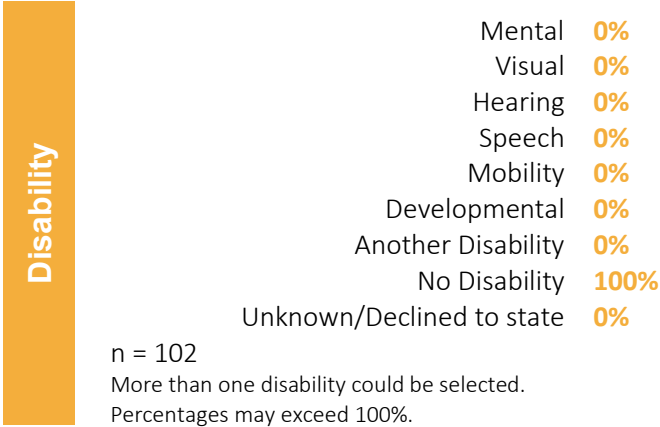


**75% Hispanic/Latino
10% Not Hispanic/Latino**

n = 102
16% Unknown/Declined to state.

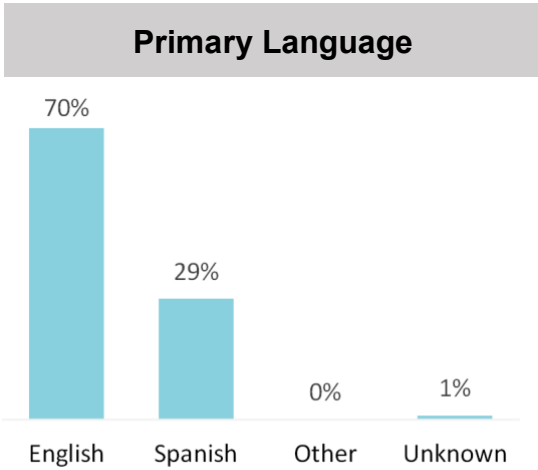


n = 102
0% of individuals did not answer this question.



0% of individuals reported having one or more disabilities

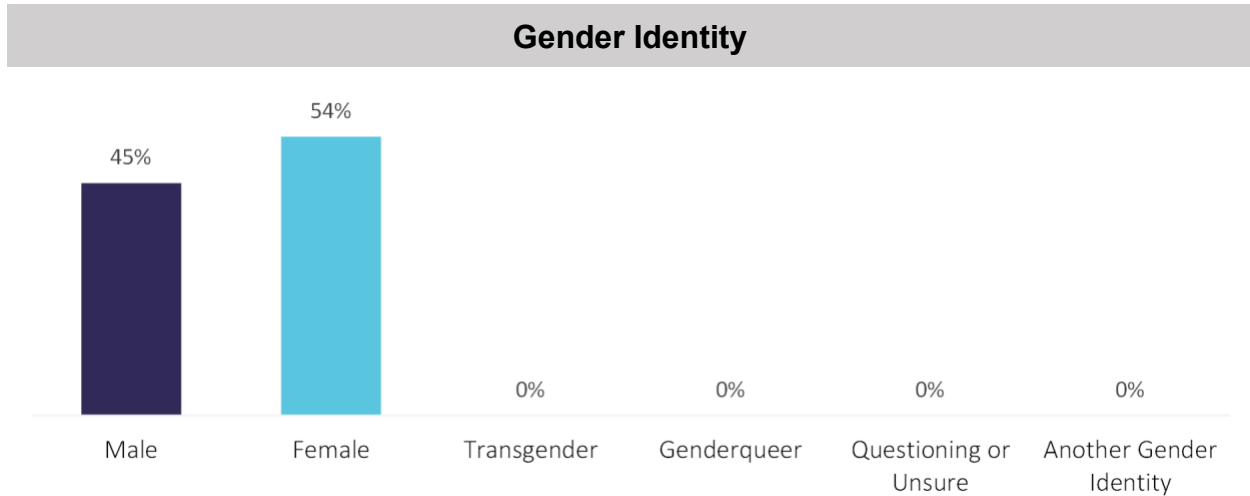
n = 102
0% Unknown/Declined to state.



n = 102

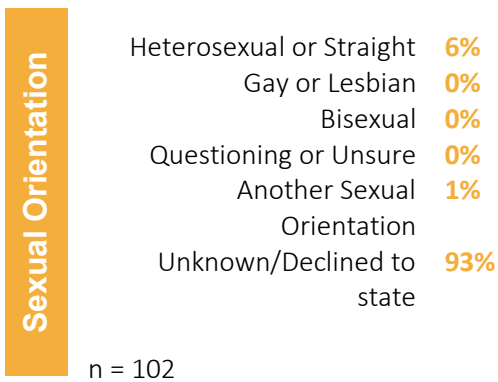
KINSHIP CENTER, D'ARRIGO CHILDREN'S CLINIC

Demographic Data

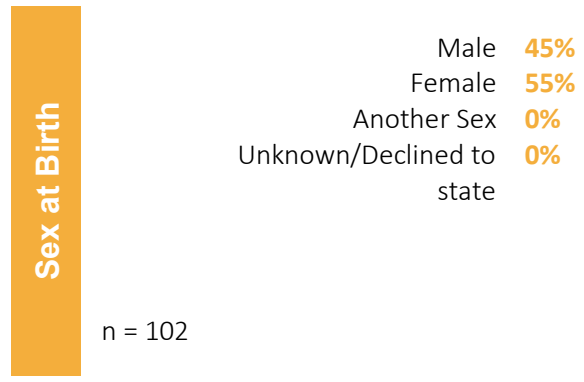


n = 102

1% Unknown/Declined to state.



n = 102



n = 102

0% of individuals were veterans

n = 102

0% Unknown/Declined to state.

SALINAS HOME PARTNERS FSP



- 13 clients served in FY 22-23
- On average, clients engaged in services for 70 days

Housing

Housing Type Before Services (n=13)		Current Housing Type (n=0)
85%	Independent house or apartment	0%
0%	With friends/family	0%
0%	Shelter or temporary housing	0%
0%	Unhoused	0%
0%	Acute medical hospital	0%
0%	Acute psychiatric facility or hospital	0%
0%	Hospital	0%
0%	Assisted living facility	0%
0%	Residential treatment facility	0%
15%	Foster home	0%
0%	Group home	0%
0%	STRTP	0%
0%	Jail or juvenile detention facility	0%
0%	Another housing status	0%
0%	Unknown/Declined to state*	100%

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 13 missing “current housing type” statuses.

Employment and Education

Changes in Employment and Education

0% of clients
are currently employed
or volunteering

compared to 0% before
program engagement

0% of clients
are currently enrolled in
or completed school

compared to 69% before
program engagement

SALINAS HOME PARTNERS FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

No clients were arrested or experienced physical or mental health emergencies during either time point.

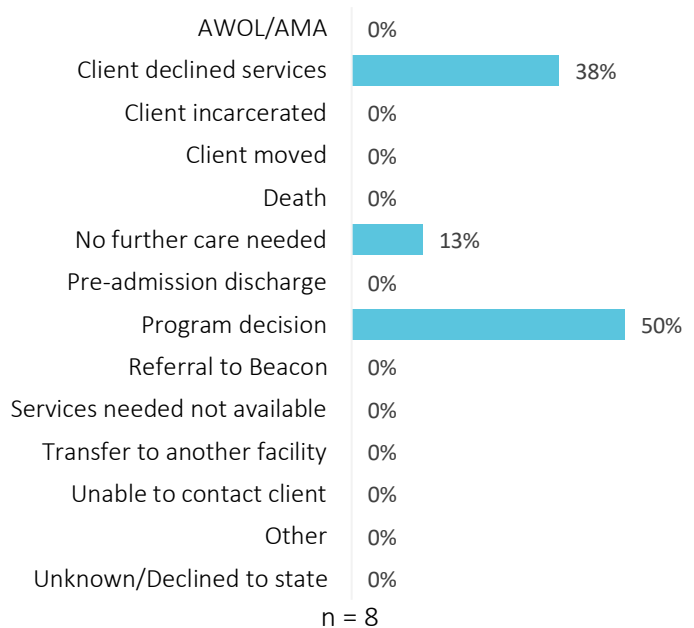
Discharge Information

13 clients were discharged.



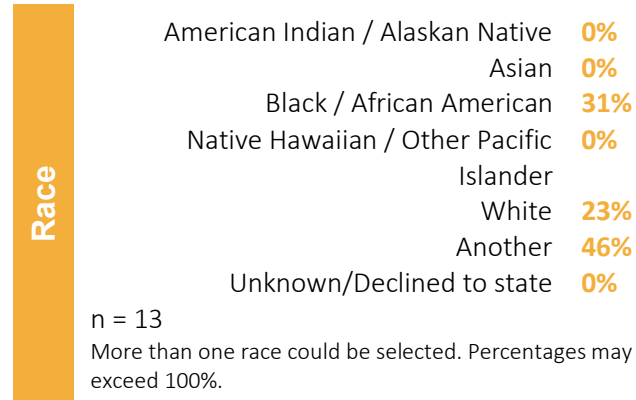
39% had achieved some to all of their goals.

Reason for Discharge



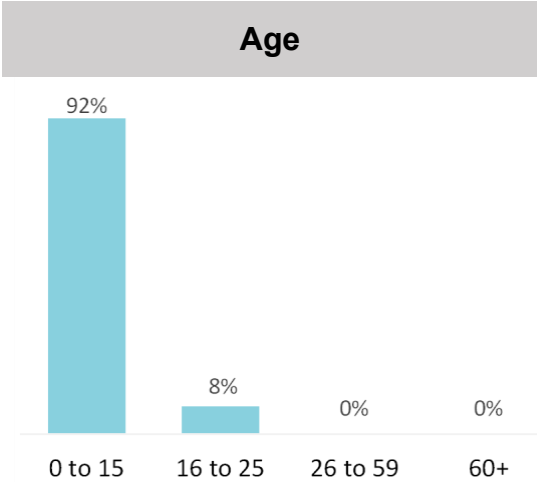
SALINAS HOME PARTNERS FSP

Demographic Data

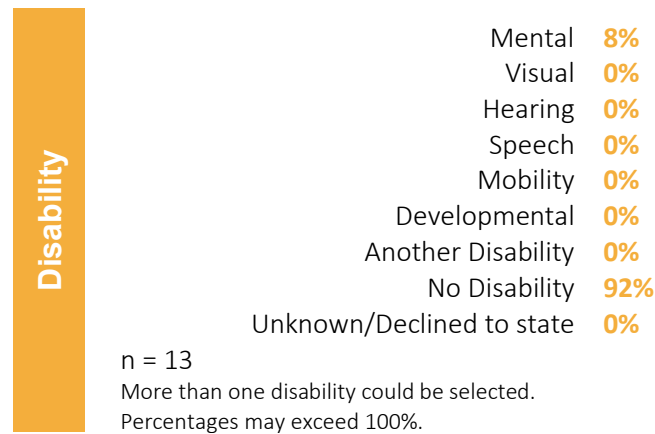


**31% Hispanic/Latino
23% Not Hispanic/Latino**

n = 13
46% selected Unknown/Declined to state.

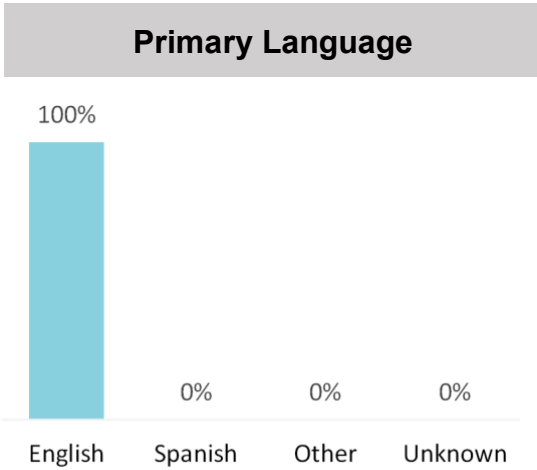


n = 13
0% of individuals did not answer this question.



8% of individuals reported having one or more disabilities

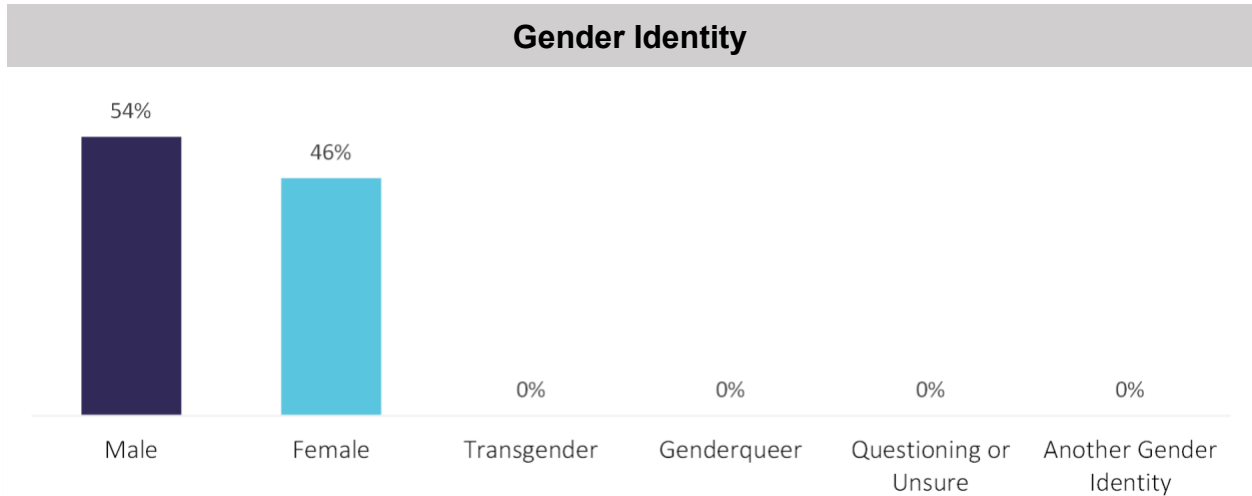
n = 13
0% selected Unknown/Declined to state.



n = 13

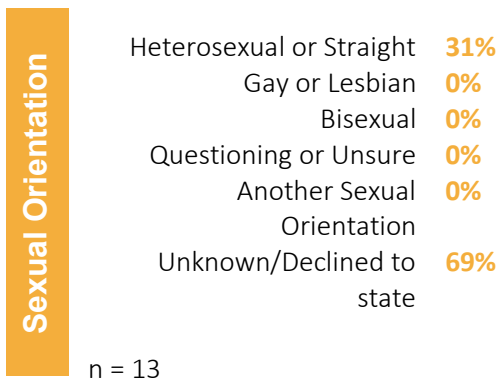
SALINAS HOME PARTNERS FSP

Demographic Data

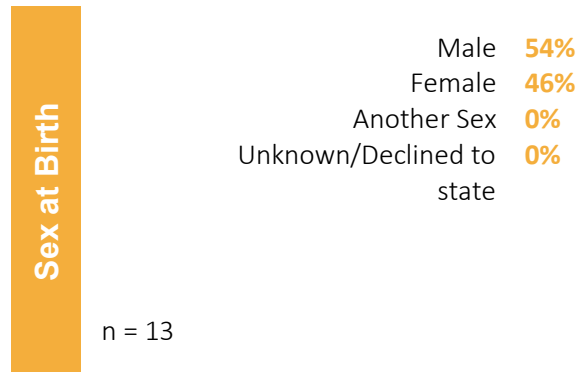


n = 13

0% selected Unknown/Declined to state.



n = 13



n = 13

0% of individuals were veterans

n = 13

0% selected Unknown/Decline to state.

CSS-02: DUAL DIAGNOSIS FSP

INTEGRATED CO-OCCURRING DISORDER FSP

Integrated Co-Occurring Disorder FSP provides intensive mental health and substance use services on an outpatient basis. Therapy sessions are offered 2-3 times per week and encompass individual, collateral, and family therapy, along with case management, peer mentorship, and group sessions when available. Services are delivered both on-site and in the community.



- **54 clients served** in FY 22-23
- On average, clients engaged in services for **198 days**

Successes and Highlights

- Integrated group sessions to individual therapy, expanding on the ability to implement relationship building skills and opportunities to practice skills in the community and build peer support.
- Added occupational therapy on a trial basis in order to further meet the client's needs from a whole person approach.
- Continued increases in availability in South County, a community that often lacks access to mental health resources.

INTEGRATED CO-OCCURRING DISORDER FSP

Challenges & Growth Opportunities

CHALLENGES: Integrated Co-Occurring Disorder FSP faced challenges this period.

- Transportation to services.
- Building trust with families and communities.
- Increasing client motivation and accountability.

ACTION PLAN: Integrated Co-Occurring Disorder FSP developed an action plan to address these challenges.

- Explored expansion of services and engagement methods, including incorporating art activities.
- Ensured clients have access to snacks and beverages.
- Provided flexibility in how services are offered.
- Accommodations and flexibility resulted in greater engagement and a sense of community for clients.



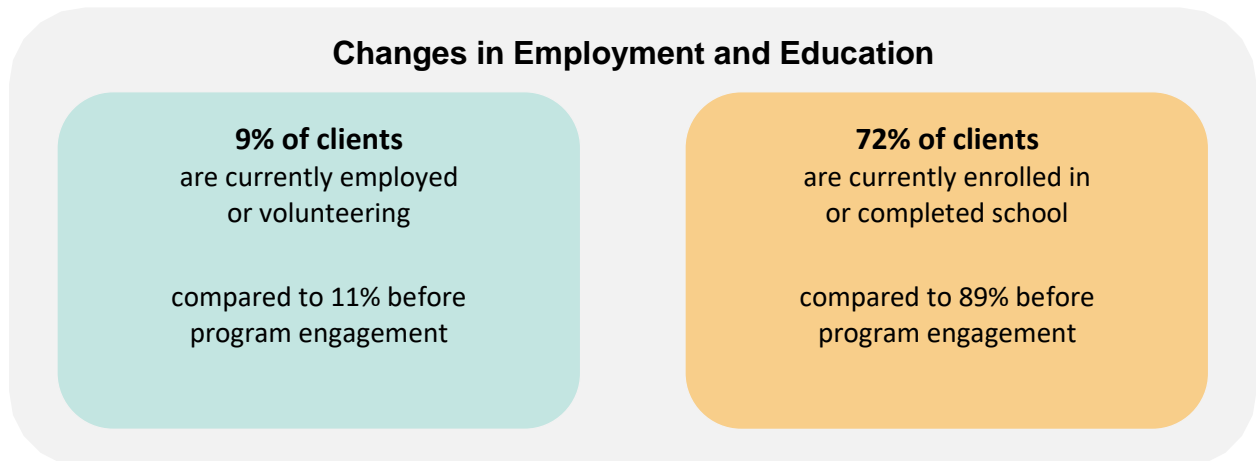
INTEGRATED CO-OCCURRING DISORDER FSP

Housing

Housing Type Before Services (n=54)		Current Housing Type (n=61)	
89%	Independent house or apartment	69%	
0%	With friends/family	4%	
0%	Shelter or temporary housing	2%	
6%	Unhoused	2%	
0%	Acute medical hospital	6%	
0%	Acute psychiatric facility or hospital	13%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
2%	Residential treatment facility	2%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	17%	
4%	Another housing status	0%	
11%	Unknown/Declined to state*	0%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 7 missing "housing type before services" statuses.

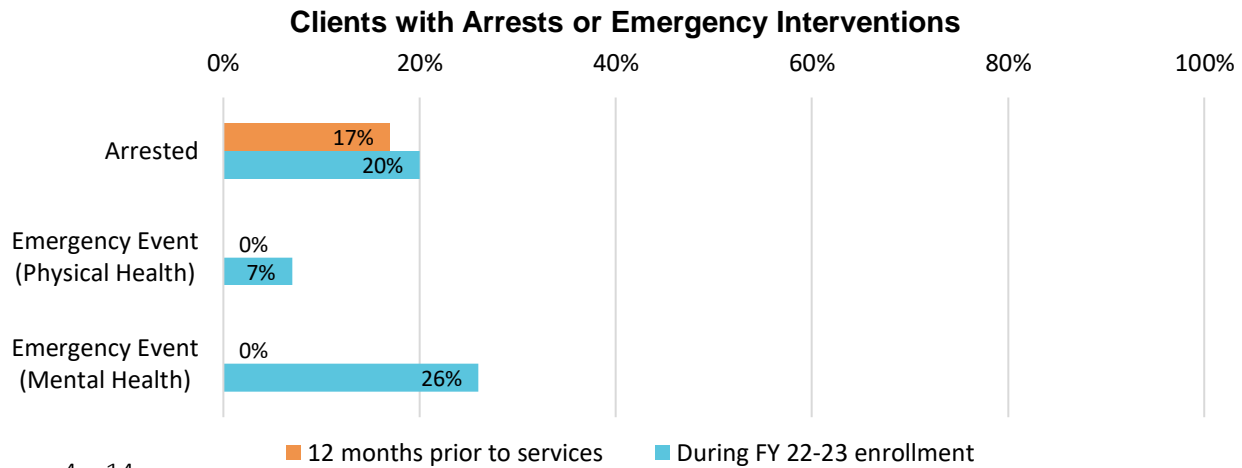
Employment and Education



INTEGRATED CO-OCCURRING DISORDER FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.



n = 4 – 14

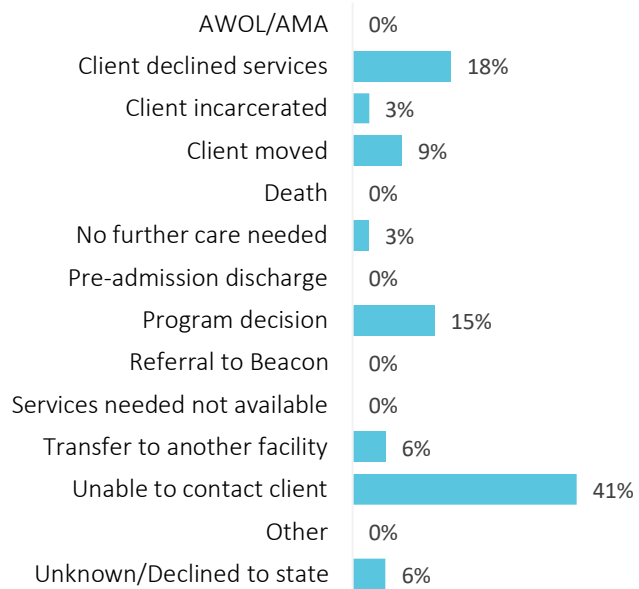
0% for physical health and mental health emergency events in 12 months prior to services.

Discharge Information

49 clients were discharged.

31% had achieved some to all of their goals.

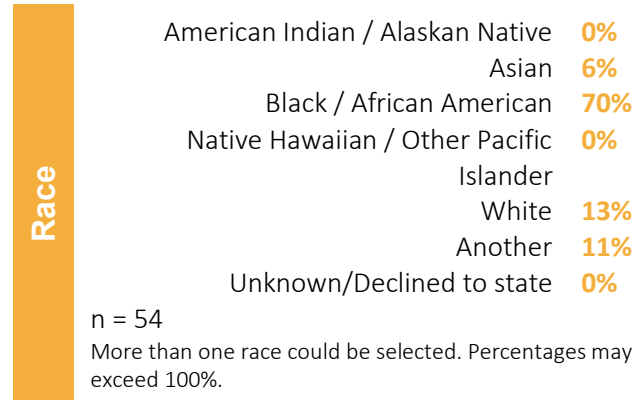
Reason for Discharge



n = 34

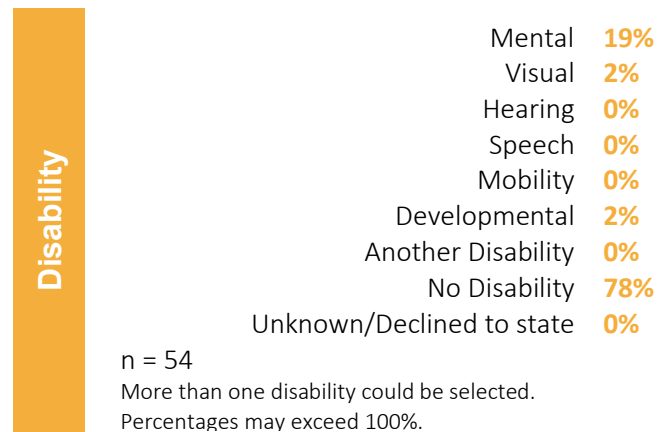
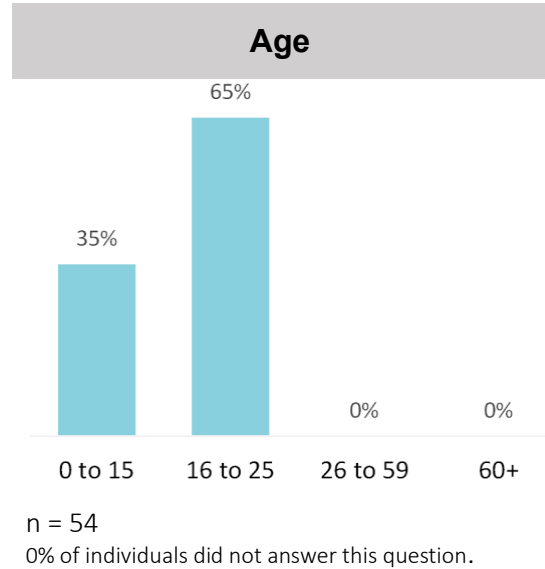
INTEGRATED CO-OCCURRING DISORDER FSP

Demographic Data



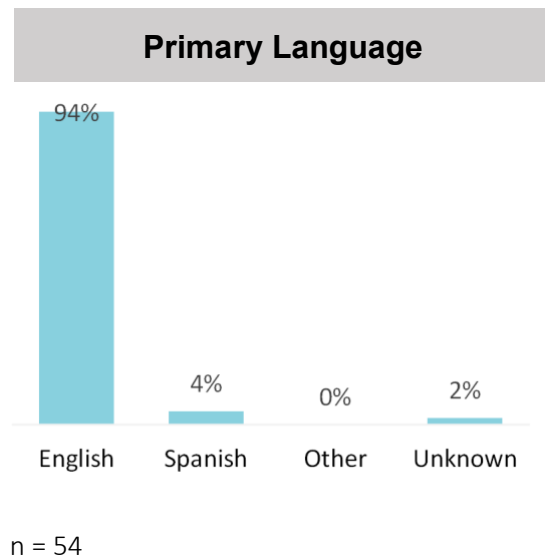
**76% Hispanic/Latino
13% Not Hispanic/Latino**

n = 54
11% Unknown/Declined to state.



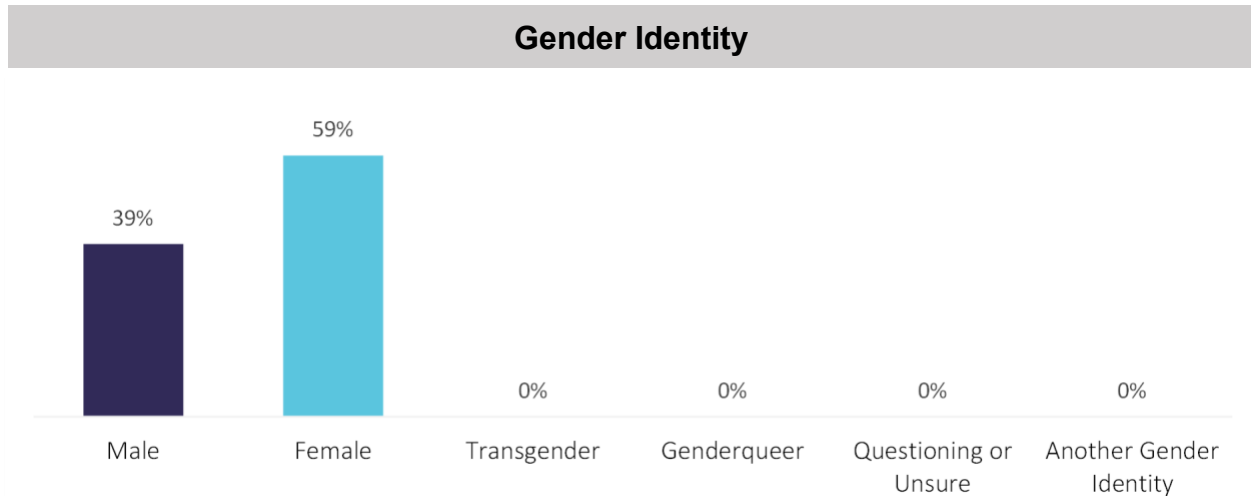
22% of individuals reported having one or more disabilities

n = 54
0% Unknown/Declined to state.

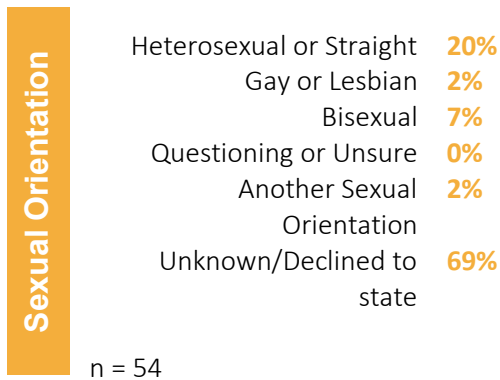


INTEGRATED CO-OCCURRING DISORDER FSP

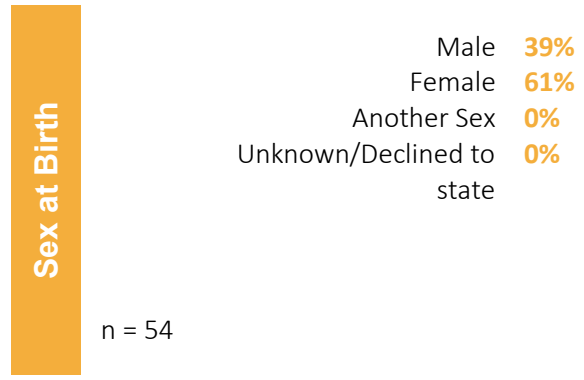
Demographic Data



n = 54
2% Unknown/Declined to state.



n = 54



n = 54

0% of individuals were veterans

n = 54
0% Unknown/Declined to state.

SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM

Santa Lucia Short-term Residential Treatment Program (STRTP) is a 6-bed residential program for adolescent females ages 13 to 17 addressing mental health and substance use disorders. The program provides individual, group, and collateral therapeutic services to clients and works with families toward reunification and/or transitioning to adulthood.



- **12 clients served** in FY 22-23
- On average, clients engaged in services for **209 days**

Successes and Highlights

- Several graduations, resulting in clients either reunifying with family or transitioning to adulthood and independence.
- Working with clients to identify goals, develop, and implement strategies.
- Providing support to clients allowed clients to focus on their goals and make progress in meeting them.

SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM

Challenges & Growth Opportunities

CHALLENGES: Santa Lucia STRTP faced challenges this period.

- Difficulty retaining enough staff, leading to lowered client census due to inability to maintain ratio beyond 3 residents.
- Difficulties faced in hiring and training staff:
 - Not finding qualified staff.
 - Salary-related issues.
 - Lack of applicants.

ACTION PLAN: Santa Lucia STRTP tailored their goals for the coming year to address the challenges they've faced.



SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM

Housing

Housing Type Before Services (n=12)		Current Housing Type (n=0)	
8%	Independent house or apartment	0%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
25%	Residential treatment facility	0%	
0%	Foster home	0%	
58%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
8%	Another housing status	0%	
0%	Unknown/Declined to state	100%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 12 missing “current housing type” statuses.

Employment and Education

Changes in Employment and Education

0% of clients
are currently employed
or volunteering

compared to 0% before
program engagement

0% of clients
are currently enrolled in
or completed school

compared to 92% before
program engagement

SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM


Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

No clients were arrested or experienced physical or mental health emergencies during either time point.

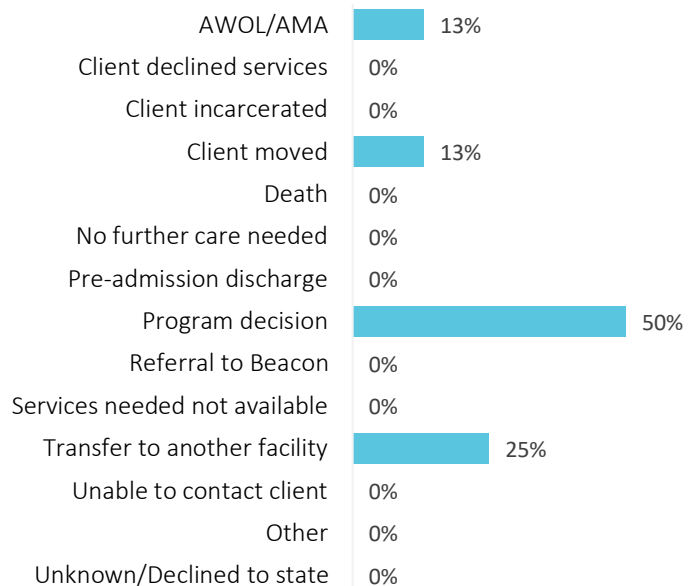
Discharge Information

10 clients were discharged.



20% had achieved some to all of their goals.

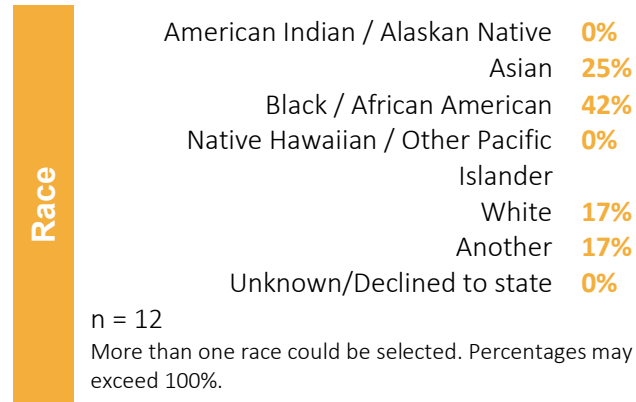
Reason for Discharge



n = 8

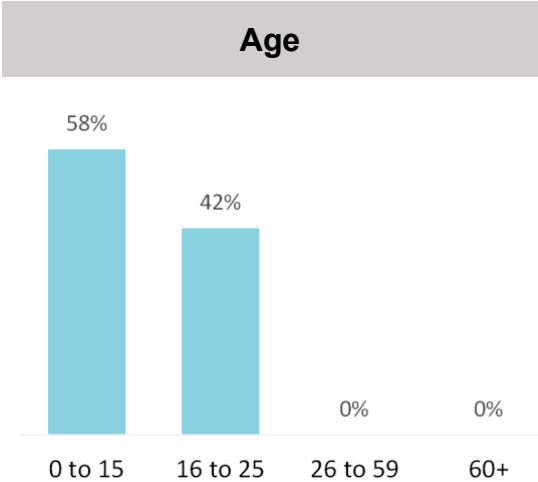
SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM

Demographic Data

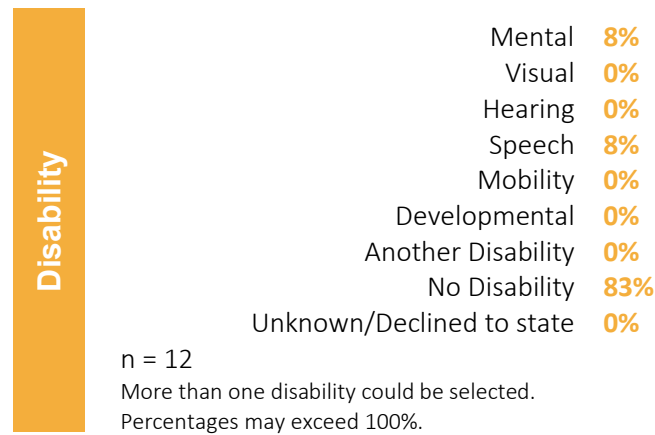


**67% Hispanic/Latino
17% Not Hispanic/Latino**

n = 12
17% Unknown/Declined to state.

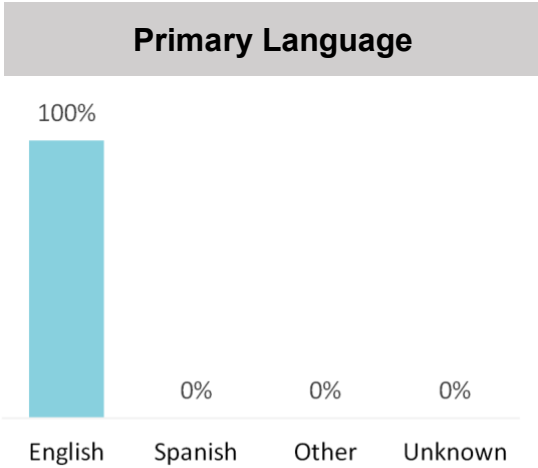


n = 12
0% of individuals did not answer this question.



17% of individuals reported having one or more disabilities

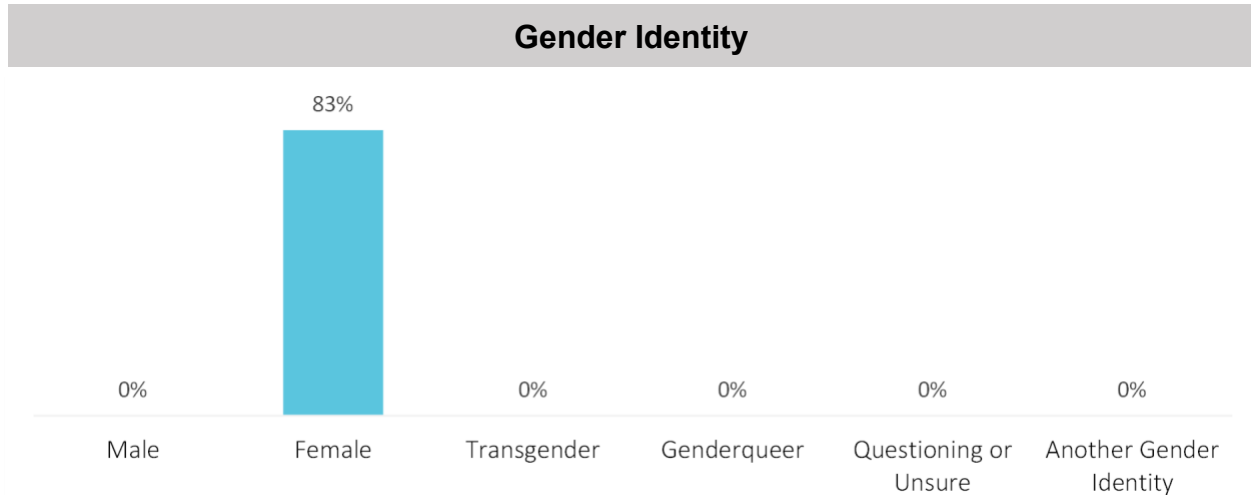
n = 12
0% Unknown/Declined to state.



n = 12

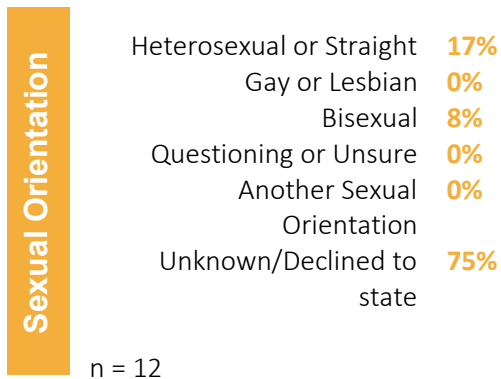
SANTA LUCIA SHORT-TERM RESIDENTIAL TREATMENT PROGRAM

Demographic Data

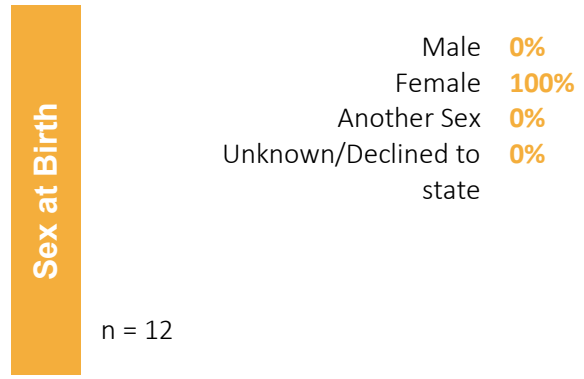


n = 12

17% Unknown/Declined to state.



n = 12



n = 12

0% of individuals were veterans

n = 12

0% Unknown/Declined to state.

CSS-04: TRANSITION AGE YOUTH FSP

MHSA TIP AVANZA FSP

The Avanza program empowers youth and young adults aged 16 to 25 with mental health disorders through comprehensive case management, therapy, groups, and positive social interactions. It helps remove mental health-related barriers and supports youth in pursuing their goals in employment, education, independent living skills, and personal functioning. The program connects Transition Age Youth (TAY) with community resources, job opportunities, and education.

Psychoeducation and support are also extended to family members, recognizing their crucial role in a young adult's support system and success. Collaborative partners include TAY, family members, community-based youth organizations, juvenile probation, education, and social services.

Successes and Highlights

- Provided services to 204 clients throughout Monterey County.
- Introduction of a Peer Partner to assist with outreach, engagement, housing, employment, and life skills support.
- Integration and participation with the Early Psychosis Intervention- California (EPI-CAL TTA).

MHSA TIP AVANZA FSP

Challenges & Growth Opportunities

CHALLENGES: The Avanza program faced challenges this period.

- Staff shortages and high turnover in 2022-23.
- Clinician overwhelm due to high caseloads in 2022-23.
- Experienced an uptick in Post-Hospital referrals from both the Children's and Adult Post Hospital teams in 2022-23, necessitating staff education on addressing acute psychiatric emergencies and focusing on psychiatric stabilization.

ACTION PLAN: The Avanza program developed an action plan to address these challenges.

- To overcome staff shortages and high turnover a new manager was hired to the team and successfully filled most positions, including PSW/Clinician and SWIII positions.
- Addressed clinician overwhelm due to high caseloads by assigning support staff to every clinician, reducing the burden, and implementing a treatment team model.
- Provided training for staff on the CSSR-S and Stanley Brown to enhance client safety planning.
- Adapted creatively to tackle challenges and evolving client/community needs in 2022-23, maximizing available resources and fostering collaboration with partner programs/agencies to address needs as a team.



CSS-05: ADULTS WITH SMI FSP

ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAM

The Assertive Community Treatment (ACT) program, known as a Full-Service Partnership (FSP), is designed to serve 50 adults annually who have serious mental illnesses and/or serious functioning impairments and meet the ACT/FSP level of care.

The program aims to provide community-based mental health services and medication support to underserved individuals who face barriers in accessing or effectively utilizing clinic-based treatment for their mental health needs. In cases where Interim is unable to provide psychiatric services due to staff vacancies, Monterey County Behavioral Health (MCBH) steps in. Priority admission is given to Latino/a consumers who are housed or homeless and residing in Salinas Valley and South Monterey County.

ACT offers a range of services tailored to support consumers in their mental health recovery journey and help them develop the necessary skills to lead independent or interdependent, healthy, and meaningful lives in the community. The program focuses on increasing natural support systems by engaging, offering support, and providing psychoeducation to consumers and their family members.

Additionally, ACT assists consumers in finding and maintaining employment, reducing mental health symptoms, and addressing substance use issues to minimize the need for involuntary care and emergency room visits related to mental health and non-acute physical health problems. Services are provided in the community, available in both English and Spanish for consumers and their families.



- **59 clients served** in FY 22-23
- On average, clients engaged in services for **1,047 days**

Successes and Highlights

- 90% of consumers served by ACT were not hospitalized throughout the fiscal year.
- 88% of consumers served by ACT were not incarcerated throughout the fiscal year.
- ACT was able to provide and increase additional transportation resources to help our consumers be more independent (i.e. gas cards, taxi vouchers, MST passes, MST monthly passes).

ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAM

Challenges & Growth Opportunities

CHALLENGES: ACT faced challenges this period.

- ACT has faced staffing challenges affecting program billing goals and consumer services.
- Unusual natural events, such as flooding and heat waves, limited in-person meetings with customers.
- Consumer incarcerations increased from 8% to 12% compared to the previous fiscal year.
- There was an increase in hospitalizations compared to previous years.

ACTION PLAN: ACT tailored their goals for the coming year to address the challenges they've faced.



ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAM

Housing

Housing Type Before Services (n=59)		Current Housing Type (n=59)	
76%	Independent house or apartment	64%	
0%	Living with friends/family	7%	
0%	Shelter or temporary housing	3%	
8%	Unhoused	7%	
0%	Acute medical hospital	17%	
0%	Acute psychiatric facility or hospital	29%	
0%	Hospital	0%	
2%	Assisted living facility	5%	
7%	Residential treatment facility	20%	
2%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	17%	
5%	Another housing status	5%	
0%	Unknown/Declined to state	0%	

Clients may have more than one housing type. Percentages may exceed 100%.

Employment and Education

Changes in Employment and Education

5% of clients
are currently employed
or volunteering

compared to 8% before
program engagement

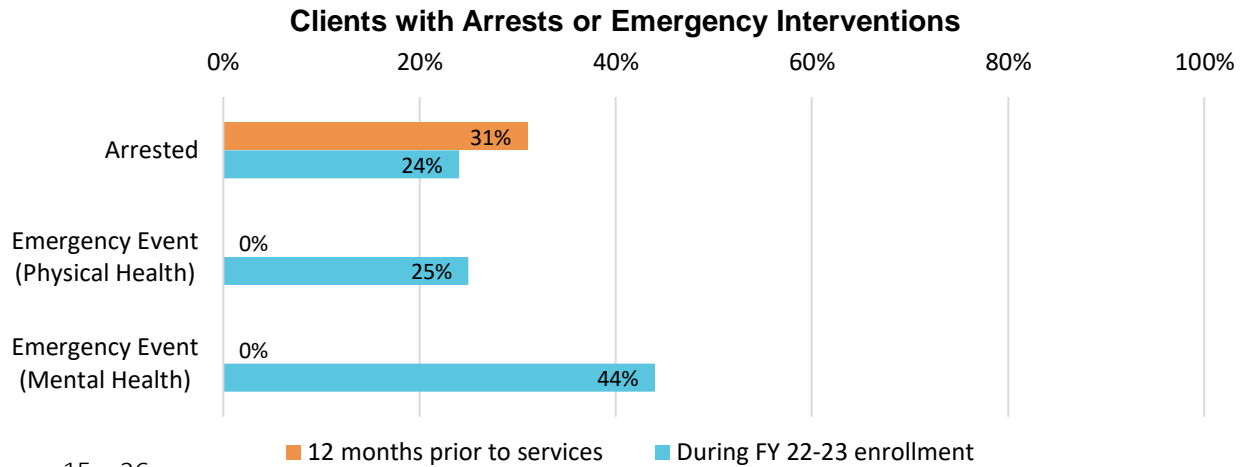
54% of clients
are currently enrolled in
or completed school

compared to 88% before
program engagement

ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAM

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.



n = 15 – 26

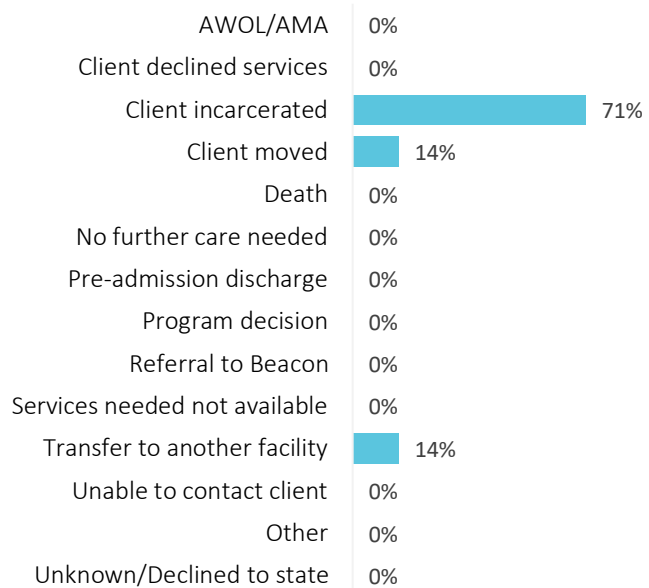
0% for physical health and mental health emergency events in 12 months prior to services.

Discharge Information

22 clients were discharged.

55% had achieved some to all of their goals.

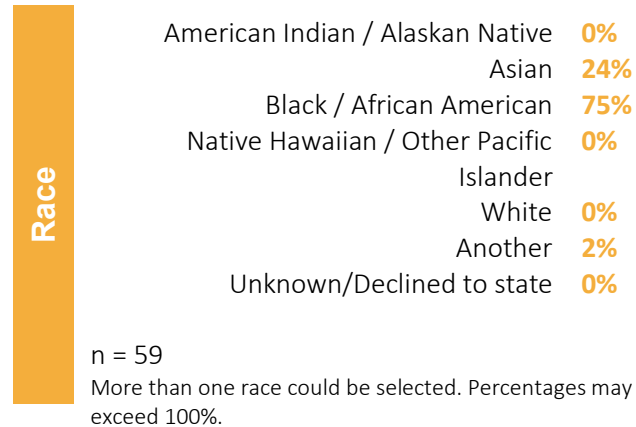
Reason for Discharge



n = 7

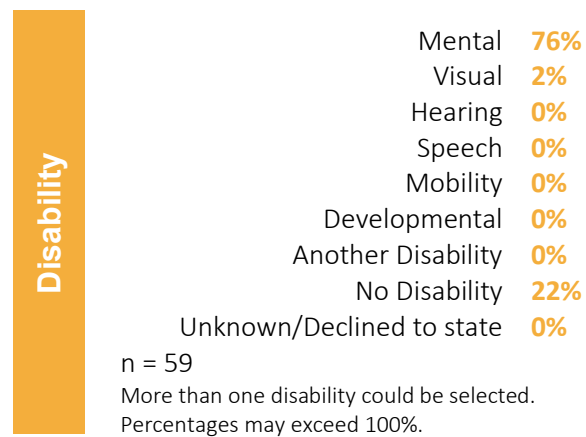
ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAM

Demographic Data



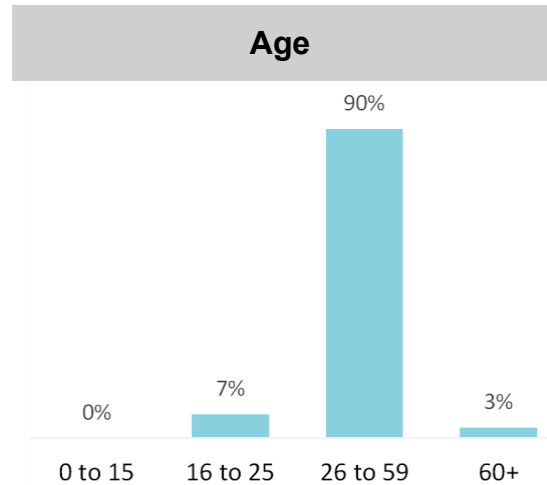
**98% Hispanic/Latino
2% Not Hispanic/Latino**

n = 59
0% Unknown/Declined to state.

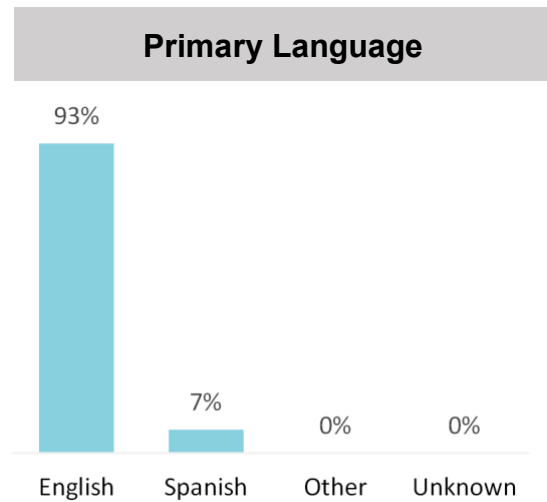


78% of individuals reported having one or more disabilities

n = 59



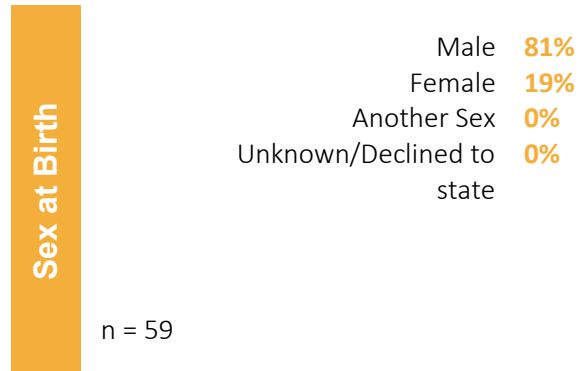
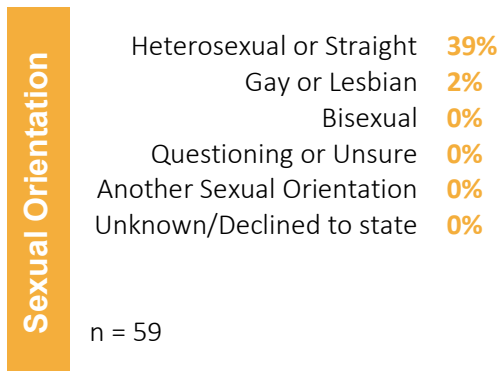
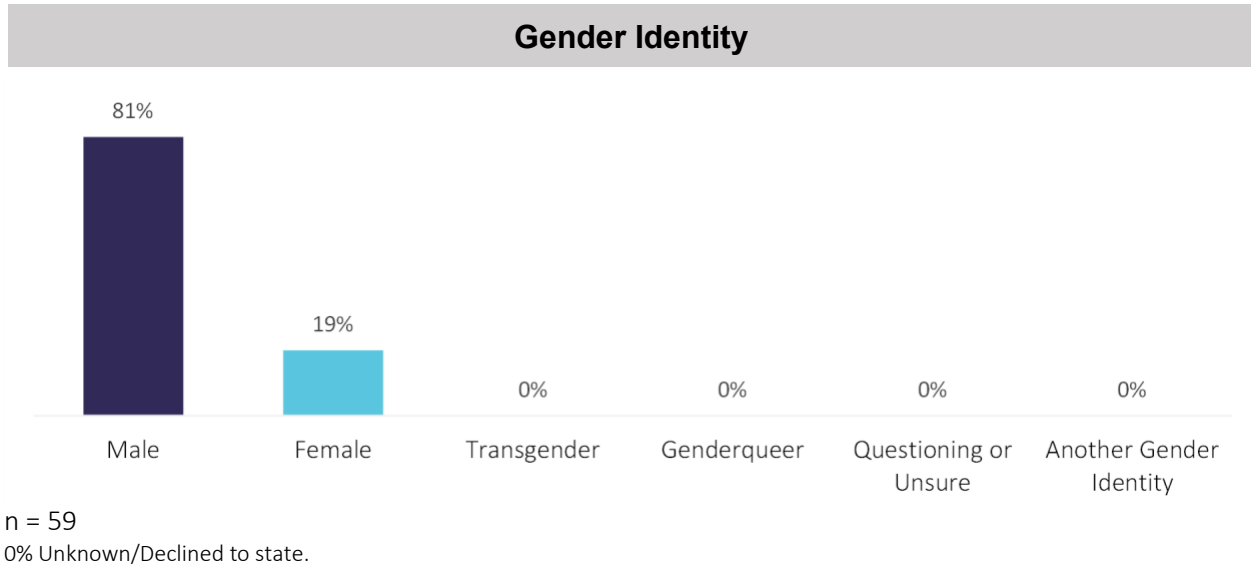
n = 59



n = 59

ASSERTIVE COMMUNITY TREATMENT WELCOMING & ENGAGING TEAMS

Demographic Data



2% of individuals were veterans

n = 59
0% Unknown/Declined to state.

CSS-06: OLDER ADULTS FSP

OLDER ADULT FSP



- 7 clients served in FY 22-23
- On average, clients engaged in services for 672 days

Housing

Housing Type Before Services (n=7)

Current Housing Type (n=6)

57%	Independent house or apartment	14%
0%	With friends/family	14%
0%	Shelter or temporary housing	14%
29%	Unhoused	14%
0%	Acute medical hospital	0%
0%	Acute psychiatric facility or hospital	0%
0%	Hospital	0%
0%	Assisted living facility	0%
0%	Residential treatment facility	14%
0%	Foster home	0%
0%	Group home	0%
0%	STRTP	0%
0%	Jail or juvenile detention facility	0%
0%	Another housing status	0%
14%	Unknown/Declined to state	29%

Clients may have more than one housing type. Percentages may exceed 100%.

*Unknown/Declined to state includes 1 missing "current housing type" status and 1 unknown/decline to state "current housing type" status from Avatar.

Employment and Education

Changes in Employment and Education

0% of clients
are currently employed
or volunteering

compared to 0% before
program engagement

71% of clients
are currently enrolled in
or completed school

compared to 71% before
program engagement

OLDER ADULT FSP

Emergency Events & Arrests


Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

12 months prior to accessing services: 29% clients were arrested. No clients experienced a physical or mental health emergency.

During FY 22-23 enrollment: 1% of clients experienced a physical health emergency. No clients were arrested or experienced a mental health emergency.

Discharge Information

3 clients were discharged.



0% had achieved some to all of their goals.

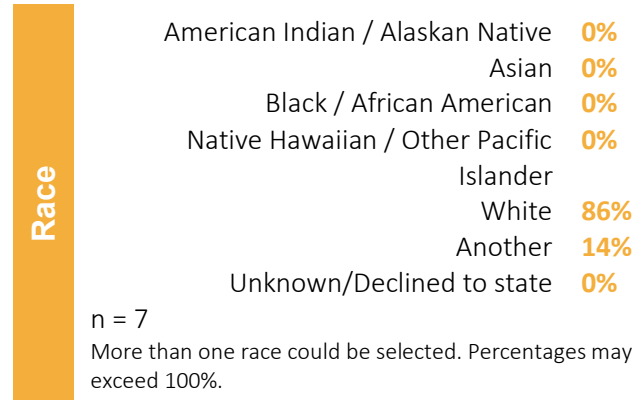
Reason for Discharge

Client declined services	0%
Client incarcerated	0%
Client moved	0%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	100%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	0%
Unable to contact client	0%
Other	0%
Unknown/Decline to state	0%

n = 2

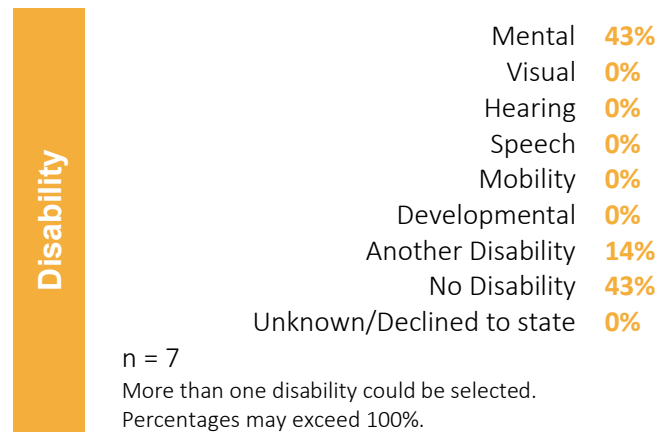
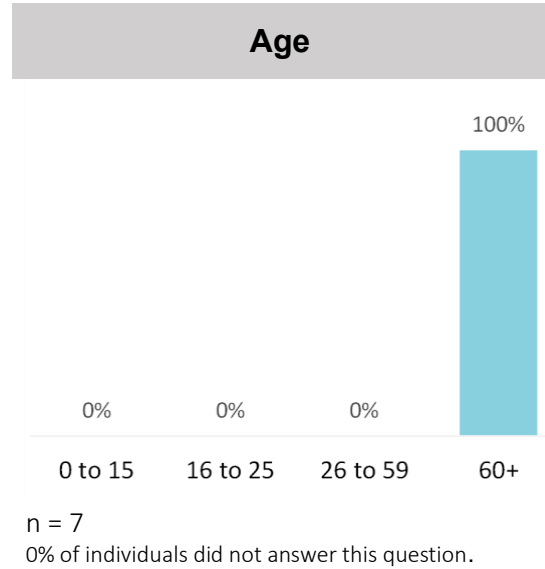
OLDER ADULT FSP

Demographic Data



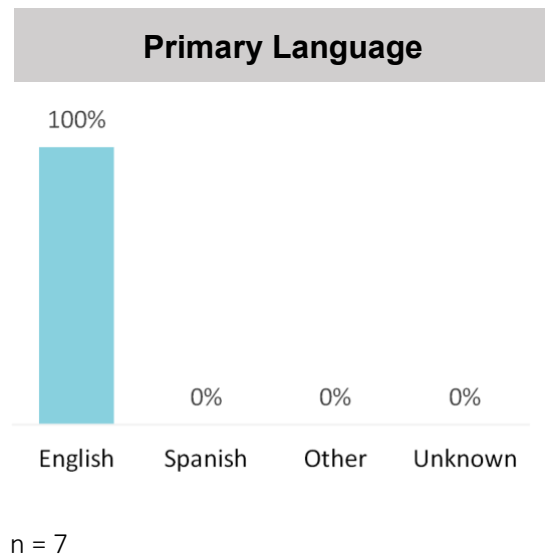
0% Hispanic/Latino
86% Not Hispanic/Latino

n = 7
14% Unknown/Decline to state.



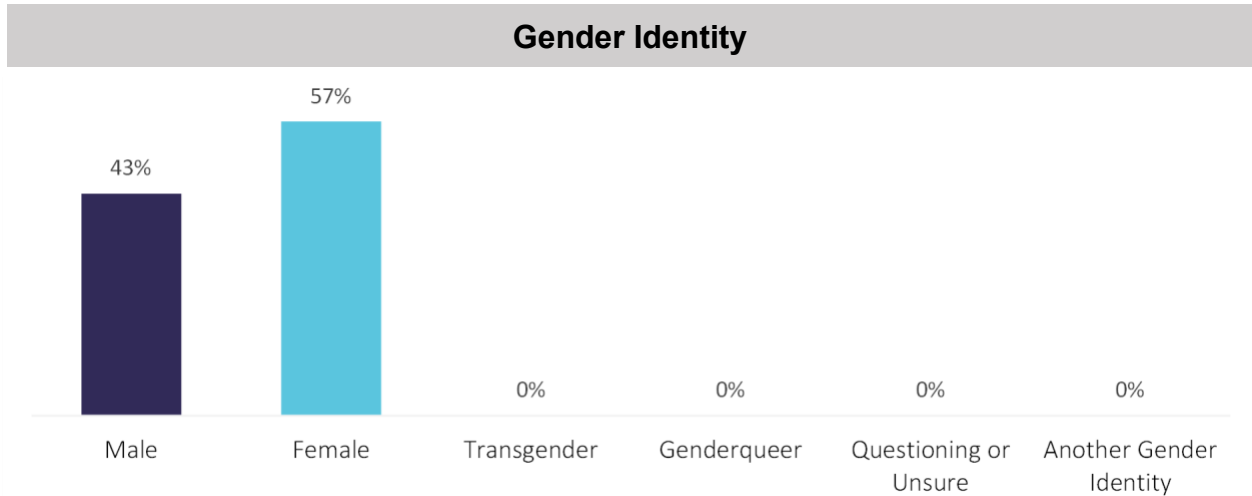
0% of individuals reported having one or more disabilities

n = 7



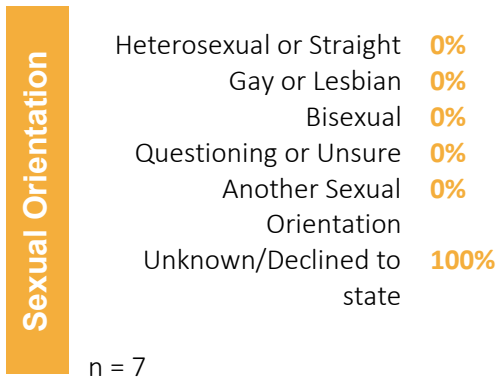
OLDER ADULT FSP

Demographic Data

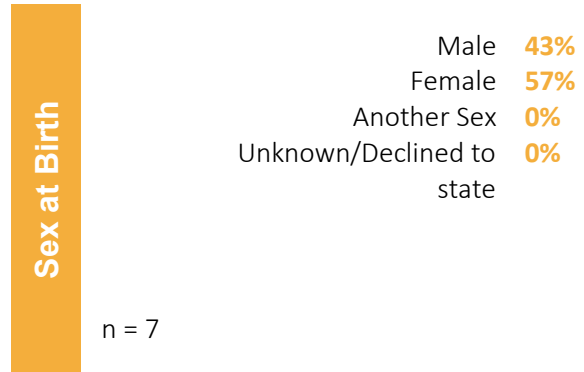


n = 7

0% Unknown/Declined to state.



n = 7



n = 7

0% of individuals were veterans

n = 7

DRAKE HOUSE FSP

Drake House provides residential care and mental health support services for 55 residents across several counties. Mental Health support services include individual and group sessions geared toward helping residents achieve their goals across many domains. This may include, but is not limited to, life skills, behavior management, symptom management, financial management, and independent living skills.



- **52 clients served** in FY 22-23
- On average, clients engaged in services for **2,802 days**

Successes and Highlights

- Perfect Community Care Licensing (CCL) annual report.
- Lower usage of inpatient psychiatric services.
- Increased use of technology to keep residents connected to family members.

DRAKE HOUSE FSP

Challenges & Growth Opportunities

CHALLENGES: Drake House faced challenges this period.

- Overcoming staffing challenges while ensuring continuity of care and ongoing infection prevention.
- Entry-level positions with higher turnover.

ACTION PLAN: Drake House developed an action plan to address these challenges.

- Strategizing to maintain a qualified and passionate staff who can consistently deliver excellence.
- Streamlining infection prevention activities and integrating them into everyday staff tasks.



DRAKE HOUSE FSP

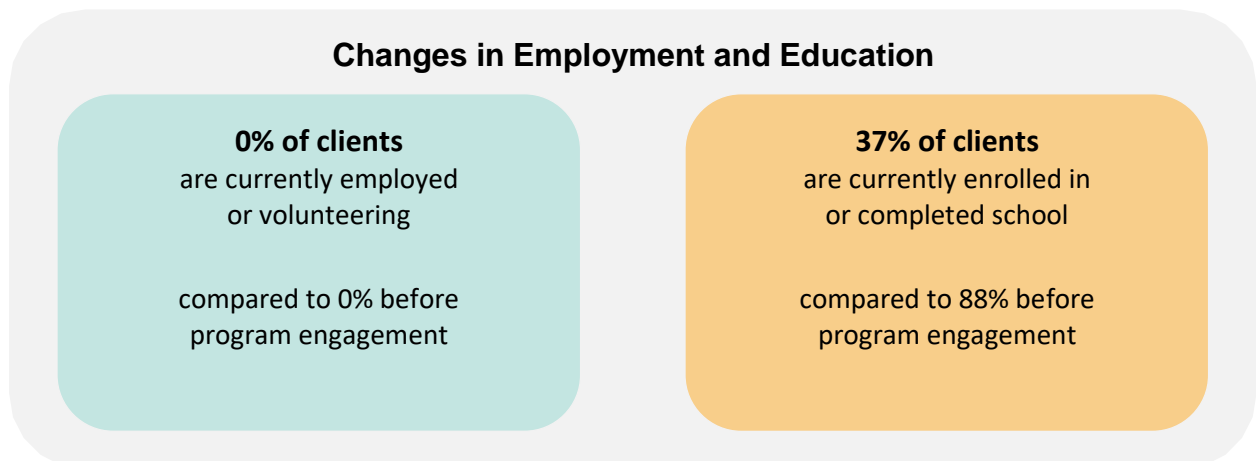
Housing

Housing Type Before Services (n=52)		Current Housing Type (n=29)	
2%	Independent house or apartment	0%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	4%	
0%	Hospital	0%	
4%	Assisted living facility	29%	
37%	Residential treatment facility	19%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
58%	Another housing status	0%	
0%	Unknown/Declined to state*	42%	

Clients may have more than one housing type. Percentages may exceed 100%.

*Unknown/Declined to state includes 23 missing "current housing type" statuses and 2 unknown/decline to state "current housing type" statuses from Avatar.

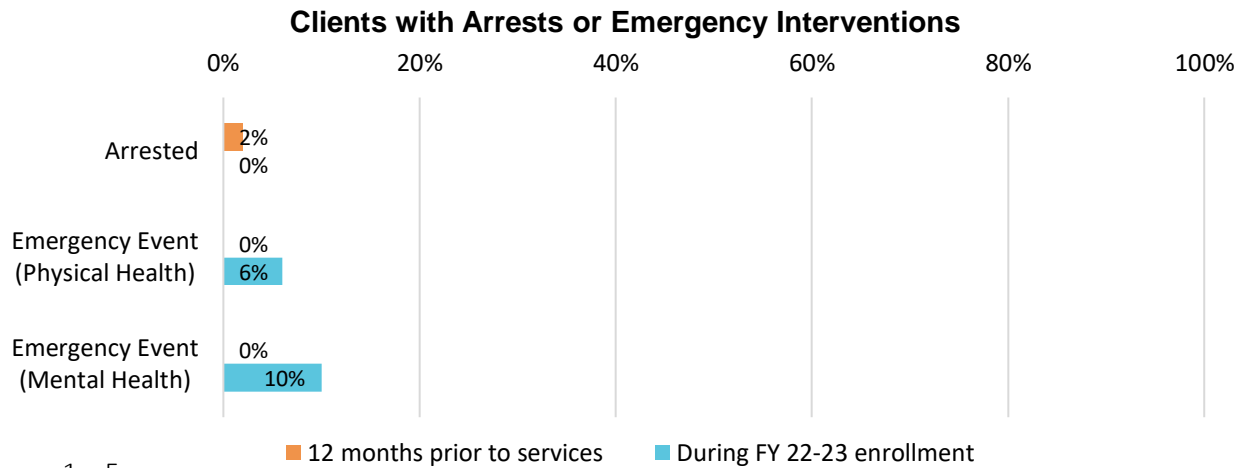
Employment and Education



DRAKE HOUSE FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.



n = 1 – 5

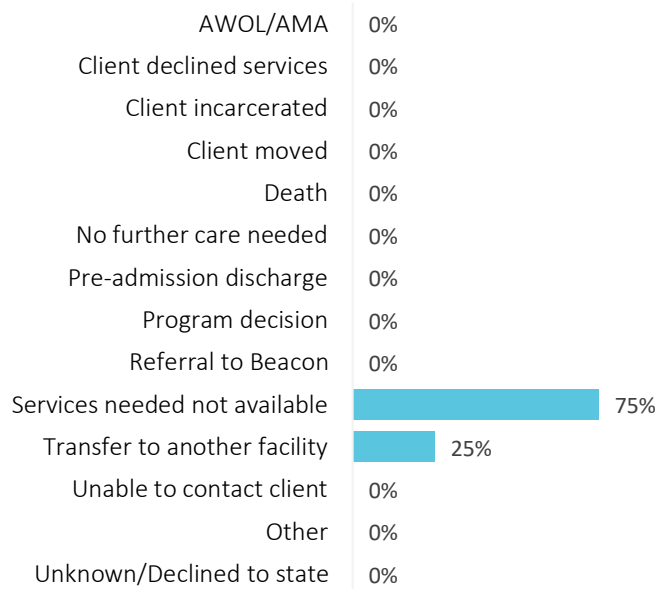
0% arrested during FY 22-23 enrollment and 0% physical health and mental health emergency events in 12 months prior to services.

Discharge Information

8 clients were discharged.

0% had achieved some to all of their goals.

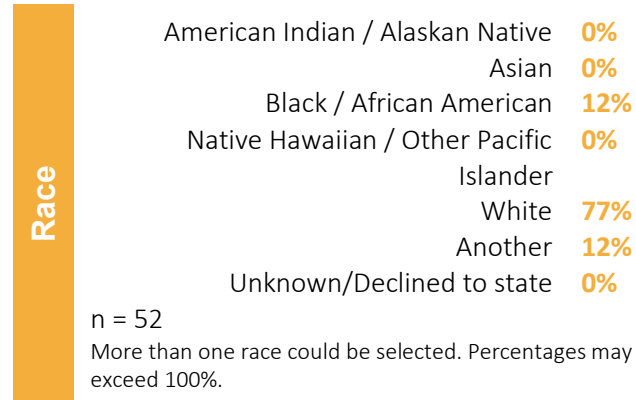
Reason for Discharge



n = 8

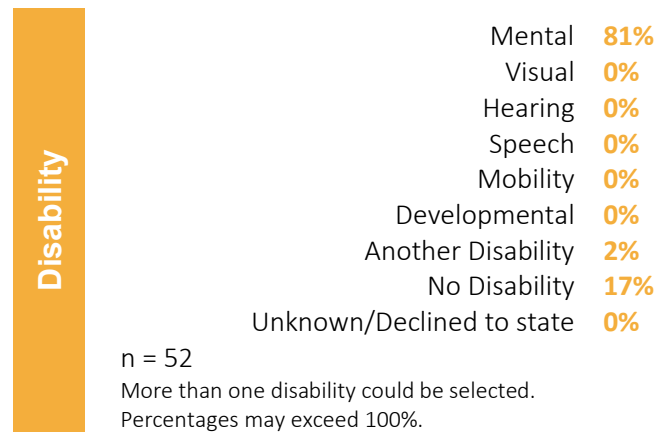
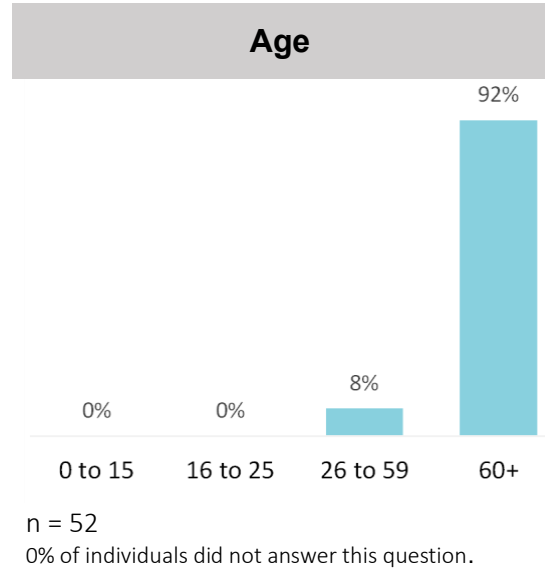
DRAKE HOUSE FSP

Demographic Data



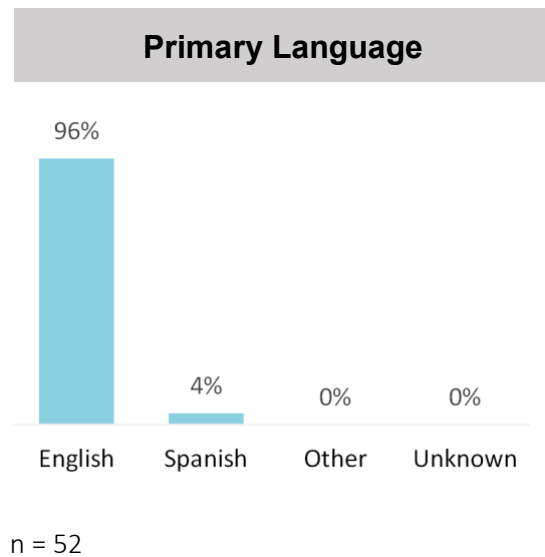
12% Hispanic/Latino
77% Not Hispanic/Latino

n = 52
12% Unknown/Declined to state.



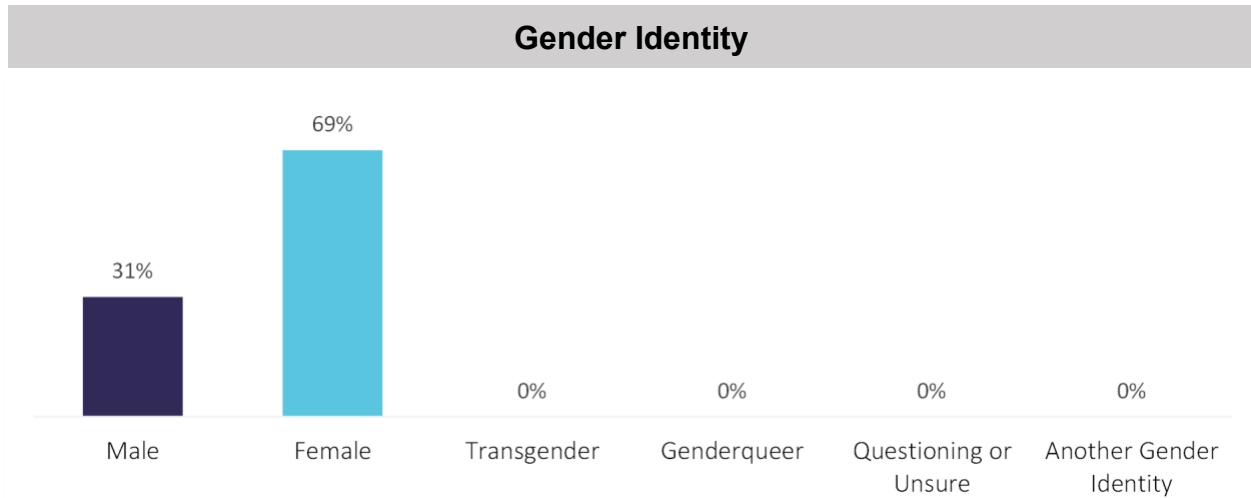
83% of individuals reported having one or more disabilities

n = 52
0% Unknown/Declined to state.



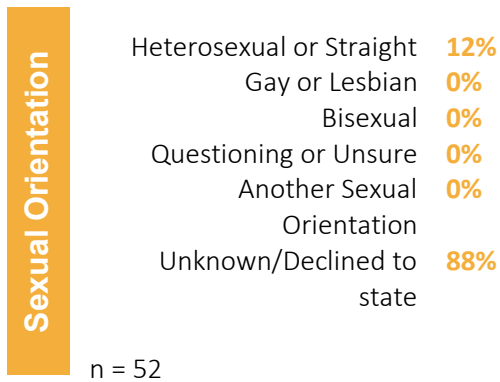
DRAKE HOUSE FSP

Demographic Data

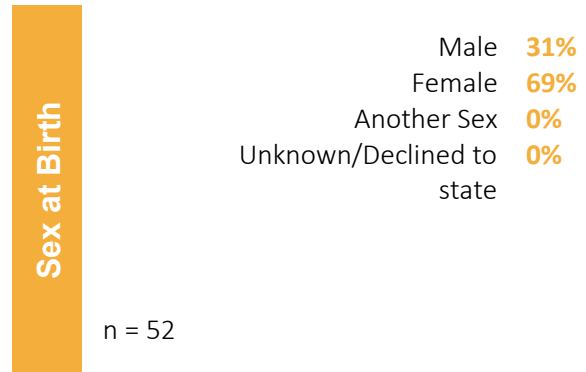


n = 52

0% Unknown/Declined to state.



n = 52



n = 52

4% of individuals were veterans

n = 52

35% Unknown/Declined to state.

CSS-07: ACCESS REGIONAL SERVICES

ACCESS MEDICATION SUPPORT

Medication Support Services is a multidisciplinary program supervised by a licensed California Board of Behavioral Sciences supervisor in collaboration with a medical consultant. It offers medication and medical support services to consumers in various programs: Manzanita Crisis Residential, ACT, Homeless Services, Choices Day Treatment Intensive, and Supported FSP Housing (Sunflower Gardens only).

The program's team includes Interim, Inc. employed or contracted professionals, such as Psychiatrists (MD), Psychiatric Mental Health Nurse Practitioners (PMHNP-BC), Registered Nurses (RN), and Licensed Vocational Nurses (LVN). RN/LVN staff members are integrated into program staffing and supervised by an RN Nurse Administrator in collaboration with the Program Directors.

Medication Support Services actively encourages consumers to play an active role in making informed decisions about their mental health care and medication treatment options.



- **43 clients served** in FY 22-23
- On average, clients engaged in services for **281 days**

Successes and Highlights

- Increased longer-term retention of psychiatric providers, with up to two-year retention rates.
- Established long-term relationships with contracted Psychiatrists, incorporating a new Psychiatric Medical consultant.
- Provided In Service training available to all programs' staff in the areas of psychotropic medication and psychiatric symptomatology from social rehabilitation and medical perspectives.

ACCESS MEDICATION SUPPORT

Challenges & Growth Opportunities

CHALLENGES: Access Medication Support faced challenges this period.

- Difficulty with RN/LVN recruitment: Local hospitals and some other agencies are offering higher salaries. However, increasing RN and possibly LVN salaries is not possible for Interim Inc. due to the salary schedule being set based on the CalAIM payment reform reimbursement method, which pays less for services performed by LVNs and RNs than the cost of these positions.
- Increase in consumers' physical/medical conditions, symptom and behavioral acuity, violence, and other types of behavioral incidents requiring additional staff attention, especially during psychiatric and medical injection appointments.
- Increase of consumer deaths due to self-injury, violence, and chronic medical conditions. Consumer deaths caused significant grief and stress for Psychiatric Services staff.

ACTION PLAN: Access Medication Support tailored their goals for the coming year to address the challenges they've faced.



ACCESS MEDICATION SUPPORT

Housing, Employment, and Education

Housing Type at Intake (n=43)

95%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
5%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
0%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
0%	Another housing status
0%	Unknown/Declined to state

23% of clients were employed or volunteering at intake
(n = 10)

74% of clients were enrolled in or completed school at intake
(n = 32)

Clients may have more than one housing type. Percentages may exceed 100%.

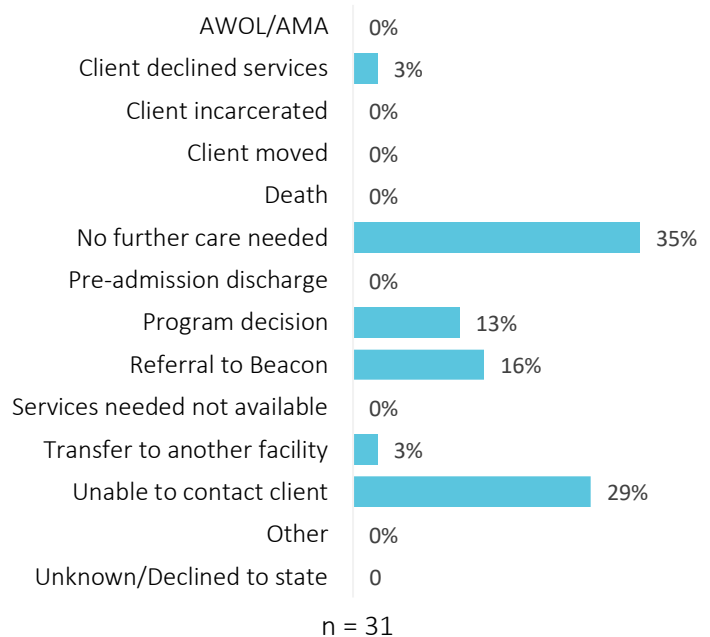
Discharge Information

35 clients were discharged.



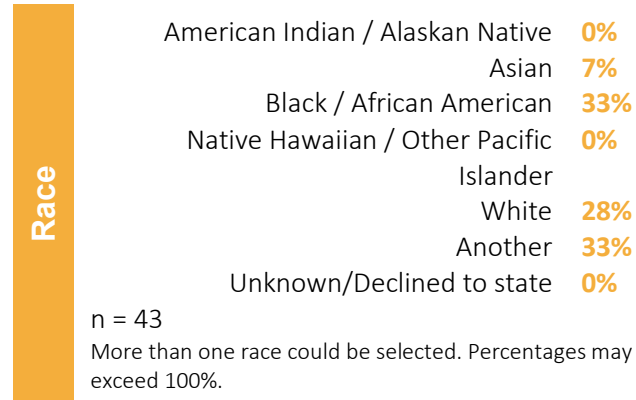
11% had achieved some to all of their goals.

Reason for Discharge



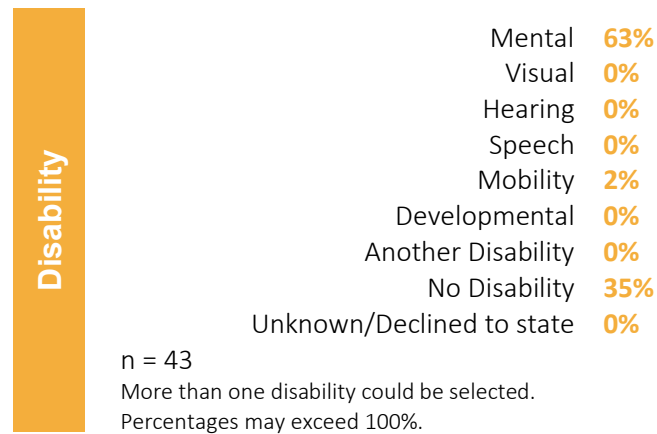
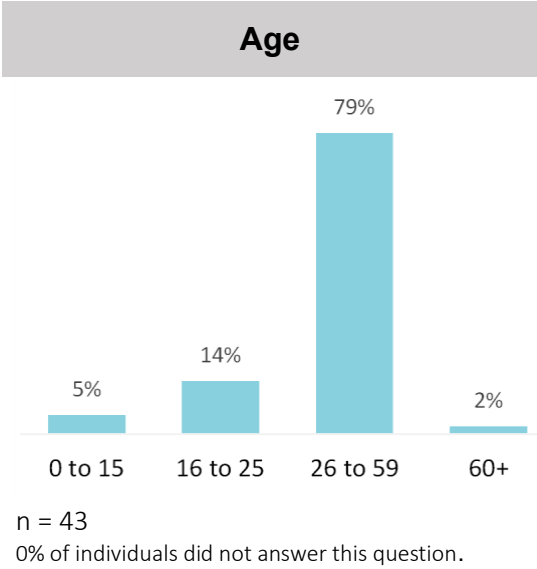
ACCESS MEDICATION SUPPORT

Demographic Data



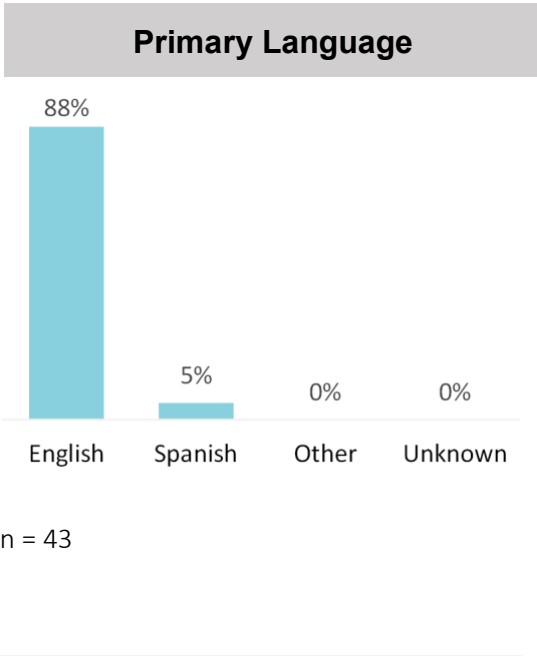
**40% Hispanic/Latino
28% Not Hispanic/Latino**

n = 43
33% Unknown/Declined to state.



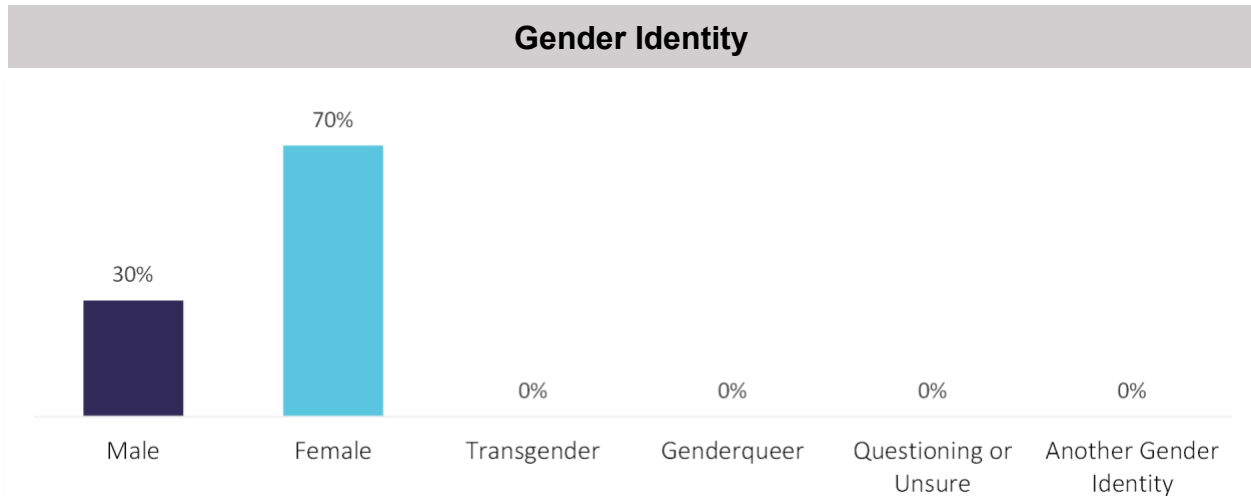
65% of individuals reported having one or more disabilities

n = 43
0% Unknown/Declined to state.

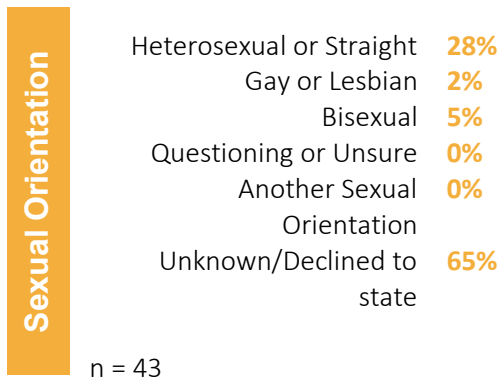


ACCESS MEDICATION SUPPORT

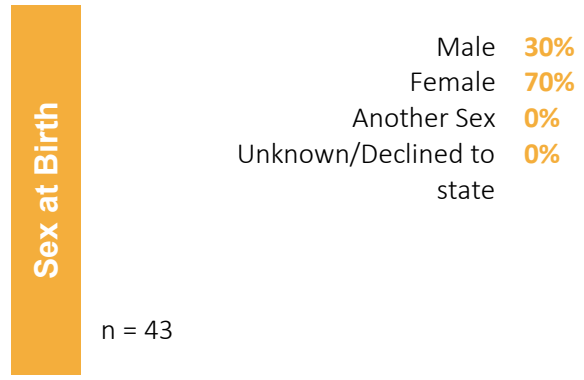
Demographic Data



n = 43
0% Unknown/Declined to state.



n = 43



n = 43

2% of individuals were veterans

n = 43
5% Unknown/Declined to state.

ACCESS TO TREATMENT CALWORKS

Access to Treatment CalWORKs is a county-staffed program that works with the Department of Social Services (DSS) to act as the mental health provider for customers enrolled in the Welfare to Work program. The program offers mental health triage/assessment, therapy, and psychiatry for those who have identified mental health needs and who want to return to work. Services are offered to both children and adults.



- **577 clients served** in FY 22-23
- On average, clients engaged in services for **246 days**

Housing, Employment, and Education

Housing Type at Intake (n=577)

83%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
8%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
1%	Residential treatment facility
<1%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
4%	Another housing status
4%	Unknown/Declined to state

13% of clients
were employed or volunteering
at intake

(n = 77)

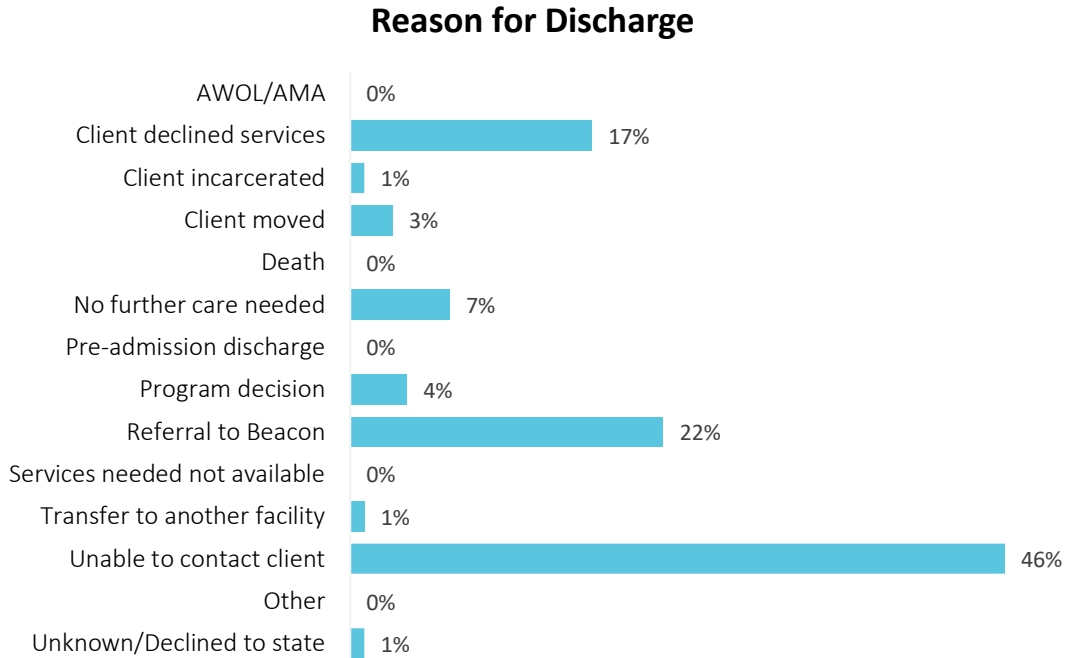
82% of clients
were enrolled in or completed
school at intake

(n = 473)

Clients may have more than one housing type. Percentages may exceed 100%.

ACCESS TO TREATMENT CALWORKS

Discharge Information



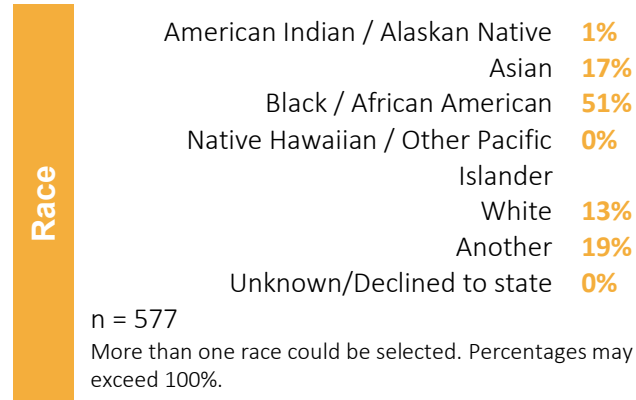
n = 468

496 clients were **discharged**.

6% had
achieved some to all of their goals.

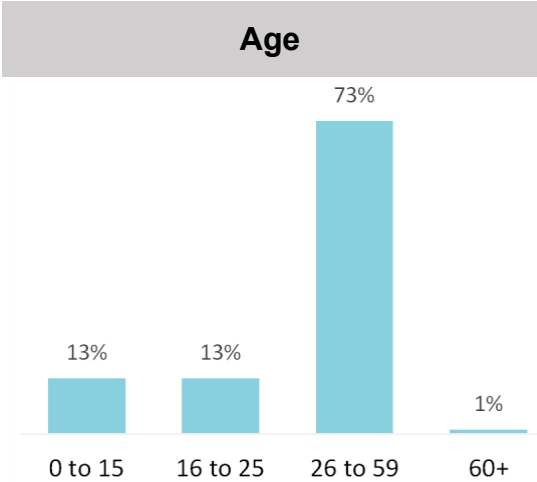
ACCESS TO TREATMENT CALWORKS

Demographic Data

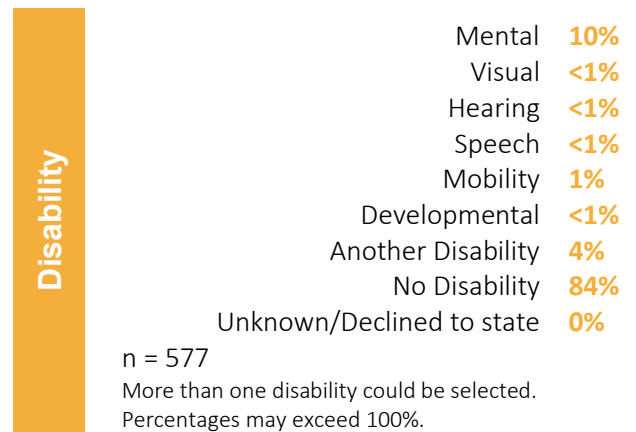


**68% Hispanic/Latino
13% Not Hispanic/Latino**

n = 577
19% Unknown/Declined to state.

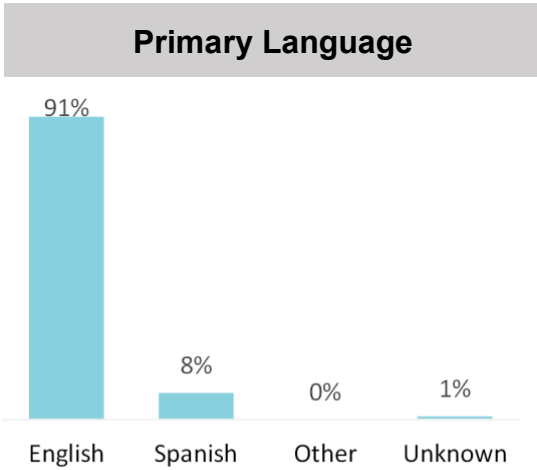


n = 577
0% of individuals did not answer this question.



16% of individuals reported having one or more disabilities

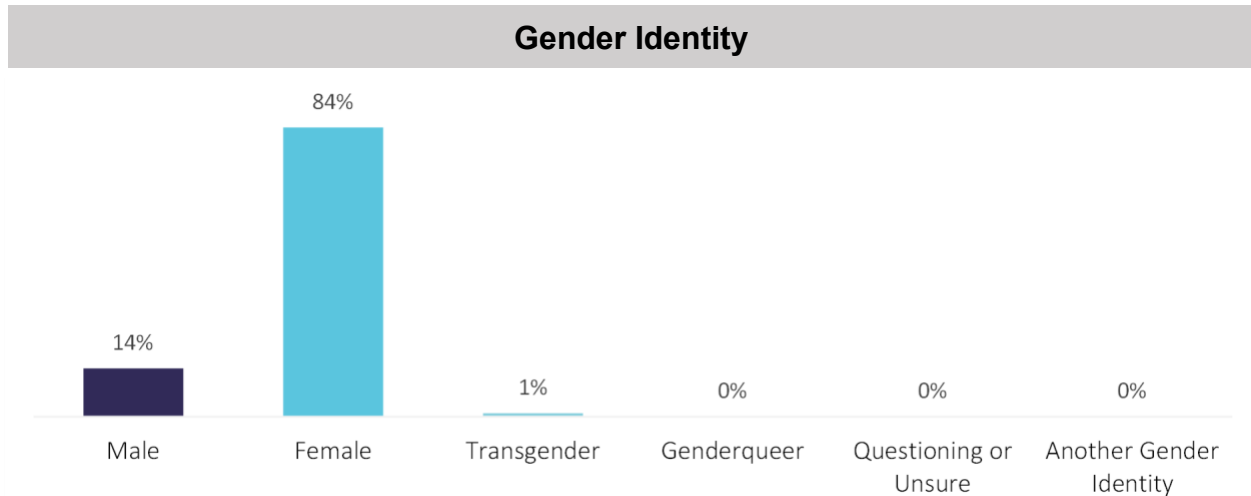
n = 577
0% Unknown/Declined to state.



n = 577

ACCESS TO TREATMENT CALWORKS

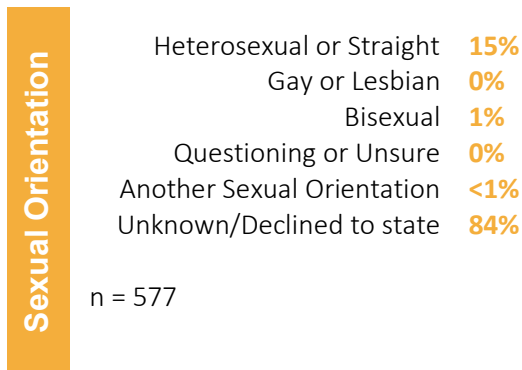
Demographic Data



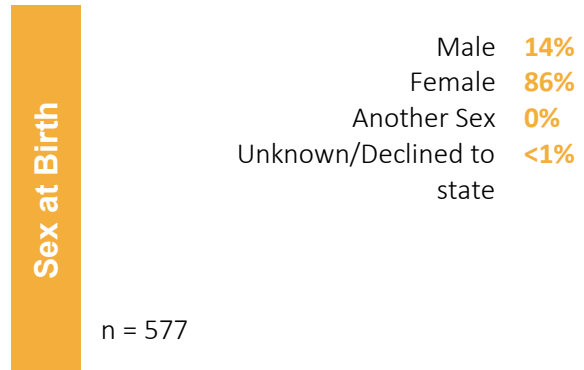
n = 577

<1% Transgender (n = 1).

2% Unknown/Declined to state.



n = 577



n = 577

<1% of individuals were veterans

n = 577

4% Unknown/Declined to state.

ACCESS TO TREATMENT COASTAL REGION

Access to Treatment Coastal Region provides triage and assessment services for community members seeking mental health and substance use disorder services. Once an assessment is completed, an individual may receive referrals to community mental health or substance use disorder resources.

If an individual requires mental health services at a Specialty Mental Health level, then treatment is either provided through this program or the individual is referred to the appropriate team within the MCBH system. Treatment includes group and or individual therapy, medication support, case management, mental health rehabilitation, collateral treatment, and/or case management.



- **899 clients served** in FY 22-23
- On average, clients engaged in services for **120 days**

Housing, Employment, and Education

Housing Type at Intake (n=899)	
78%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
12%	Unhoused
0%	Acute medical hospital
<1%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
2%	Residential treatment facility
<1%	Foster home
<1%	Group home
0%	STRTP
<1%	Jail or juvenile detention facility
3%	Another housing status
5%	Unknown/Declined to state

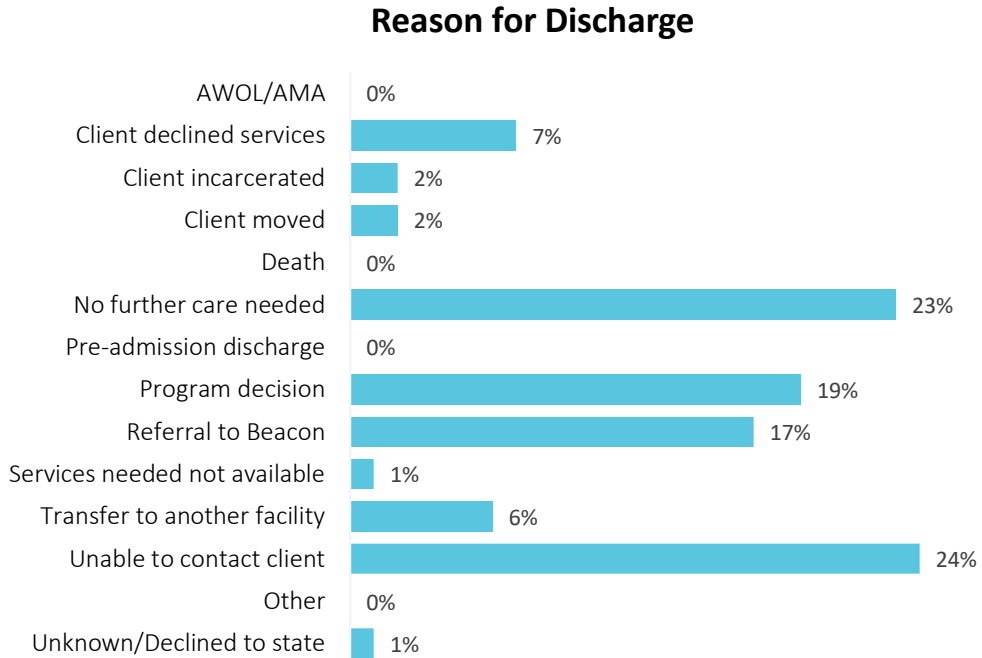
13% of clients were employed or volunteering at intake
(n = 117)

65% of clients were enrolled in or completed school at intake
(n = 581)

Clients may have more than one housing type. Percentages may exceed 100%.

ACCESS TO TREATMENT COASTAL REGION

Discharge Information



n = 849

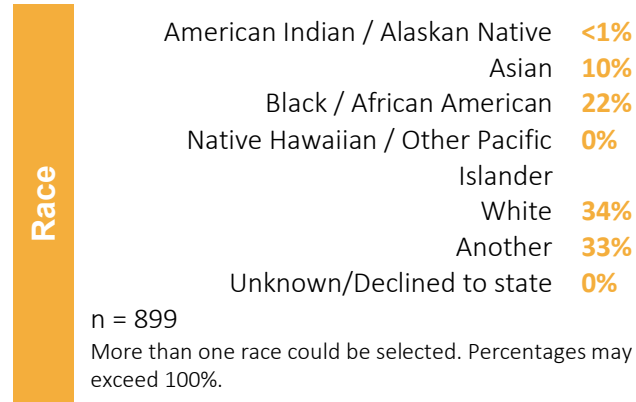
<1% Services needed not available (n = 1).

871 clients were **discharged**.

2% had
achieved some to all of their goals.

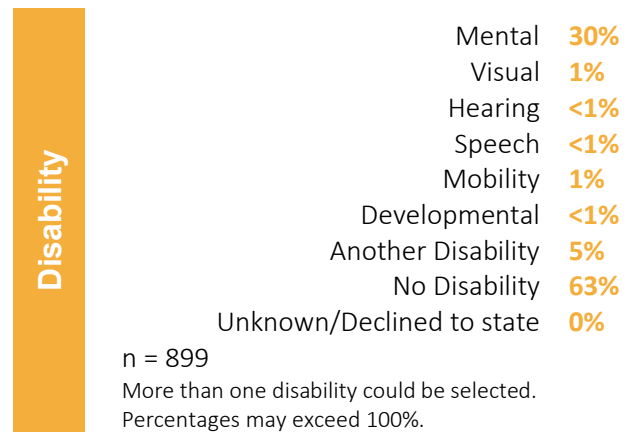
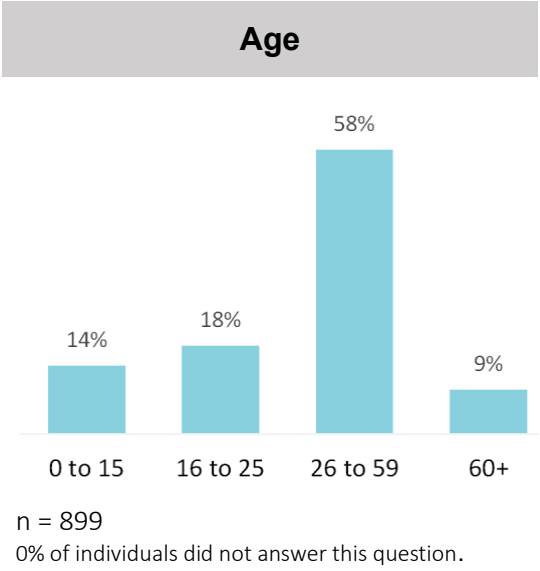
ACCESS TO TREATMENT COASTAL REGION

Demographic Data



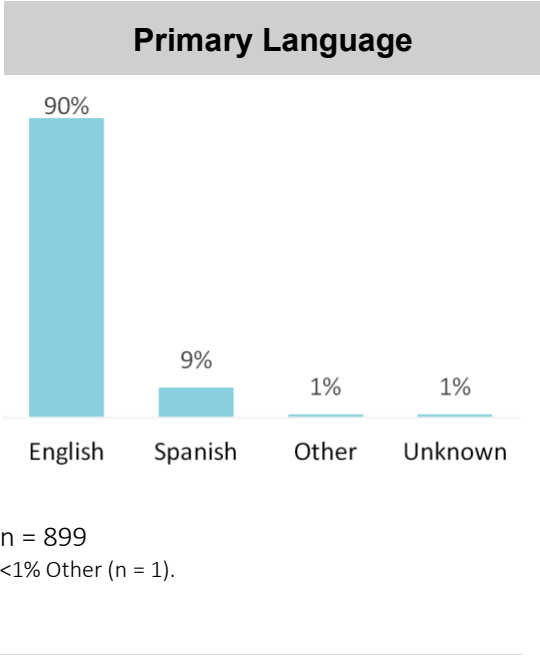
32% Hispanic/Latino
34% Not Hispanic/Latino

n = 899
34% Unknown/Declined to state.



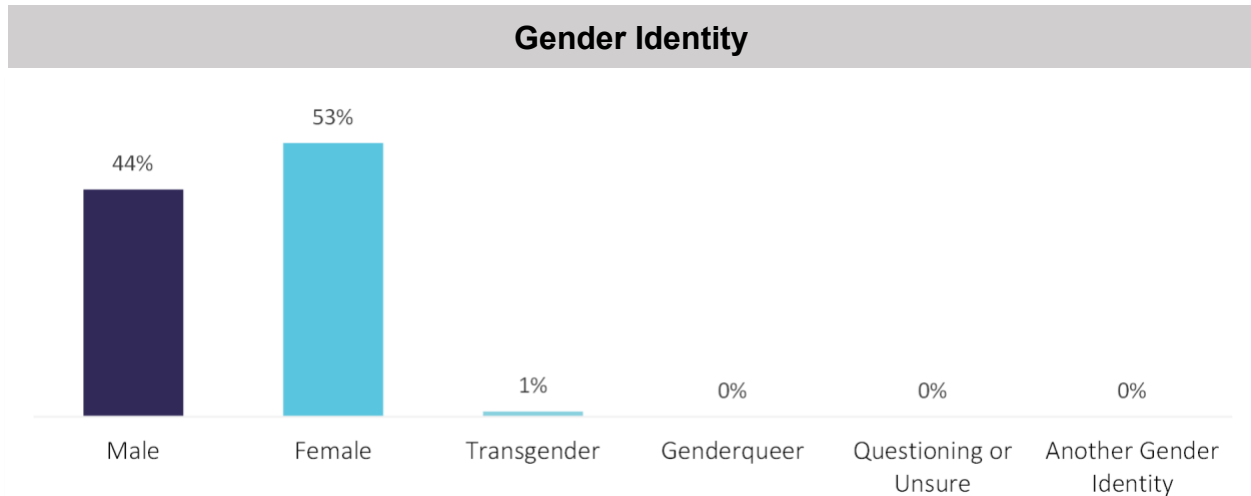
37% of individuals reported having one or more disabilities

n = 899
0% Unknown/Declined to state.

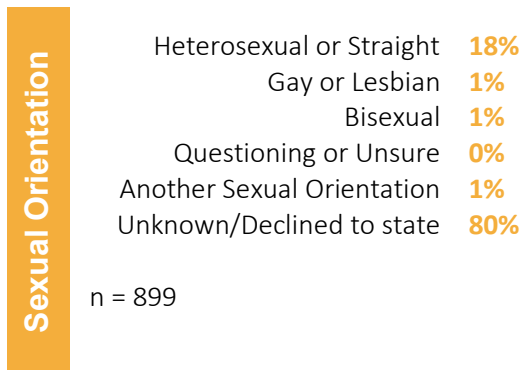


ACCESS TO TREATMENT COASTAL REGION

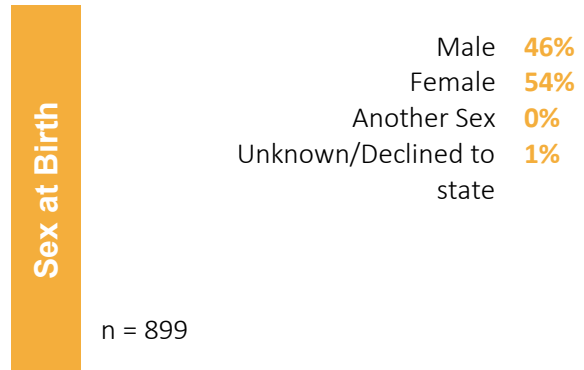
Demographic Data



n = 899
3% Unknown/Declined to state.



n = 899



n = 899

1% of individuals were veterans

n = 899
6% Unknown/Declined to state.

ACCESS TO TREATMENT KING CITY

Access to Treatment King City provides triage and assessment services for community members seeking mental health and substance use disorder services. Once triage/assessment is completed, individuals may be referred to community resources as needed. The program also provides mental health treatment, including group and or individual therapy, medication support, case management, mental health rehabilitation, collateral treatment, and/or case management.



- **462 clients served** in FY 22-23
- On average, clients engaged in services for **187 days**

Housing, Employment, and Education

Housing Type at Intake (n=462)

- 45%** Independent house or apartment
- 0%** With friends/family
- 0%** Shelter or temporary housing
- 2%** Unhoused
- 0%** Acute medical hospital
- <1%** Acute psychiatric facility or hospital
- 0%** Hospital
- 0%** Assisted living facility
- <1%** Residential treatment facility
- 0%** Foster home
- 0%** Group home
- 0%** STRTP
- 1%** Jail or juvenile detention facility
- 46%** Another housing status
- 6%** Unknown/Declined to state

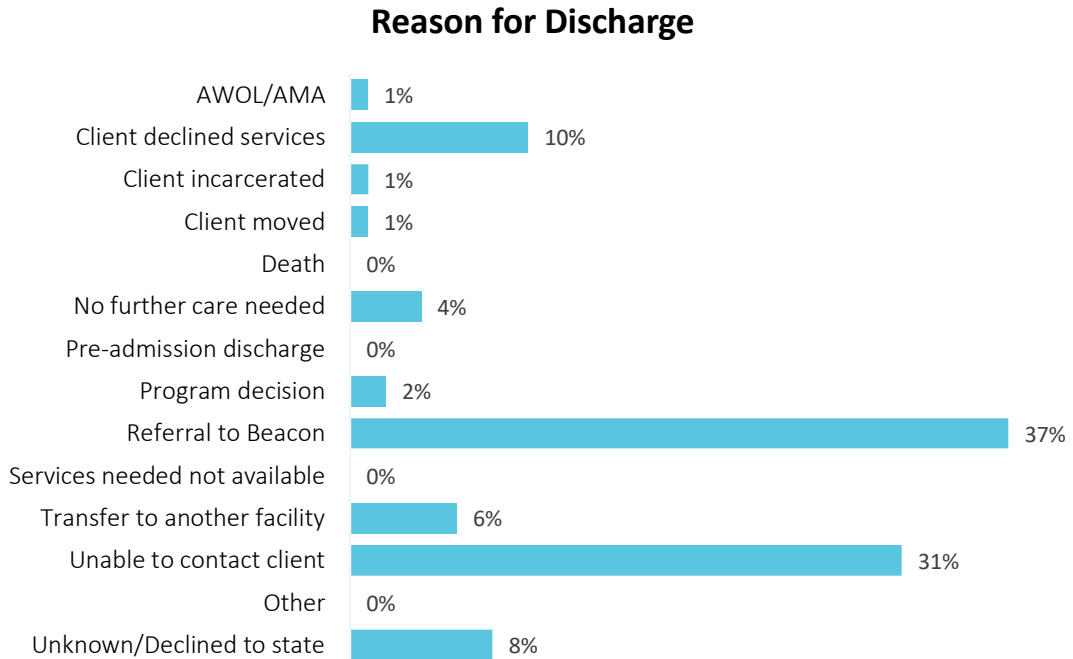
7% of clients were employed or volunteering at intake
(n = 33)

40% of clients were enrolled in or completed school at intake
(n = 187)

Clients may have more than one housing type. Percentages may exceed 100%.

ACCESS TO TREATMENT KING CITY

Discharge Information



n = 412

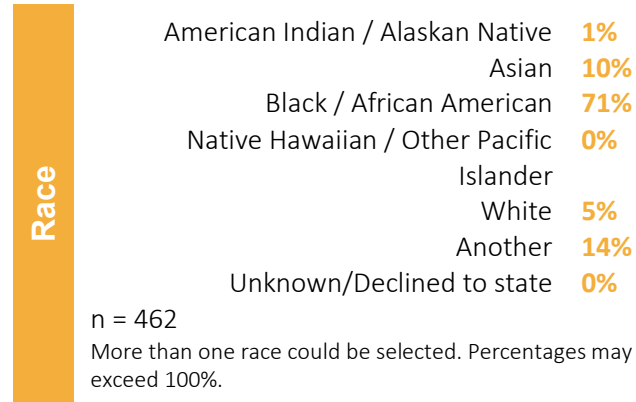
<1% AWOL/AMA (n = 1) and Incarcerated (n = 2).

429 clients were **discharged**.

3% had
achieved some to all of their goals.

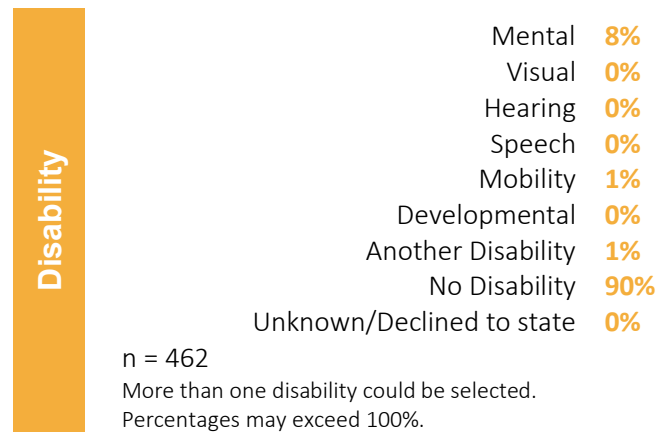
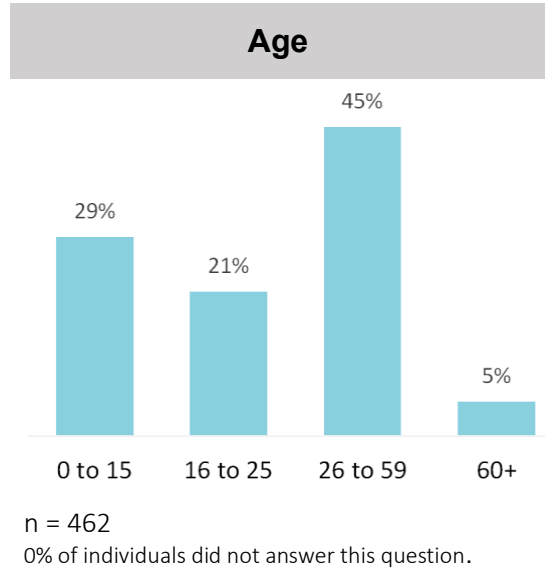
ACCESS TO TREATMENT KING CITY

Demographic Data



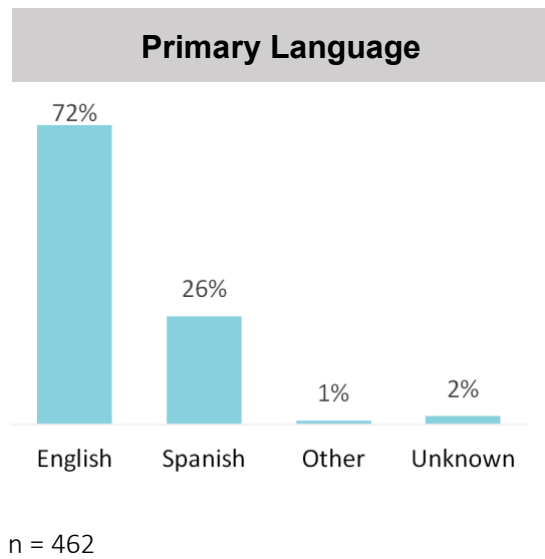
**81% Hispanic/Latino
5% Not Hispanic/Latino**

n = 462
15% Unknown/Declined to state.



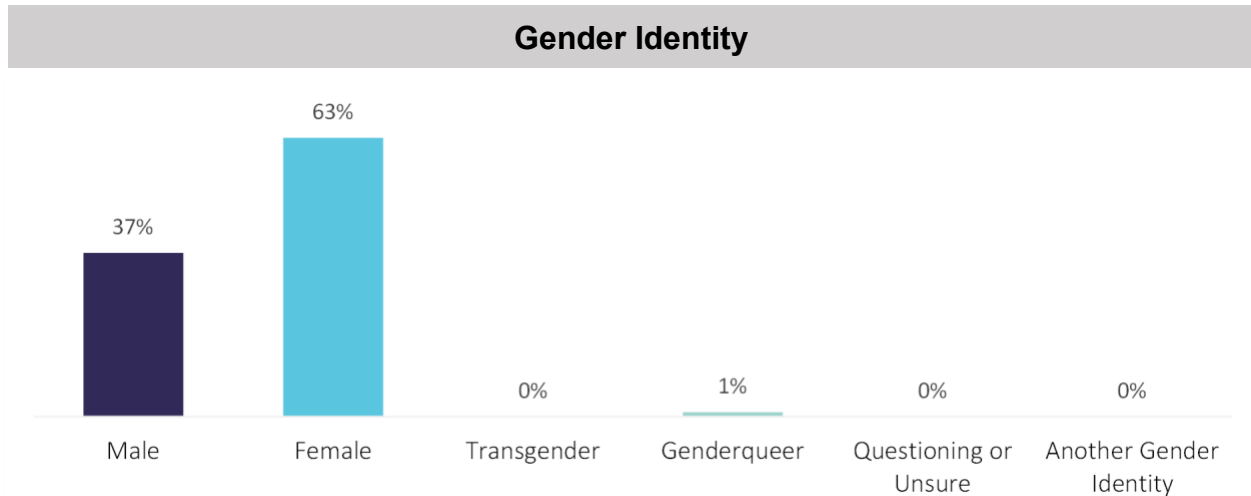
10% of individuals reported having one or more disabilities

n = 462
0% Unknown/Declined to state.



ACCESS TO TREATMENT KING CITY

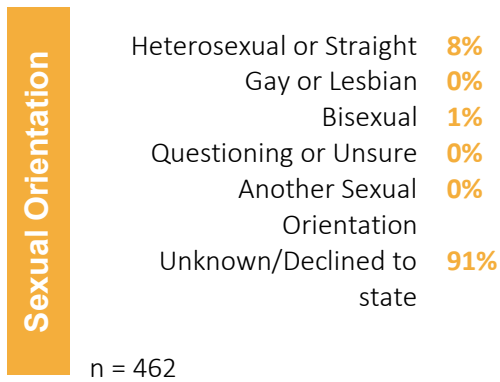
Demographic Data



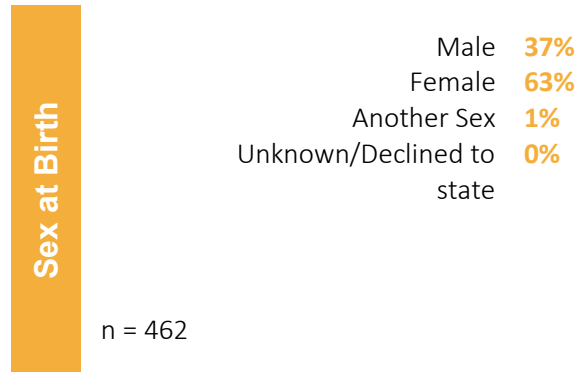
n = 462

<1% Genderqueer (n = 1).

1% Unknown/Declined to state.



n = 462



n = 462

<1% of individuals were veterans

n = 462

1% Unknown/Declined to state.

ACCESS TO TREATMENT SALINAS

Access Salinas is a primary entry point for Medi-Cal-eligible community members seeking mental health services. Community members are screened for level of need and are then either referred to another program for services or receive services from the program directly. The program provides short-term therapy, psychiatry services, and case management to community members.



- **3,028 clients served** in FY 22-23
- On average, clients engaged in services for **86 days**

Housing, Employment, and Education

Housing Type at Intake (n=3,028)

48%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
5%	Unhoused
0%	Acute medical hospital
<1%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
1%	Residential treatment facility
<1%	Foster home
<1%	Group home
0%	STRTP
1%	Jail or juvenile detention facility
33%	Another housing status
11%	Unknown/Declined to state

10% of clients
were employed or volunteering
at intake

(n = 305)

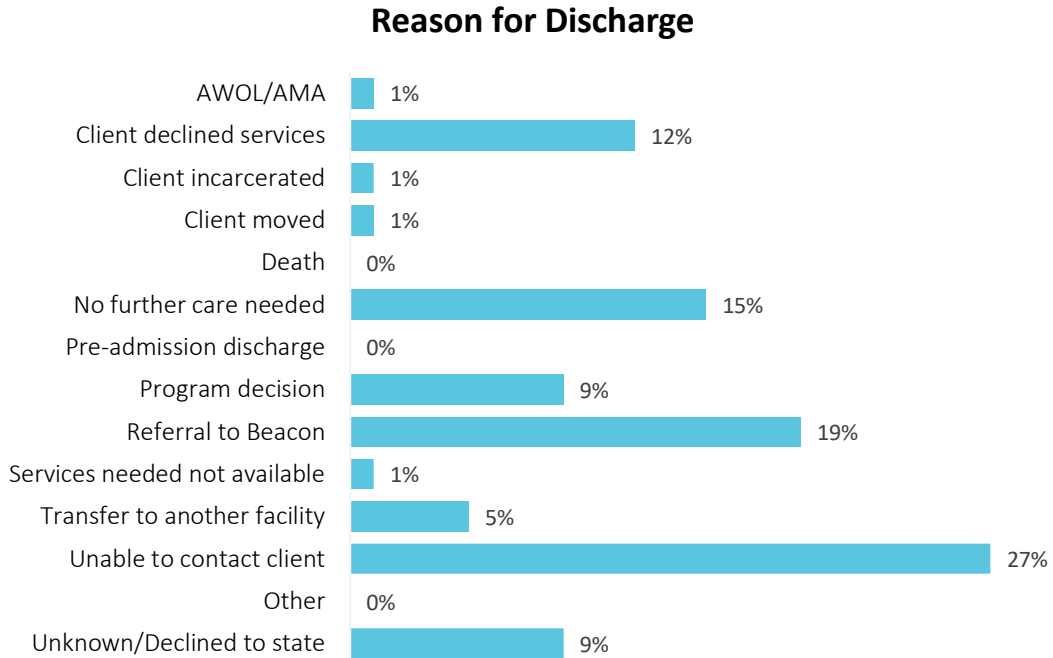
43% of clients
were enrolled in or completed
school at intake

(n = 1,297)

Clients may have more than one housing type. Percentages may exceed 100%.

ACCESS TO TREATMENT SALINAS

Discharge Information



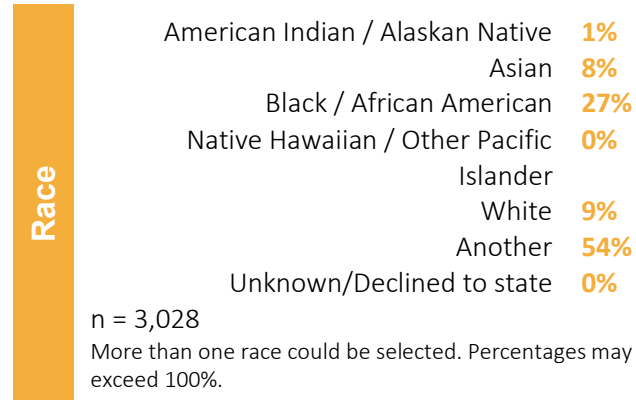
n = 2,883

2,957 clients were **discharged**.

2% had
achieved some to all of their goals.

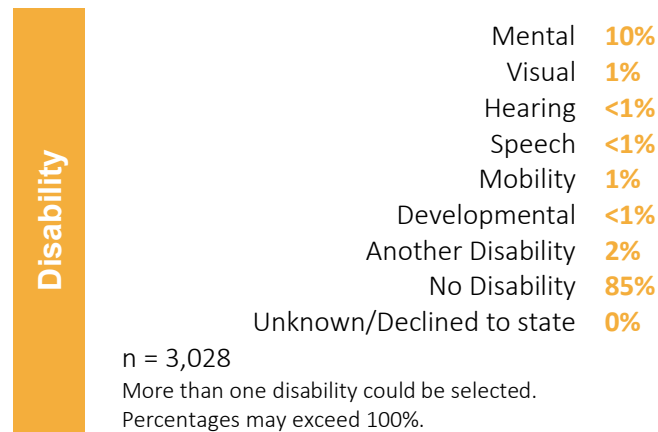
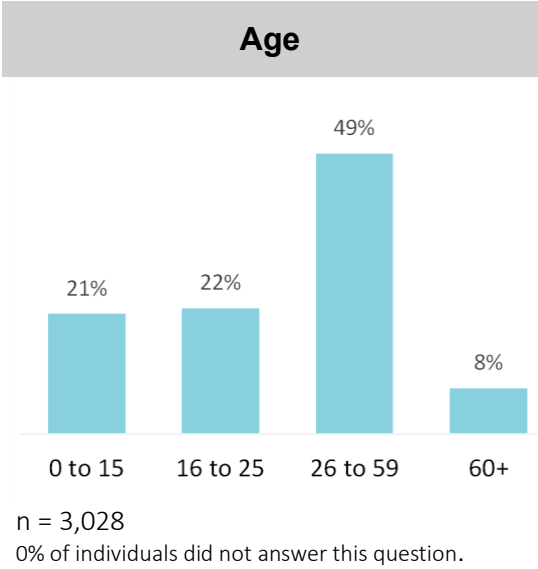
ACCESS TO TREATMENT SALINAS

Demographic Data



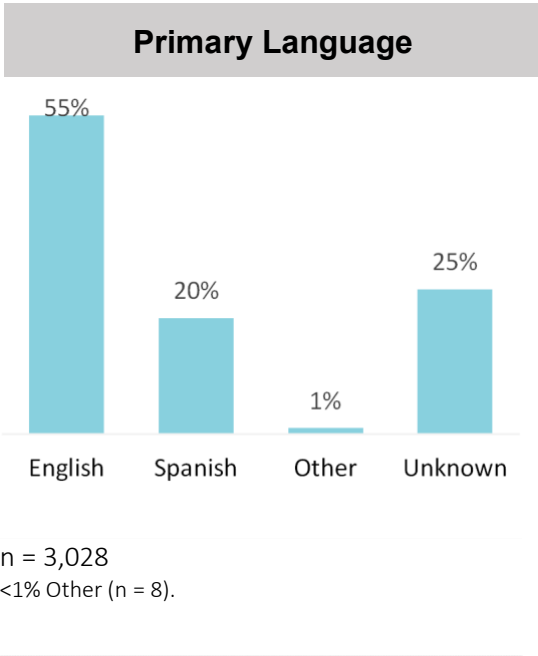
36% Hispanic/Latino
9% Not Hispanic/Latino

n = 3,028
55% Unknown/Declined to state.



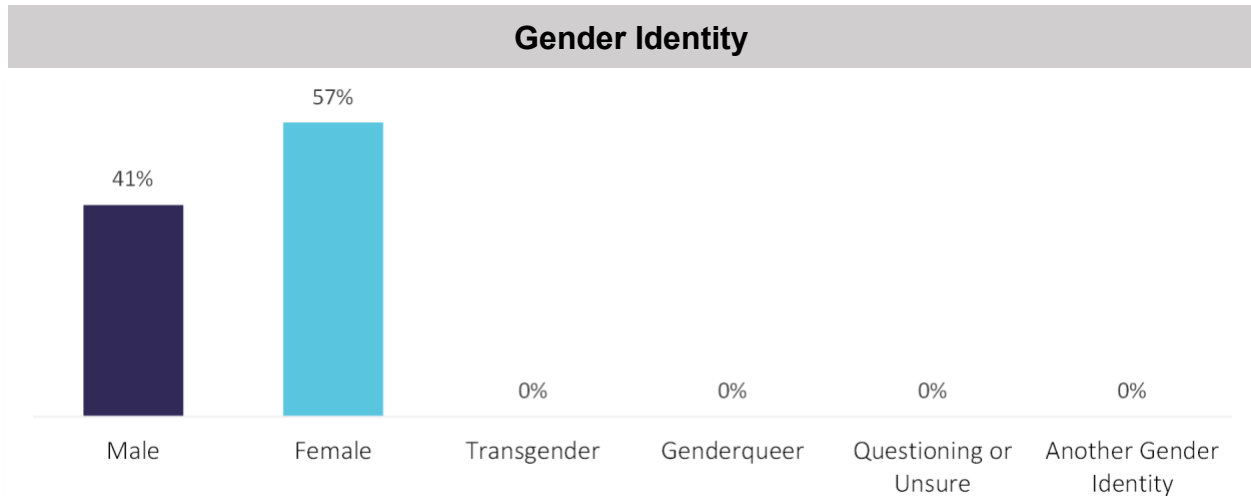
15% of individuals reported having one or more disabilities

n = 3,028
0% Unknown/Declined to state.

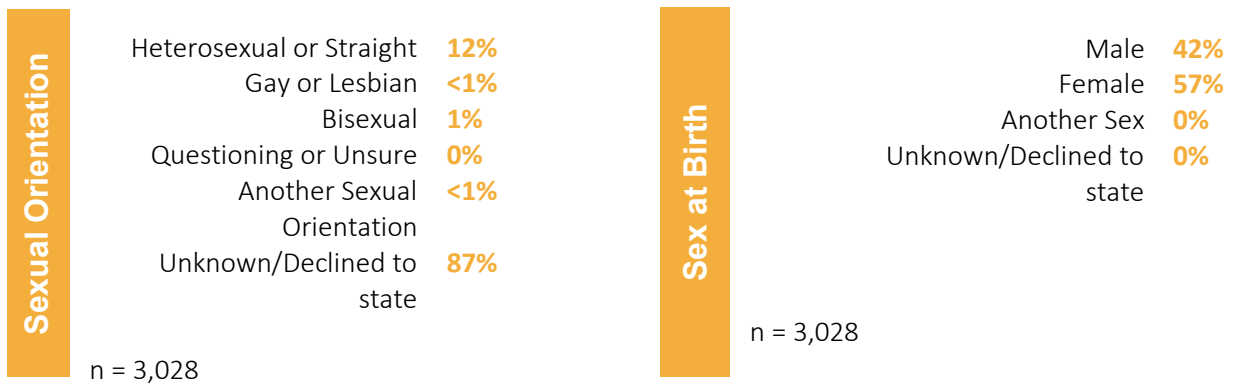


ACCESS TO TREATMENT SALINAS

Demographic Data



n = 3,028
2% Unknown/Declined to state.



<1% of individuals were veterans

n = 3,028
12% Unknown/Declined to state.

ACCESS TO TREATMENT SOLEDAD

Access to Treatment Soledad provides mental health and substance use triage and assessment for community members. Once a client completes a triage/assessment, a disposition of the client’s individual needs is made. Treatment provided to clients includes group and/or individual therapy, medication support, case management, mental health rehabilitation, collateral treatment, and case management. If a client is determined to require mental health services at a Specialty Mental Health level, treatment can be provided through this program or referred to an appropriate team within MCBH.



- **931 clients served** in FY 22-23
- On average, clients engaged in services for **98 days**

Housing, Employment, and Education

Housing Type at Intake (n=931)

96%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
2%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
<1%	Residential treatment facility
<1%	Foster home
0%	Group home
0%	STRTP
<1%	Jail or juvenile detention facility
2%	Another housing status
1%	Unknown/Declined to state

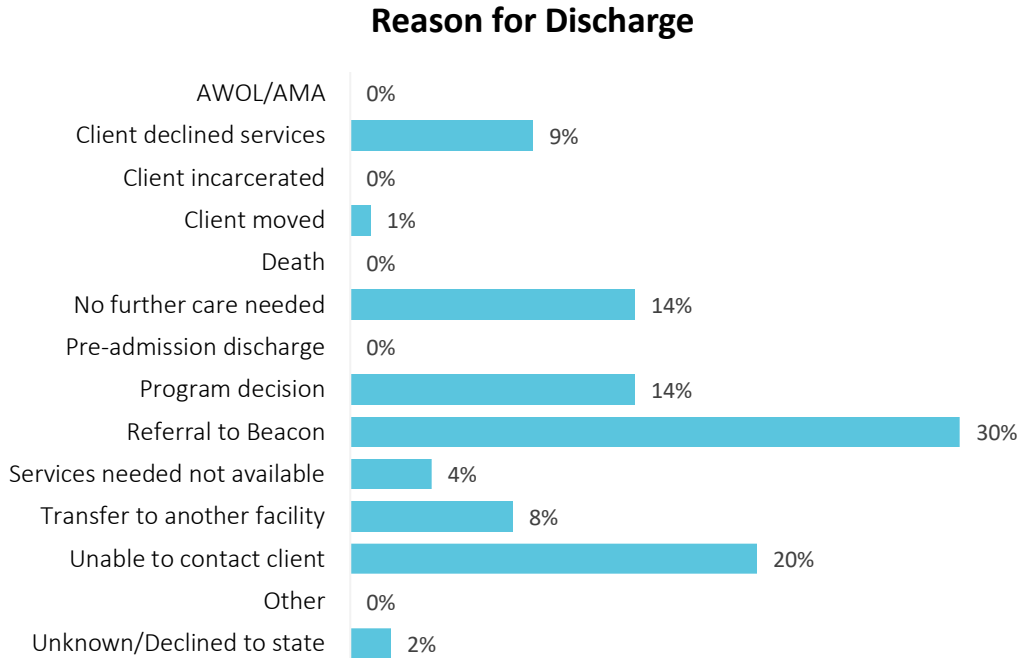
14% of clients were employed or volunteering at intake
(n = 126)

66% of clients were enrolled in or completed school at intake
(n = 619)

Clients may have more than one housing type. Percentages may exceed 100%.

ACCESS TO TREATMENT SOLEDAD

Discharge Information



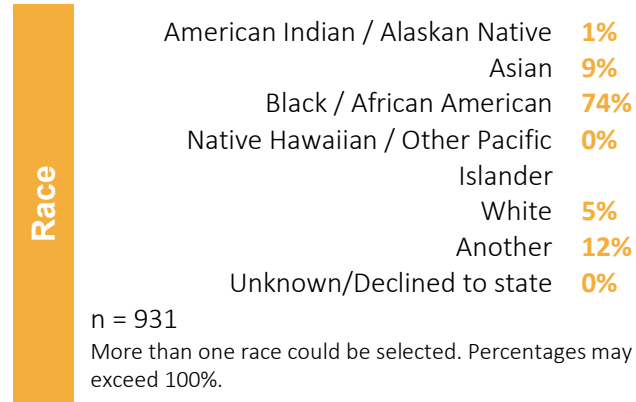
n = 847
<1% Client moved (n = 2).

895 clients were **discharged**.

5% had
achieved some to all of their goals.

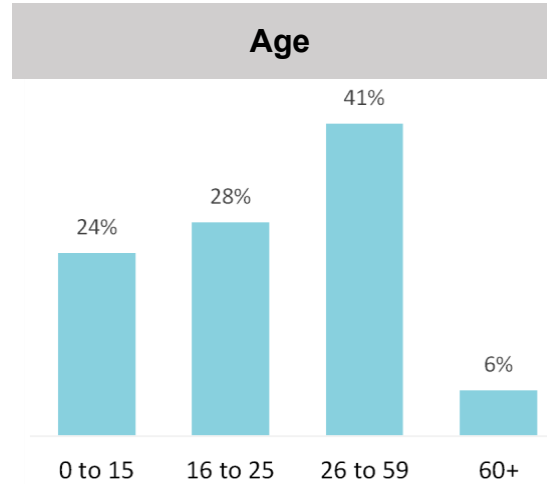
ACCESS TO TREATMENT SOLEDAD

Demographic Data

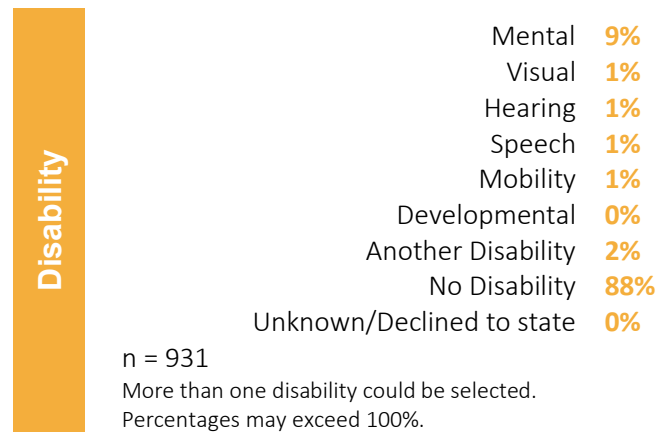


83% Hispanic/Latino
5% Not Hispanic/Latino

n = 931
12% Unknown/Declined to state.

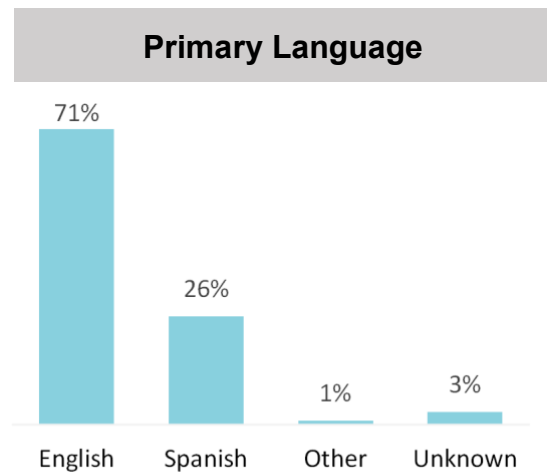


n = 931
0% of individuals did not answer this question.



12% of individuals reported having one or more disabilities

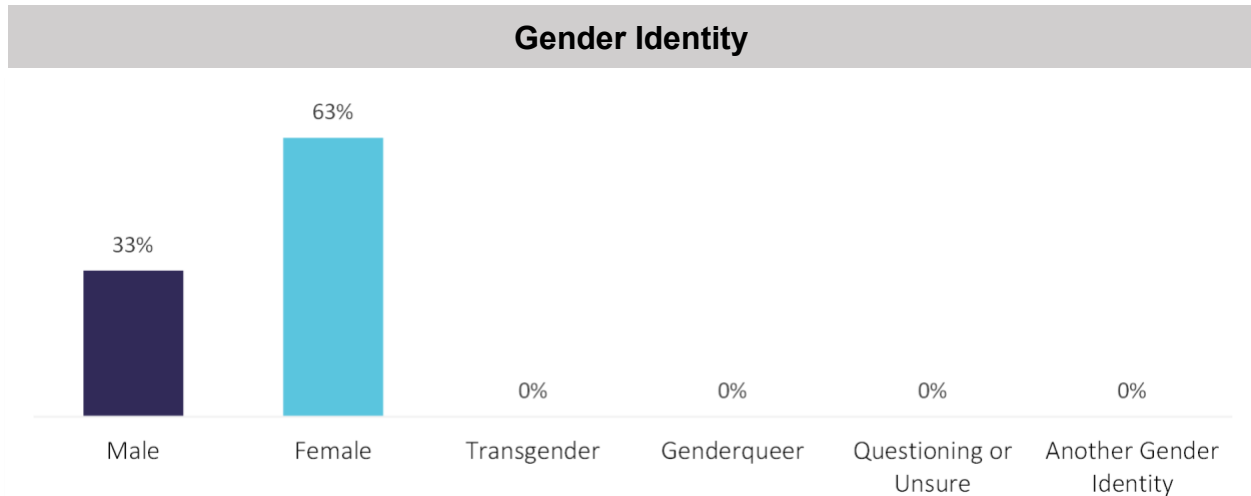
n = 931
0% Unknown/Declined to state.



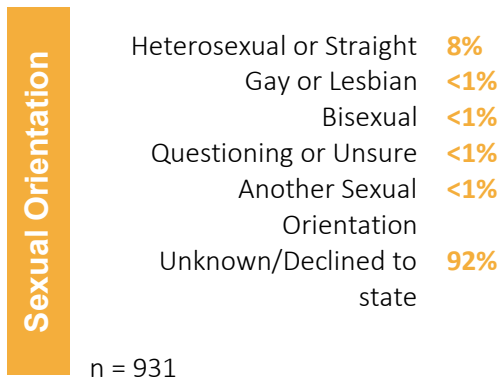
n = 931
<1% Other (n = 3).

ACCESS TO TREATMENT SOLEDAD

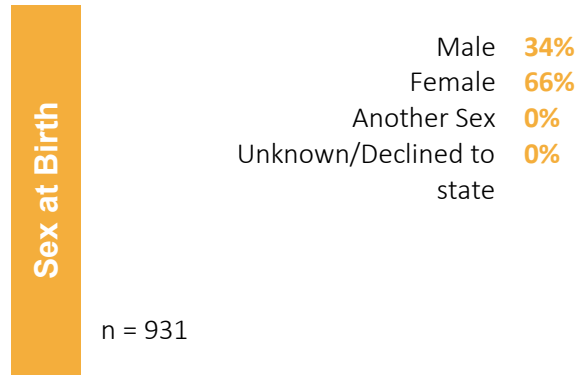
Demographic Data



n = 931
4% Unknown/Declined to state.



n = 931



n = 931

<1% of individuals were veterans

n = 931
<1% Unknown/Declined to state.

CHS SOUTH COUNTY



- **31 clients served** in FY 22-23
- On average, clients engaged in services for **290 days**

Housing, Employment, and Education

Housing Type at Intake (n=31)

84%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
3%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
3%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
6%	Another housing status
3%	Unknown/Declined to state

13% of clients
were employed or volunteering
at intake

(n = 4)

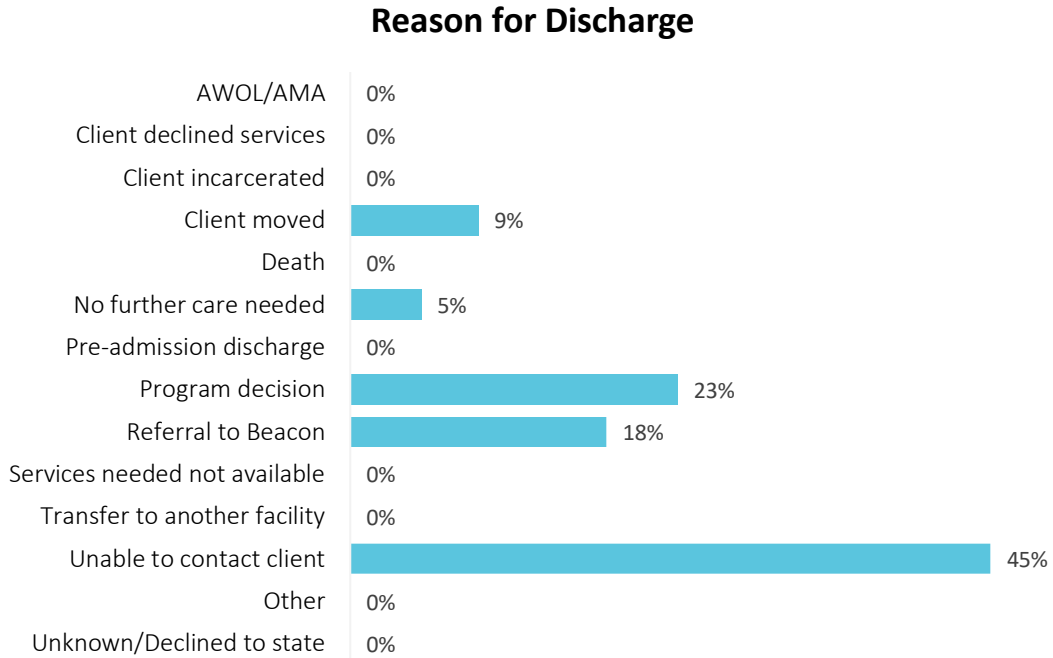
90% of clients
were enrolled in or completed
school at intake

(n = 28)

Clients may have more than one housing type. Percentages may exceed 100%.

CHS SOUTH COUNTY

Discharge Information



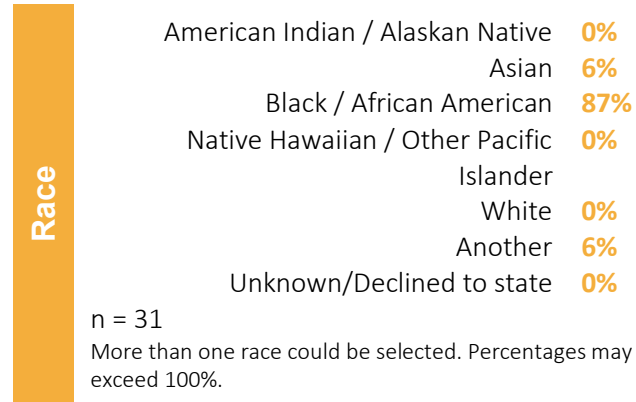
n = 22

31 clients were **discharged**.

26% had
achieved some to all of their goals.

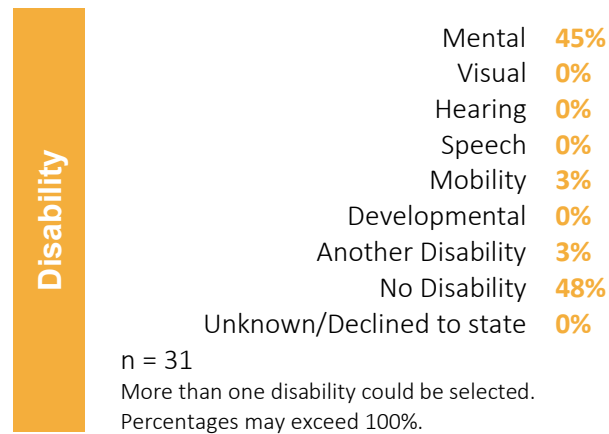
CHS SOUTH COUNTY

Demographic Data



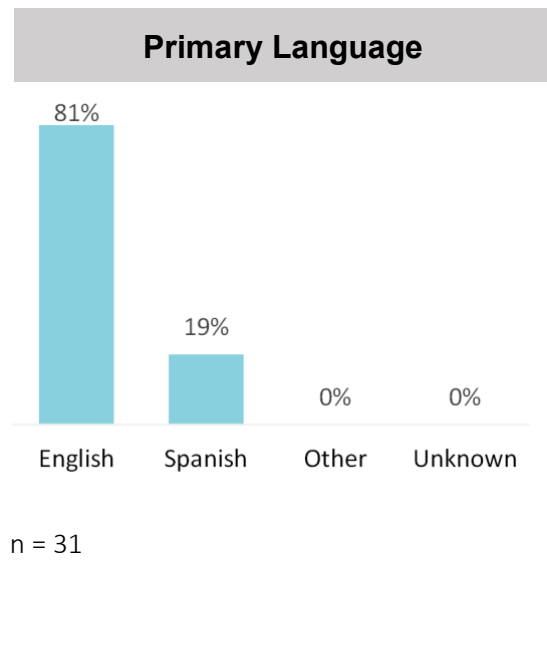
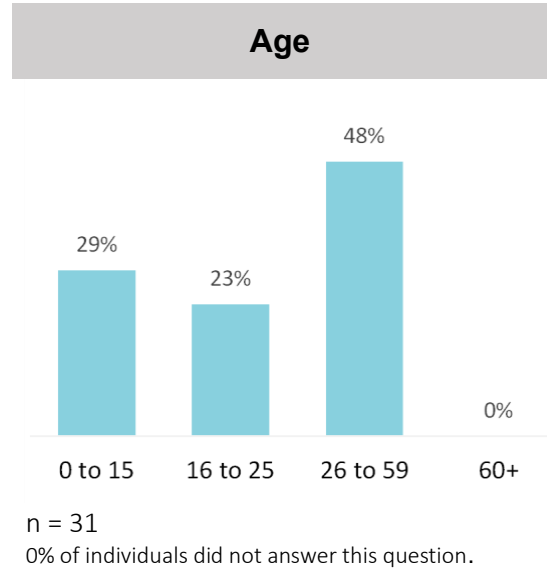
94% Hispanic/Latino
6% Not Hispanic/Latino

n = 31
0% Unknown/Declined to state.



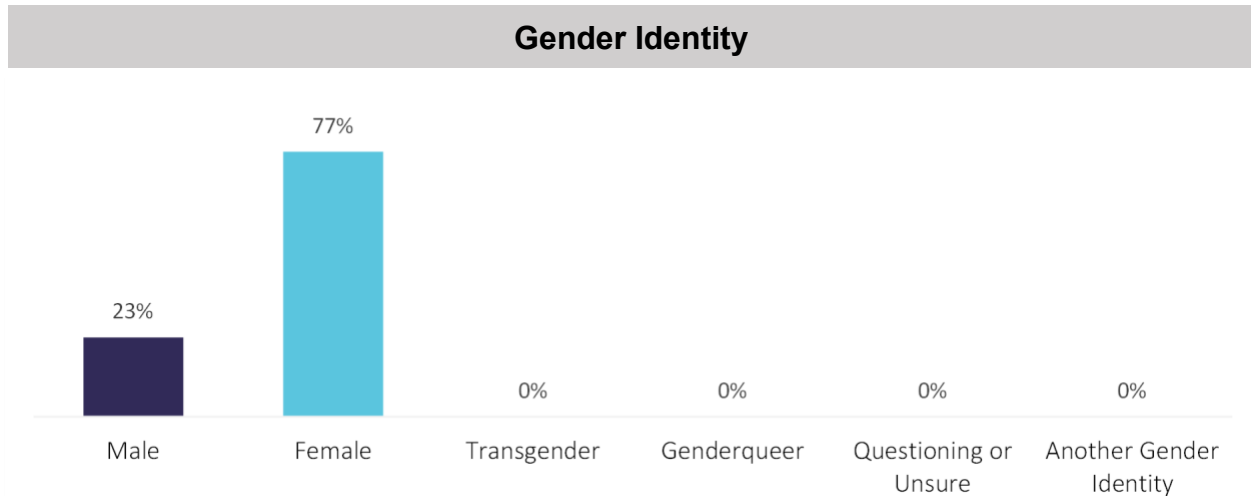
51% of individuals reported having one or more disabilities

n = 31
0% Unknown/Declined to state.

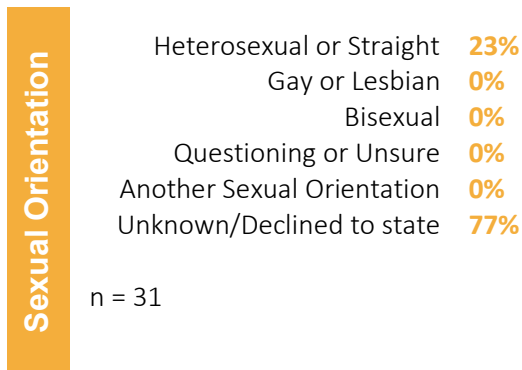


CHS SOUTH COUNTY

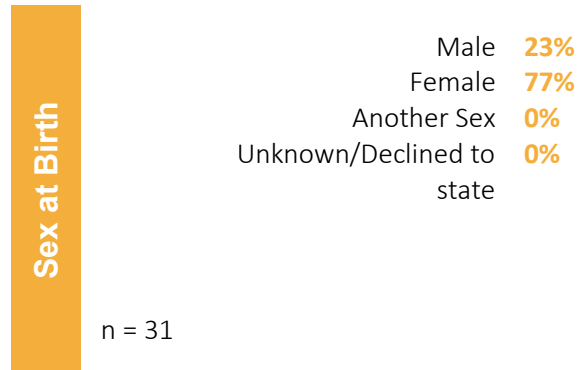
Demographic Data



n = 31
0% Unknown/Declined to state.



n = 31



n = 31

3% of individuals were veterans

n = 31
0% Unknown/Declined to state.

FAMILY COUNSELING SALINAS



- **200 clients served** in FY 22-23
- On average, clients engaged in services for **208 days**

Housing, Employment, and Education

Housing Type at Intake (n=200)

90%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
4%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
1%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
4%	Another housing status
2%	Unknown/Declined to state

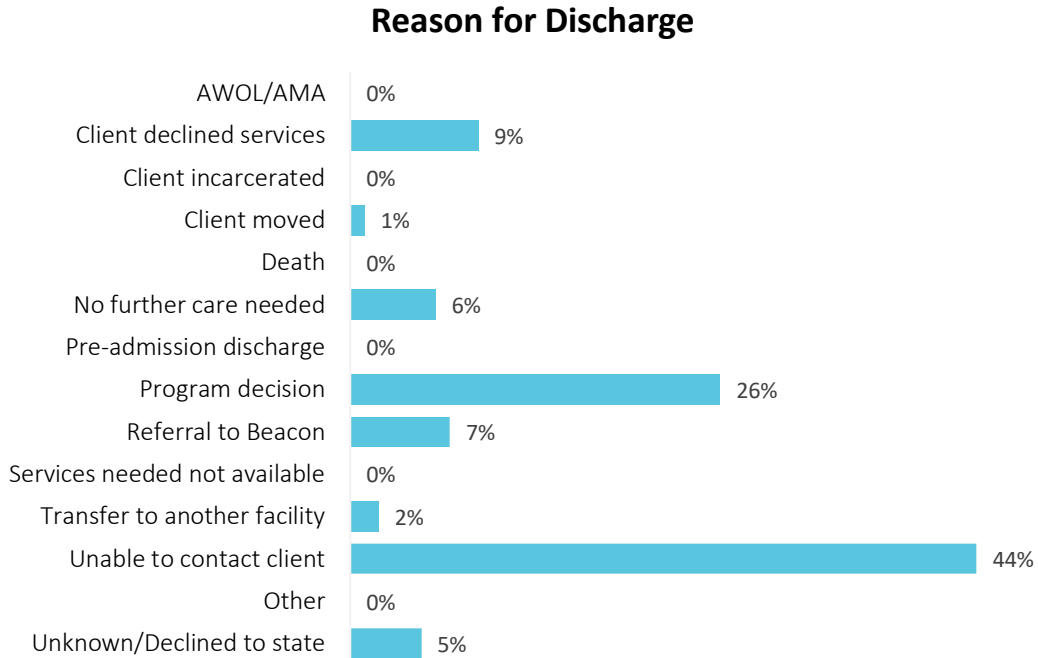
16% of clients were employed or volunteering at intake
(n = 31)

78% of clients were enrolled in or completed school at intake
(n = 155)

Clients may have more than one housing type. Percentages may exceed 100%.

FAMILY COUNSELING SALINAS

Discharge Information



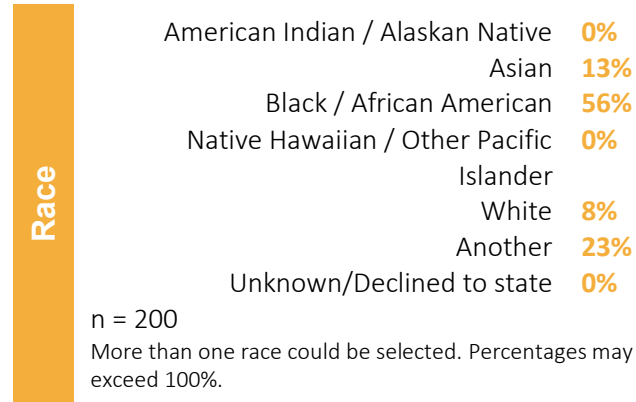
n = 155

155 clients were **discharged**.

19% had
achieved some to all of their goals.

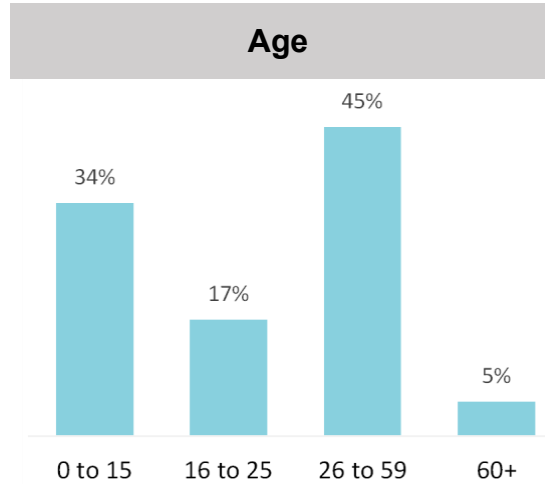
FAMILY COUNSELING SALINAS

Demographic Data

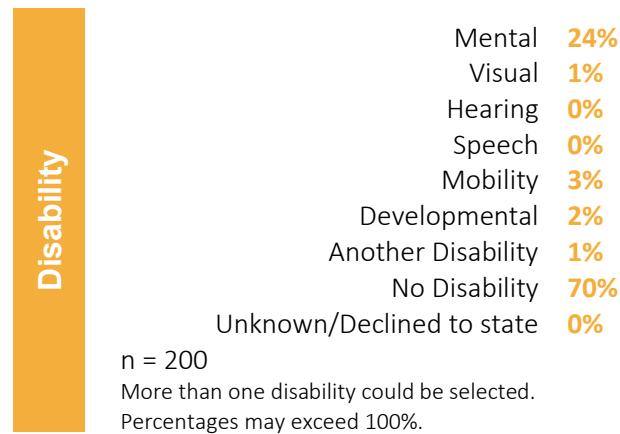


69% Hispanic/Latino
8% Not Hispanic/Latino

n = 200
23% Unknown/Declined to state.

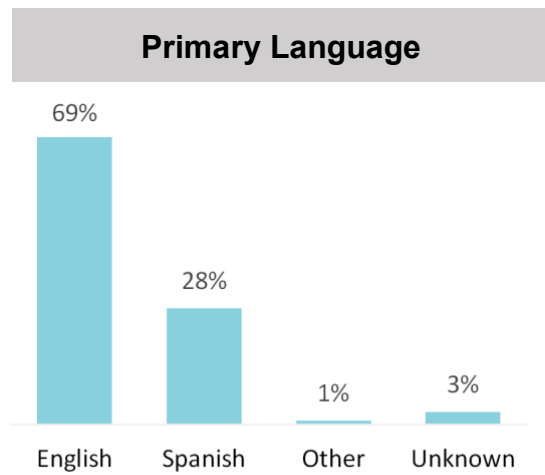


n = 200
0% of individuals did not answer this question.



31% of individuals reported having one or more disabilities

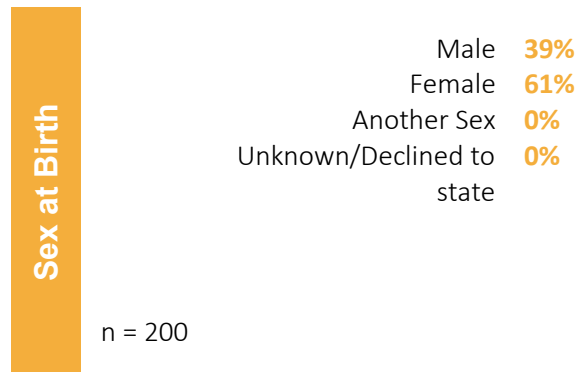
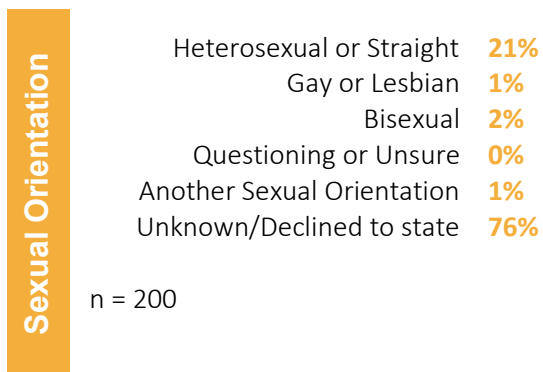
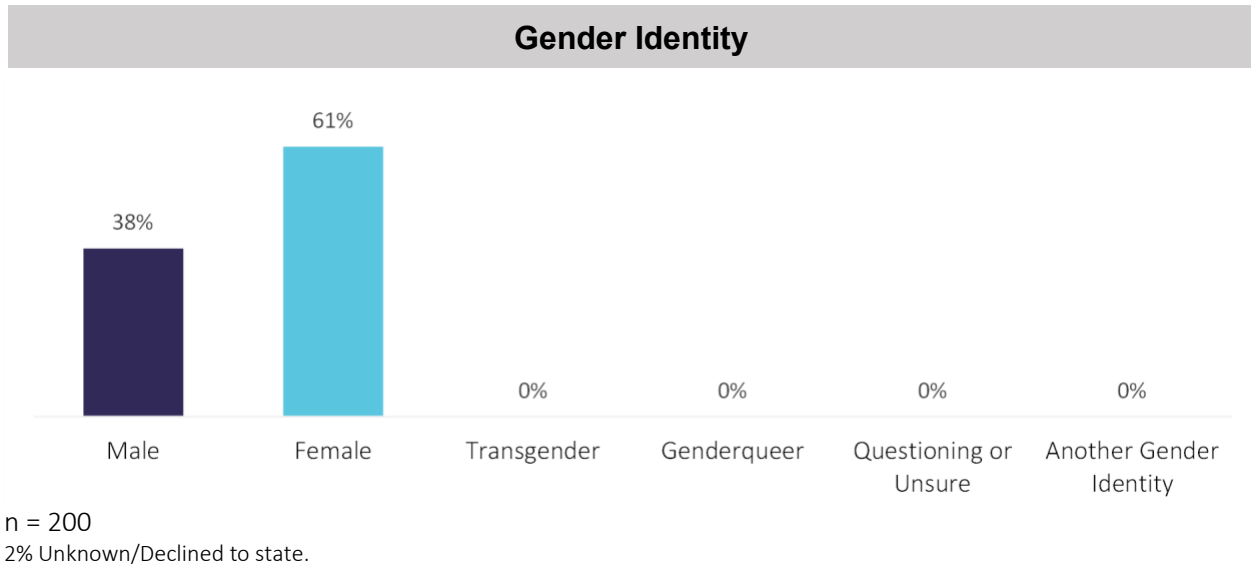
n = 200
0% Unknown/Declined to state.



n = 200

FAMILY COUNSELING SALINAS

Demographic Data



0% of individuals were veterans

n = 200
4% Unknown/Declined to state.

FAMILY COUNSELING SEASIDE



- **148 clients served** in FY 22-23
- On average, clients engaged in services for **244 days**

Housing, Employment, and Education

Housing Type at Intake (n=148)

79%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
8%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
3%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
3%	Another housing status
7%	Unknown/Declined to state

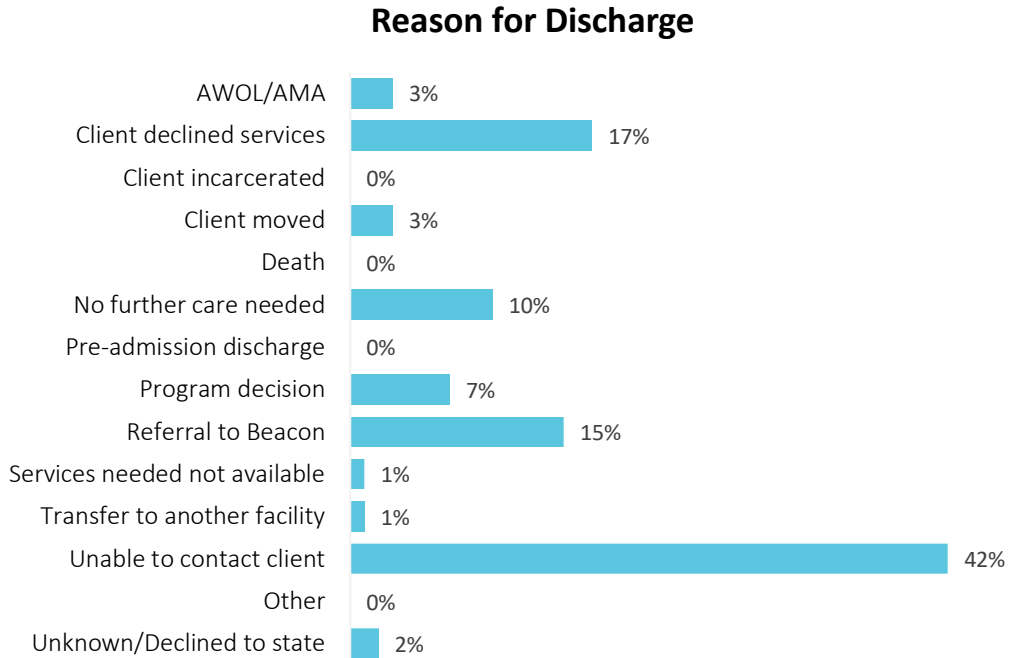
23% of clients were employed or volunteering at intake
(n = 34)

78% of clients were enrolled in or completed school at intake
(n = 116)

Clients may have more than one housing type. Percentages may exceed 100%.

FAMILY COUNSELING SEASIDE

Discharge Information



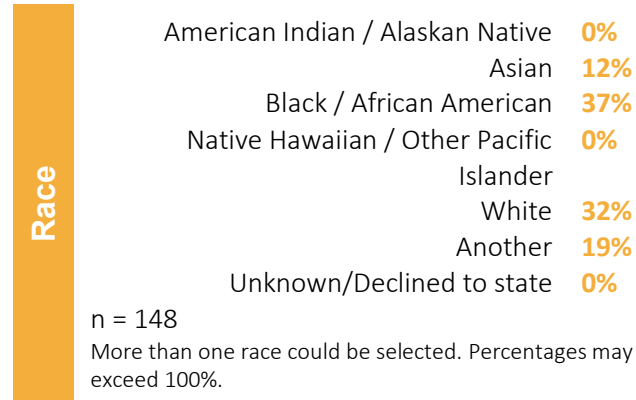
n = 102

119 clients were **discharged**.

14% had
achieved some to all of their goals.

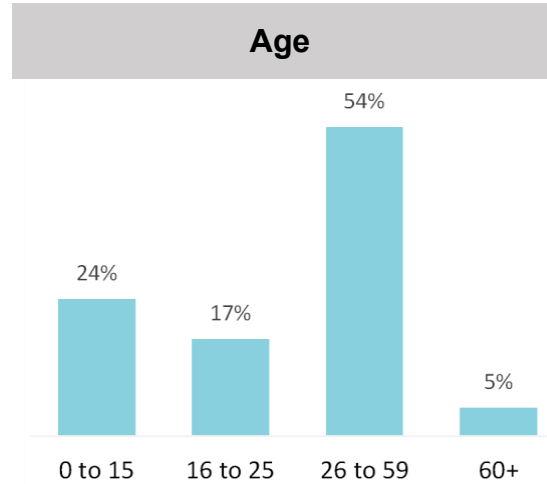
FAMILY COUNSELING SEASIDE

Demographic Data

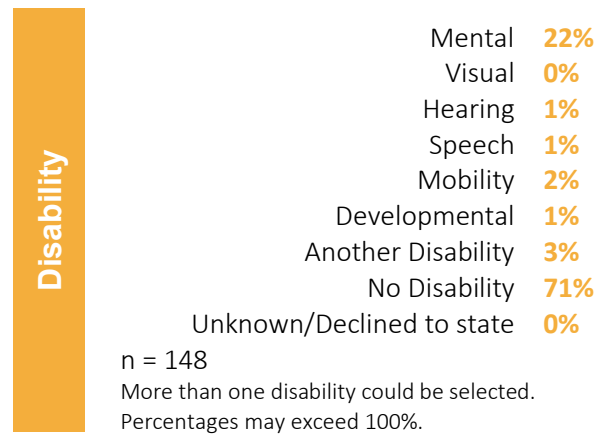


49% Hispanic/Latino
32% Not Hispanic/Latino

n = 148
19% Unknown/Declined to state.

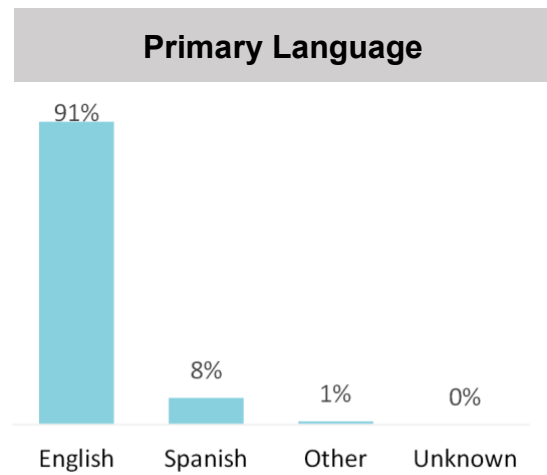


n = 148
0% of individuals did not answer this question.



30% of individuals reported having one or more disabilities

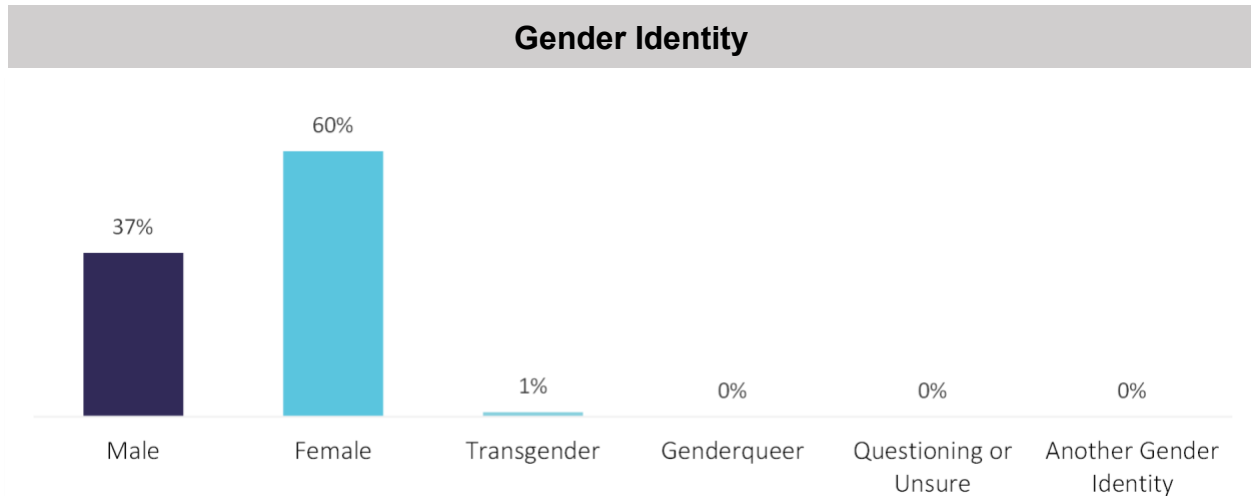
n = 148
0% Unknown/Declined to state.



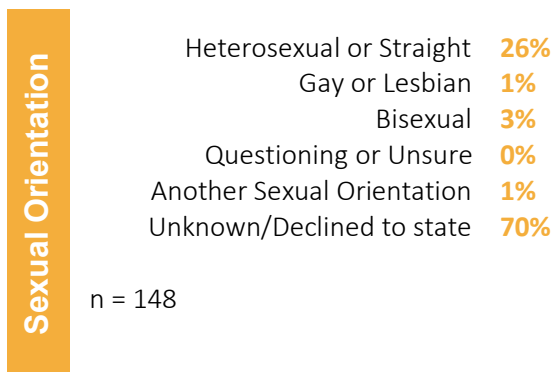
n = 148

FAMILY COUNSELING SEASIDE

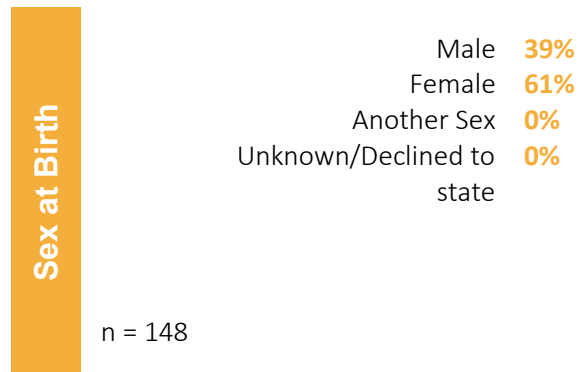
Demographic Data



n = 148
2% Unknown/Declined to state.



n = 148



n = 148

1% of individuals were veterans

n = 148
11% Unknown/Declined to state.

OUTPATIENT MENTAL HEALTH

Community Human Services (CHS) provides moderate to severe levels of outpatient care services to clients who are referred to CHS by MCBH, as well as clients with Medi-Cal coverage who self-refer to CHS. These services are intended to help clients overcome impairments that affect their daily functioning. Services are offered in both English and Spanish, with additional language support available through translation services for clients.

Successes and Highlights

- CHS has developed practices to reduce wait time for individuals to be connected to and begin services. This was accomplished through collaboration with Monterey County Behavioral Health in the face of the unprecedented high need for outpatient mental health services for individuals Post Covid.

OUTPATIENT MENTAL HEALTH

Challenges & Growth Opportunities

CHALLENGE: At the beginning of the 22-23 fiscal year, CHS had a waitlist of over 200 individuals waiting to be assigned to a clinician for intake and ongoing services.

ACTION PLAN: CHS developed an action plan to address these challenges.

- CHS clinical staff underwent refresher training to enhance their understanding of appropriate levels of care, length of stay, and treatment timelines. This training also emphasized the importance of transitioning and supporting clients effectively as they move between different levels of care, aligning with their unique needs.
- CHS adopted a client-centered approach by initiating these discussions with clients at the outset of treatment and maintaining them throughout. Additionally, CHS strengthened its collaboration with community partners to provide support for clients transitioning to lower levels of care programs.
- By the last quarter of the 22-23 fiscal year, CHS successfully reduced the waitlist to approximately 50 individuals, maintaining this number consistently. Wait times for individuals on the waitlist were reduced from 6 to 8 weeks down to 2 to 4 weeks.
- CHS has intensified its efforts to assess clients' suitability for moderate to severe levels of care. When appropriate, CHS staff collaborates with other community providers to facilitate client transfers to lower or higher levels of care as needed.



USC TELEHEALTH

USC Telehealth provides online as well as face-to-face counseling and psychotherapy individual services to children, youth, adults, couples, and families. Providers and clients can virtually connect from separate locations via a computer, laptop, tablet, or smartphone. Services are provided in English and Spanish as weekly 50-minute appointments over 12 weeks or more.



- **164 clients served** in FY 22-23
- On average, clients engaged in services for **162 days**

Housing, Employment, and Education

Housing Type at Intake (n=164)

65%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
3%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
1%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
19%	Another housing status
12%	Unknown/Declined to state

12% of clients
were employed or volunteering
at intake

(n = 20)

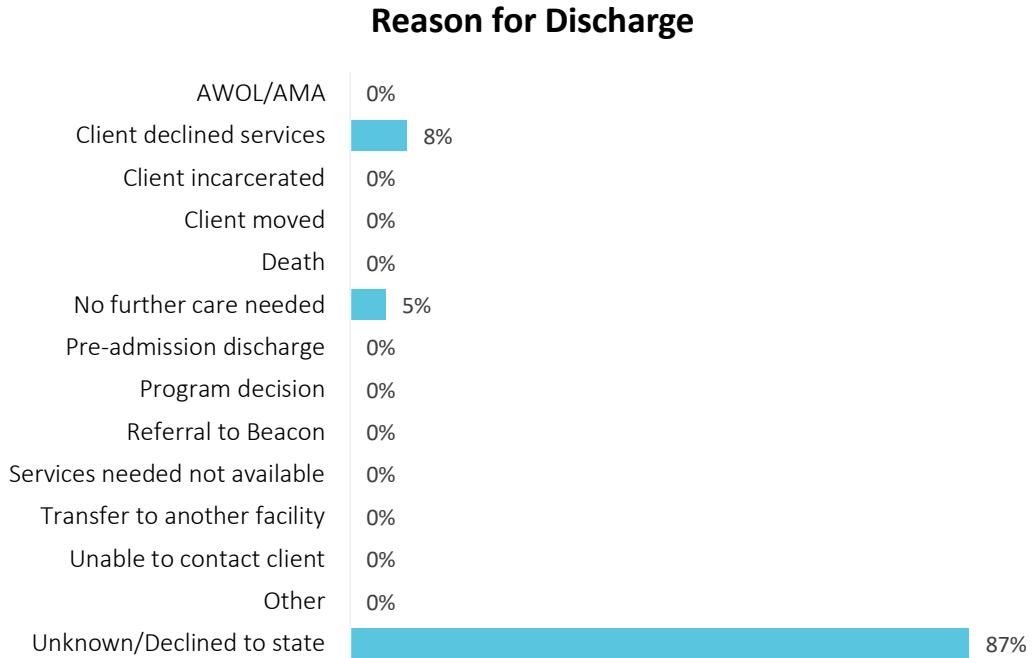
51% of clients
were enrolled in or completed
school at intake

(n = 84)

Clients may have more than one housing type. Percentages may exceed 100%.

USC TELEHEALTH

Discharge Information



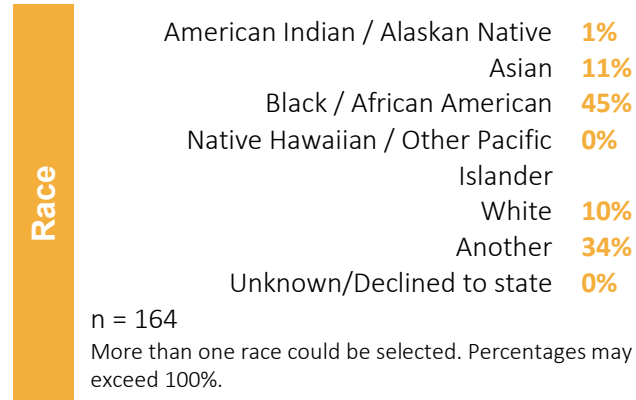
n = 38

112 clients were **discharged**.

65% had
achieved some to all of their goals.

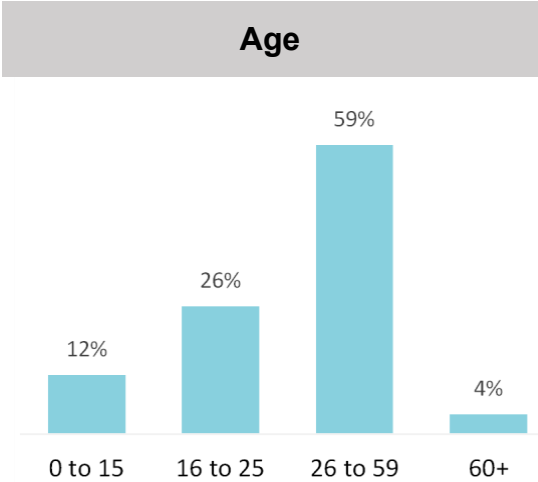
USC TELEHEALTH

Demographic Data

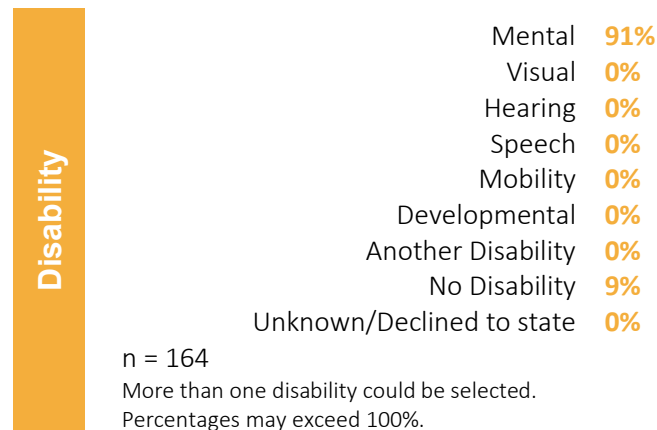


**55% Hispanic/Latino
10% Not Hispanic/Latino**

n = 164
35% Unknown/Declined to state.

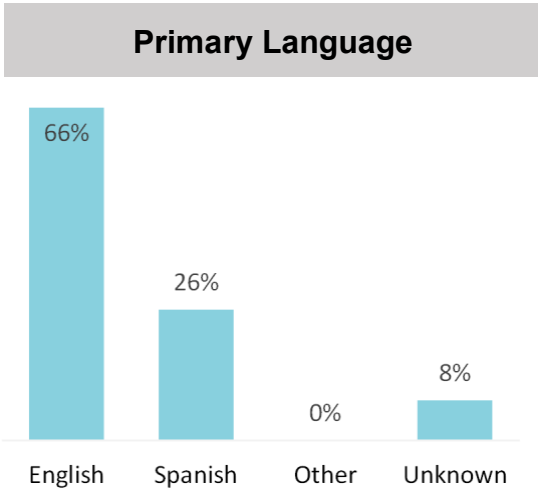


n = 164
0% of individuals did not answer this question.



91% of individuals reported having one or more disabilities

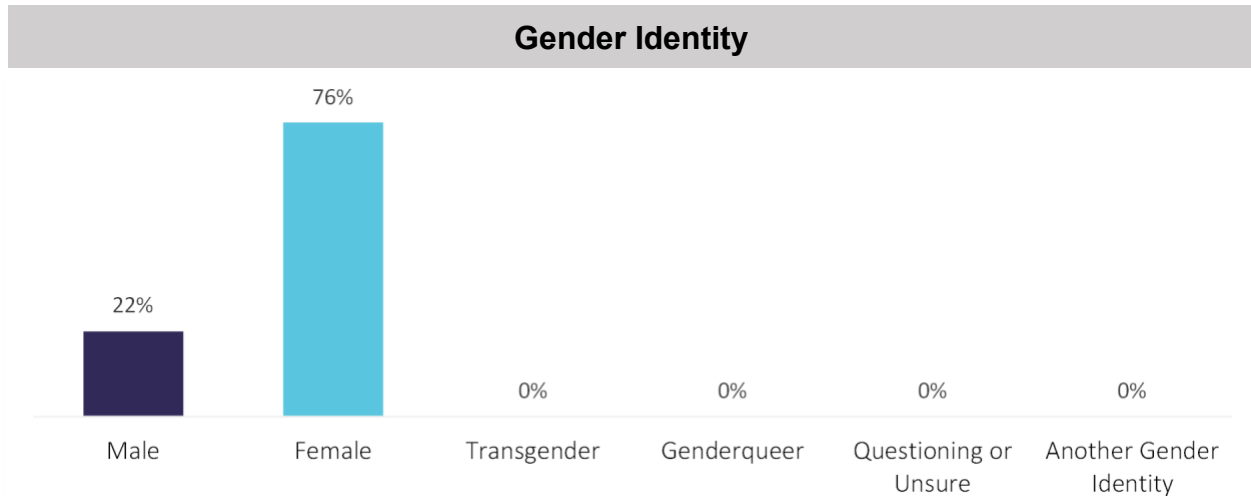
n = 164
0% Unknown/Declined to state.



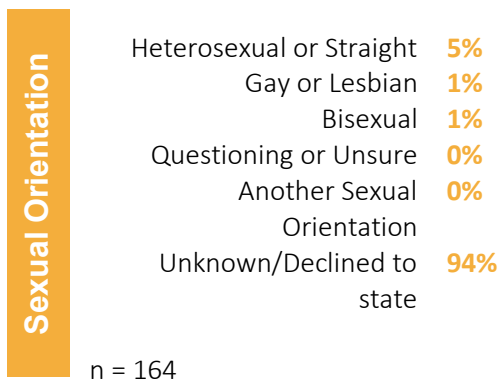
n = 164

USC TELEHEALTH

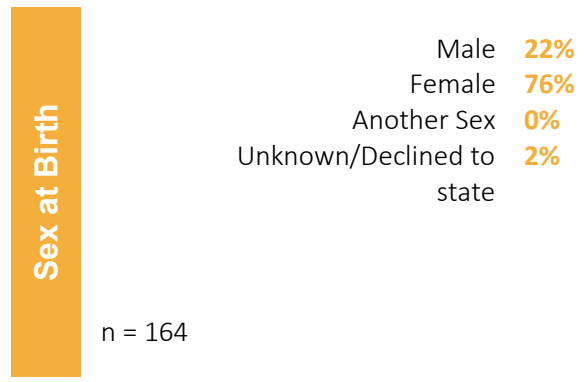
Demographic Data



n = 164
2% Unknown/Declined to state.



n = 164



n = 164

2% of individuals were veterans

n = 164
6% Unknown/Declined to state.

WELLNESS RECOVERY CENTER (ADULTS OMNI)

OMNI's mission is to enhance mental health wellness through person-centered, trauma-informed, recovery-based services. The Center, operated by peers and family members, offers a range of support to promote personal and social growth. This includes peer counseling/support, community resources, recovery education, social skill development, social rehabilitation workshops, a peer-run warm line, and supported education services. These services are specifically designed for adults with serious mental illness, aiming to prevent isolation and withdrawal. The Pajaro Wellness Center provides services for diverse adult groups, focusing on recovery, interdependence, wellness, and empowerment.

Peer counseling groups teach communication skills, emotional regulation, and stress reduction. Individual support sessions are offered to improve mental health resilience and daily functioning.

Peer support groups and workshops enhance socialization, leadership skills, and resource connections. Weekly rides and monthly outreach activities are provided.

Supported education services assist adults with mental health challenges in pursuing education or vocational training. Staff support clients with registration, managing school environments, schedules, coursework, and provide mental health support for success. College support groups, campus tours, academic advising, and classroom accommodations are also facilitated.

Successes and Highlights

- An Administrative Assistant position was filled in October which has markedly improved staff capacity at the OMNI Center.
- OMNI has brought back numerous events and activities, such as an indoor, in-person awards presentation, and plans are underway for the return of the Agency Picnic and the Mental Health Banquet.
- Staff are planning a trip to go watch a San Francisco Giants ball game, participating in the Monterey Peninsula Pride Parade, and are hosting multiple workshops and activities throughout the upcoming year.

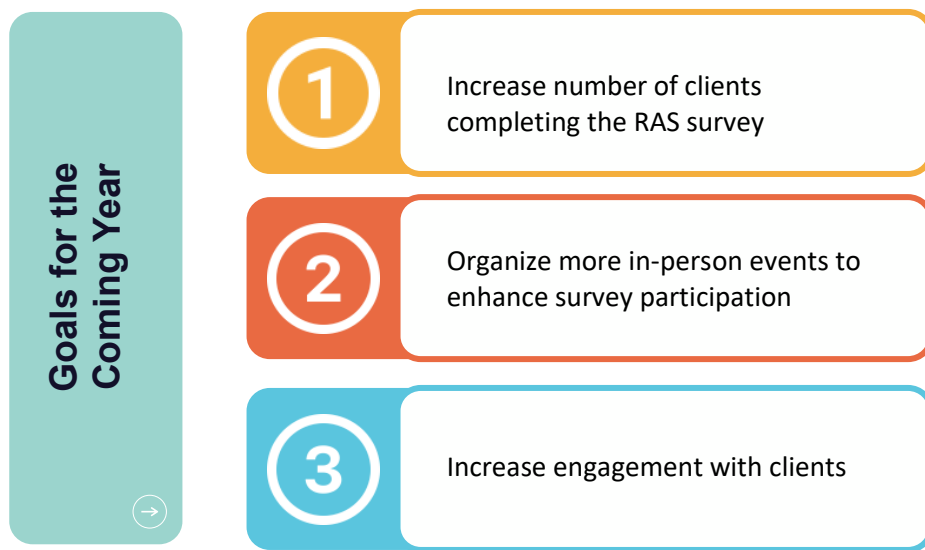
WELLNESS RECOVERY CENTER (ADULTS OMNI)

Challenges & Growth Opportunities

CHALLENGES: OMNI experienced challenges this period.

- OMNI has lost 20 clients since July 1st, 2022, with losses occurring as frequently as a few days apart.
- Staff shortages - Almost all staff members contracted COVID after an indoor event hosted by OMNI, resulting in reduced services such as pick up and drop offs. Some staff members have also assisted in other programs throughout the year.
- Pajaro has been without a janitor since November, causing the OMNI janitor to reduce coverage for OMNI in order to cover other programs and Pajaro.
- OMNI Wellness Navigators temporarily covered for both janitors for about a month when they were absent.
- There has been a significant increase in unsheltered clients at OMNI who are highly symptomatic and/or under the influence, requiring additional time and attention from staff for behavior management and resource connections.

ACTION PLAN: OMNI tailored their goals for the coming year to address the challenges they've faced.



CSS-08: EARLY CHILDHOOD MENTAL HEALTH SERVICES

MCSTART

MCSTART provides family therapy, occupational therapy, rehabilitation, and case management services.



- 77 clients served in FY 22-23
- On average, clients engaged in services for 331 days

Successes and Highlights

- Worked more closely with DSS clients to provide attachment therapy and related rehabilitation.
- Provided occupational therapy services to families in the reunification process.
- Closer working relationship between our teams contributed to the success of those outcomes.

Challenges & Growth Opportunities

CHALLENGES: MCSTART faced challenges this period.

- Many cancellations occurred in the past year due to family illness.
- Lower billing.
- CalAIM billing reforms eliminated travel reimbursement to clients' homes, posing an obstacle.

ACTION PLAN: MCSTART developed an action plan to address these challenges.

- Organized a DTH therapeutic event for therapists to attend with their clients and families.
- More services have been provided in the office.



MCSTART

Housing, Employment, and Education

Housing Type at Intake (n=77)

92%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
0%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
0%	Residential treatment facility
8%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
0%	Another housing status
0%	Unknown/Declined to state


0% of clients were employed or volunteering at intake
(n = 0)

69% of clients were enrolled in or completed school at intake
(n = 53)

Clients may have more than one housing type. Percentages may exceed 100%.

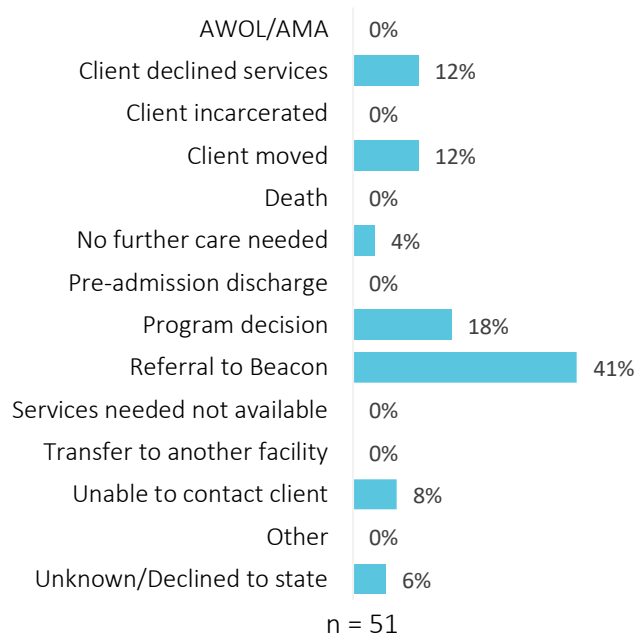
Discharge Information

60 clients were discharged.



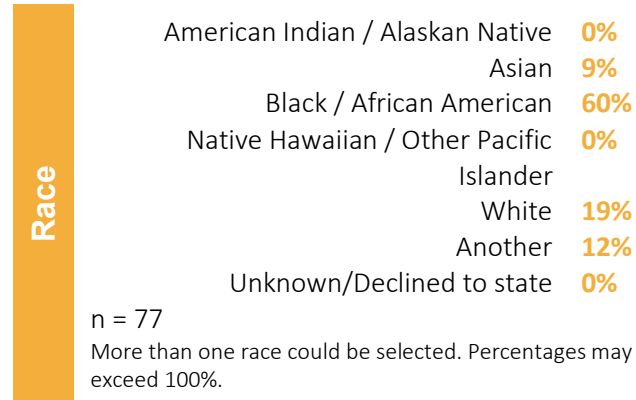
13% had achieved some to all of their goals.

Reason for Discharge



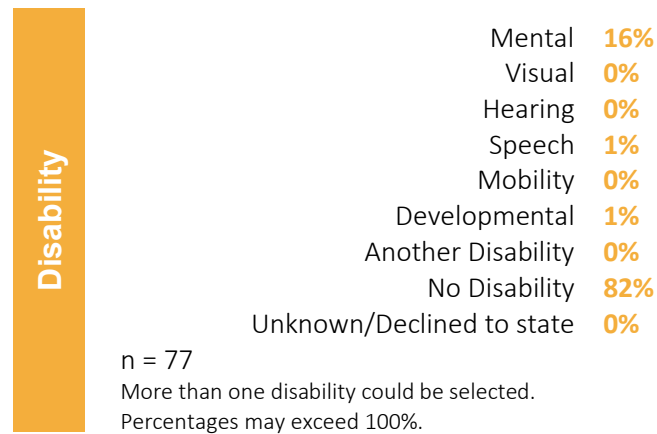
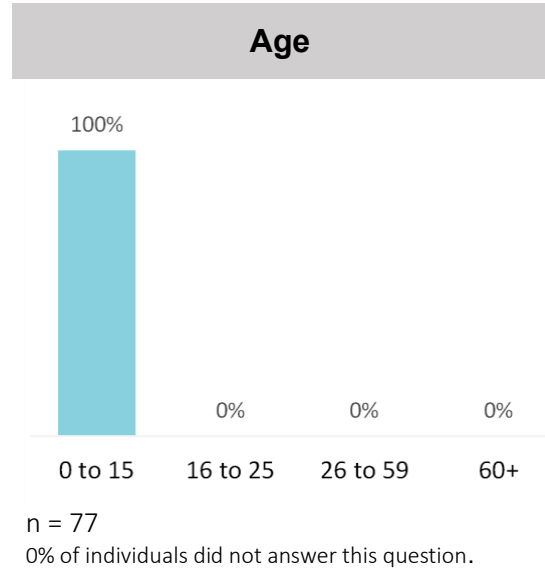
MCSTART

Demographic Data



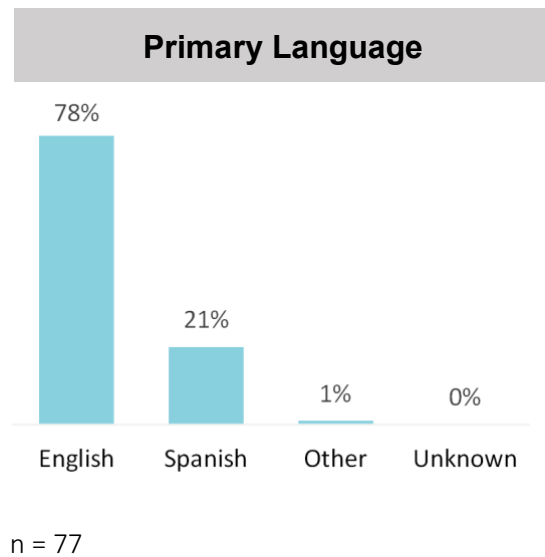
**69% Hispanic/Latino
19% Not Hispanic/Latino**

n = 77
12% Unknown/Declined to state.



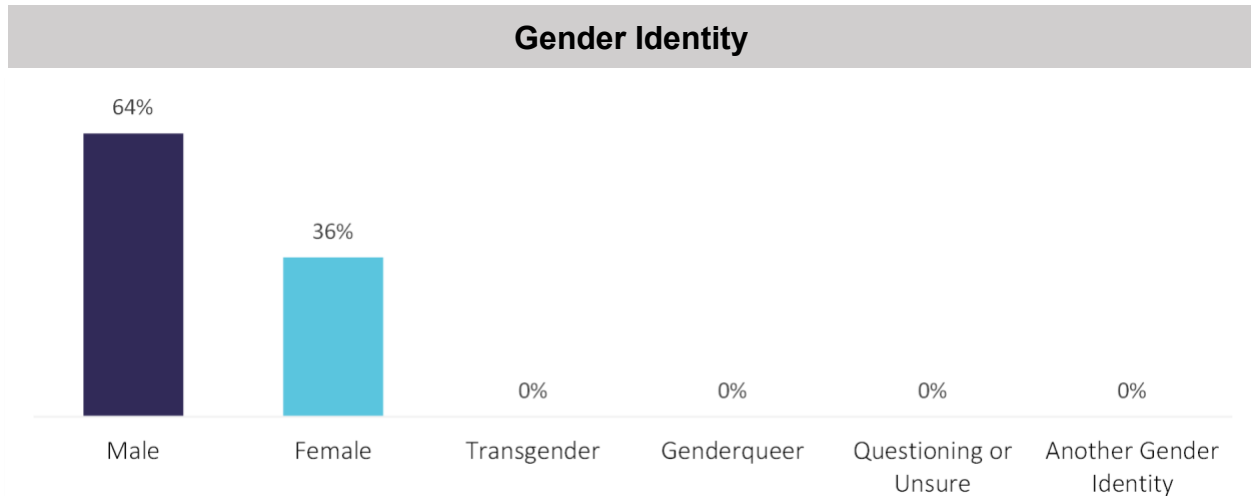
18% of individuals reported having one or more disabilities

n = 77
0% Unknown/Declined to state.



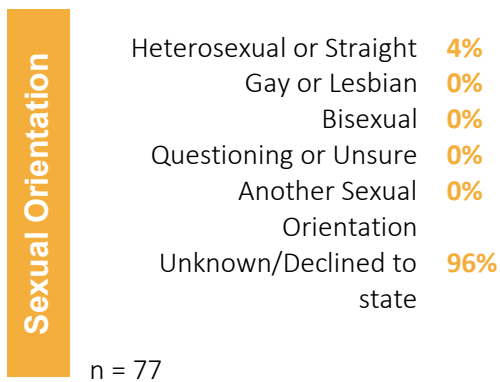
MCSTART

Demographic Data

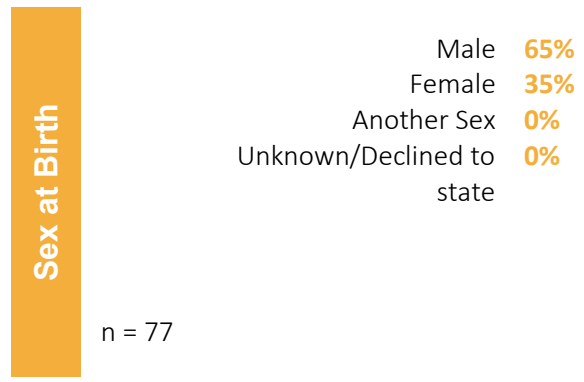


n = 77

0% Unknown/Declined to state.



n = 77



n = 77

0% of individuals were veterans

n = 77

0% Unknown/Declined to state.

CSS-10: SUPPORTED SERVICES TO ADULTS WITH SERIOUS MENTAL ILLNESS

PEER SUPPORT WELLNESS NAVIGATORS

Peer Support Wellness Navigators (PSWN) is a voluntary peer support program focusing on clients who are working with Monterey County Behavioral Health Adult System of Care. PSWN supports consumers to decrease the frequency of mental health crises by increasing support in areas including symptom management skills training, education on mental health, and connecting clients to community resources. The mission of the program is to assist consumers in accessing internal and community resources to maintain wellness.



- **60 clients served** in FY 22-23
- On average, clients engaged in services for **268 days**

Successes and Highlights

- Out of the 60 clients, 58% were linked to community resources.
- 84% of clients who completed the Recovery Assessment Scale survey reported maintaining or improving their wellness.
- 98% of clients who completed the survey reported satisfaction with the services received through PSWN.

PEER SUPPORT WELLNESS NAVIGATORS

Challenges & Growth Opportunities

CHALLENGES: PSWN faced challenges this period.

- PSWN experienced staff turnover during the fiscal year.
- There were fewer referrals received during the fiscal year as some clients required longer service duration due to their needs.

ACTION PLAN: PSWN developed an action plan to address these challenges.

- Successfully transferred a previous Peer Support Wellness Navigator to ensure a smooth transition.



PEER SUPPORT WELLNESS NAVIGATORS

Housing, Employment, and Education

Housing Type at Intake (n=60)

77%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
2%	Unhoused
0%	Acute medical hospital
5%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
8%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
5%	Another housing status
3%	Unknown/Declined to state


13% of clients were employed or volunteering at intake
(n = 8)

88% of clients were enrolled in or completed school at intake
(n = 53)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information

49 clients were discharged.



63% had achieved some to all of their goals.

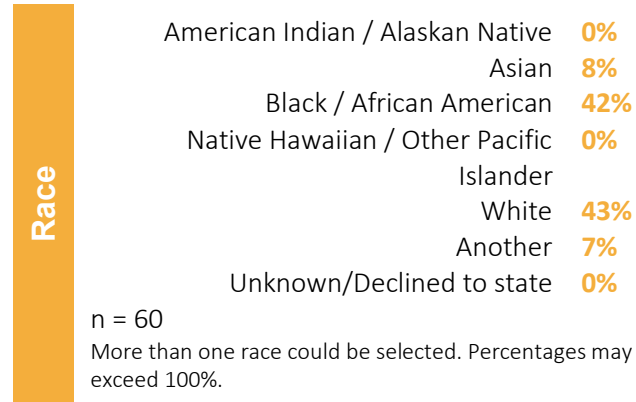
Reason for Discharge

AWOL/AMA	0%
Client declined services	8%
Client incarcerated	0%
Client moved	8%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	8%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	8%
Unable to contact client	67%
Other	0%
Unknown/Declined to state	0%

n = 12

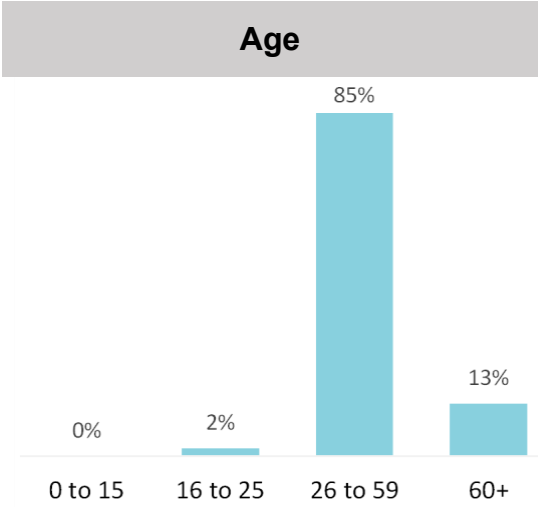
PEER SUPPORT WELLNESS NAVIGATORS

Demographic Data

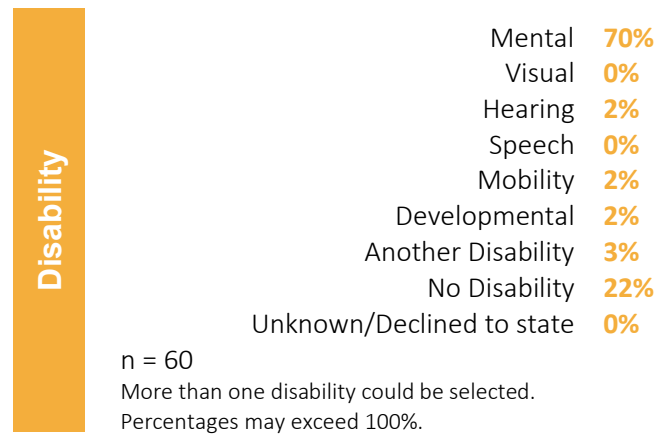


**50% Hispanic/Latino
43% Not Hispanic/Latino**

n = 60
7% Unknown/Declined to state.

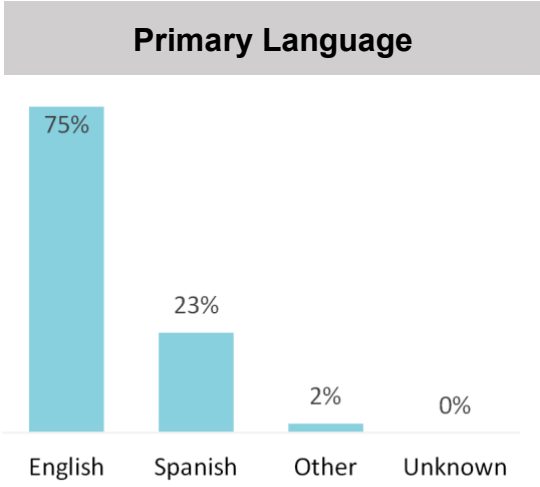


n = 60
0% of individuals did not answer this question.



78% of individuals reported having one or more disabilities

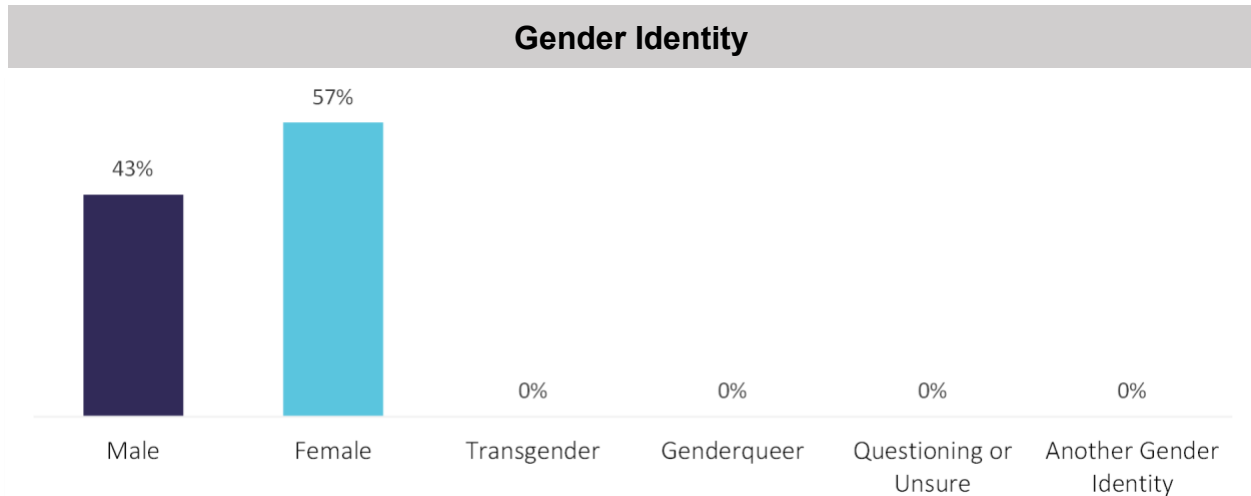
n = 60
0% Unknown/Declined to state.



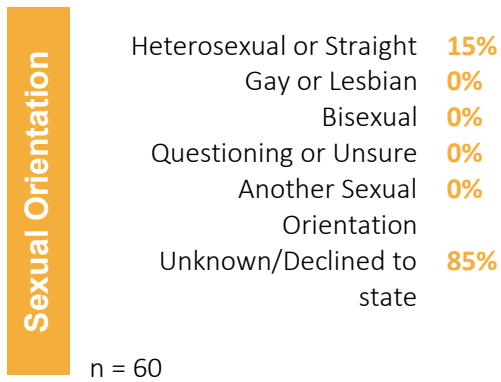
n = 60

PEER SUPPORT WELLNESS NAVIGATORS

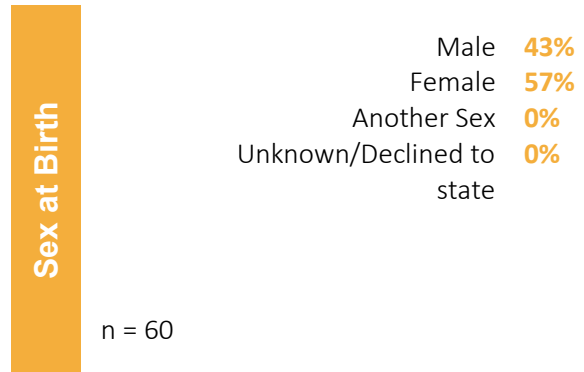
Demographic Data



n = 60
0% Unknown/Declined to state.



n = 60



n = 60

0% of individuals were veterans

n = 60
7% Unknown/Declined to state.

PRIMARY CARE INTEGRATION

Primary Care Integration (PCI) is a voluntary peer support program that provides one-on-one support to individuals working with Monterey County Behavioral Health (MCBH). The mission of the program is for clients to work together with a Wellness Navigator in order to gain access to primary healthcare clinics and attend appointments.



- **57 clients served** in FY 22-23
- On average, clients engaged in services for **228 days**

Successes and Highlights

- PCI served 55 clients.
- Out of the 55 clients, 85% attended at least one PCP appointment.
- Staff were also able to link clients to many different Primary Care Physicians as well as other specialists to focus on treatment areas for the client.

PRIMARY CARE INTEGRATION

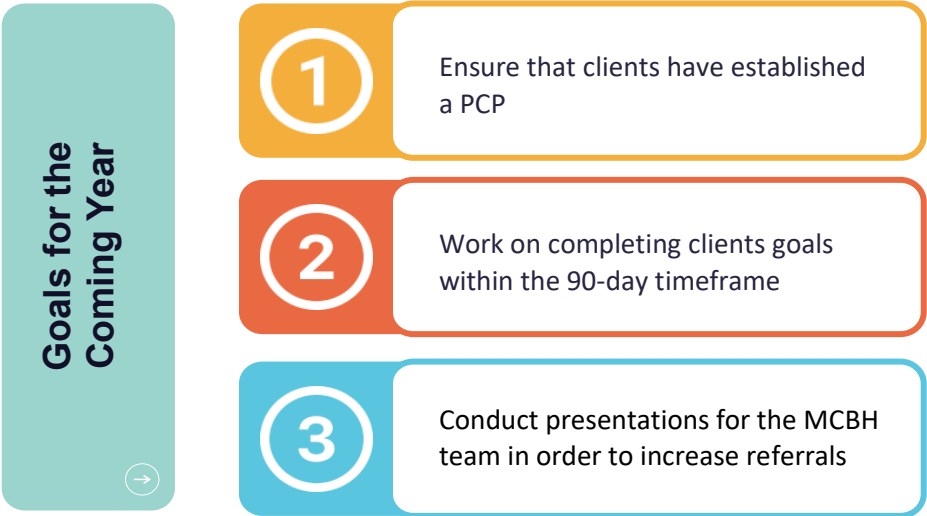
Challenges & Growth Opportunities

CHALLENGES: PCI faced challenges this period.

- PCI experienced staff turnover during the fiscal year.
- As it was PCI's first year, referrals were slower to come in as MCBH staff and clients became familiar with the program.
- Clients stayed in the program longer than anticipated due to individual needs or at the request of MCBH.

ACTION PLAN: PCI developed an action plan to address these challenges.

- Seamlessly filled vacancies by relocating new staff from ongoing hiring for Wellness Navigator positions.



PRIMARY CARE INTEGRATION

Housing, Employment, and Education

Housing Type at Intake (n=57)

79%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
11%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
0%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
7%	Another housing status
4%	Unknown/Declined to state

12% of clients were employed or volunteering at intake
(n = 57)

79% of clients were enrolled in or completed school at intake
(n = 57)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information

47 clients were discharged.



70% had achieved some to all of their goals.

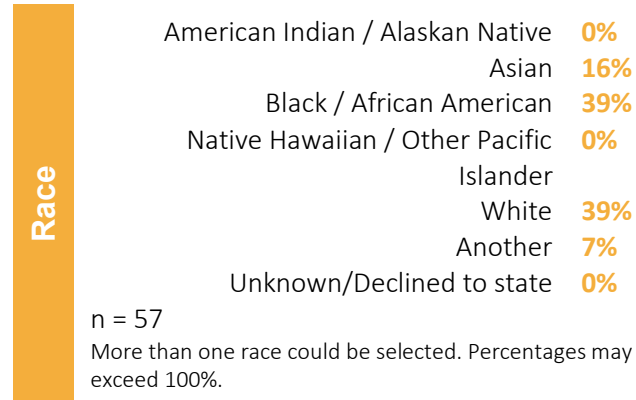
Reason for Discharge

AWOL/AMA	0%
Client declined services	25%
Client incarcerated	0%
Client moved	25%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	0%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	25%
Unable to contact client	25%
Other	0%
Unknown/Declined to state	0%

n = 4

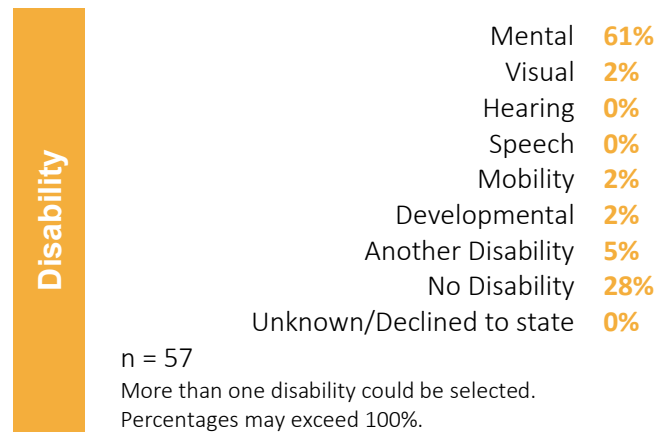
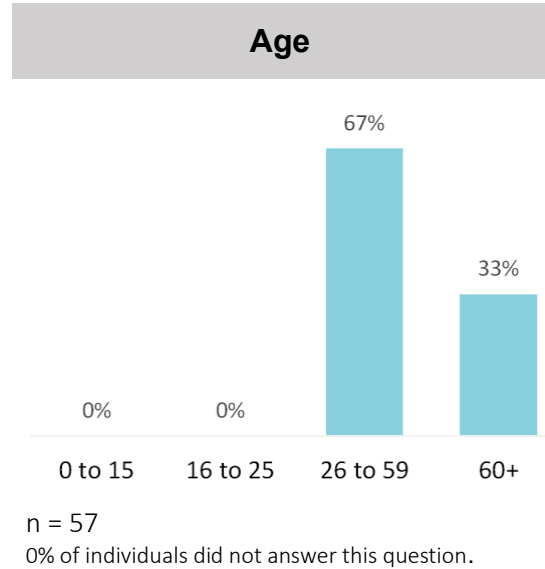
PRIMARY CARE INTEGRATION

Demographic Data



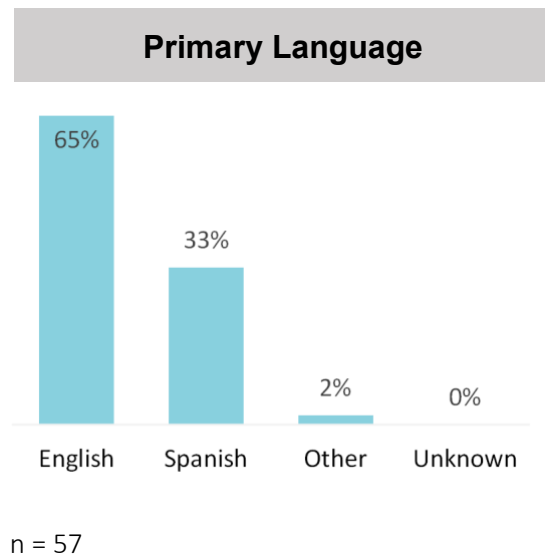
**54% Hispanic/Latino
39% Not Hispanic/Latino**

n = 57
7% Unknown/Declined to state.



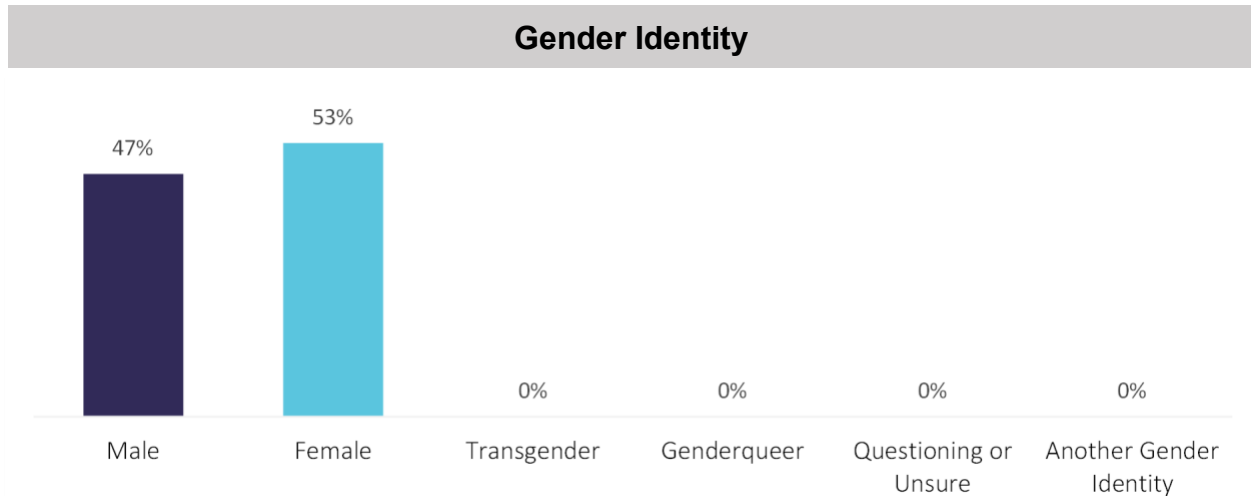
72% of individuals reported having one or more disabilities

n = 57
0% Unknown/Declined to state.



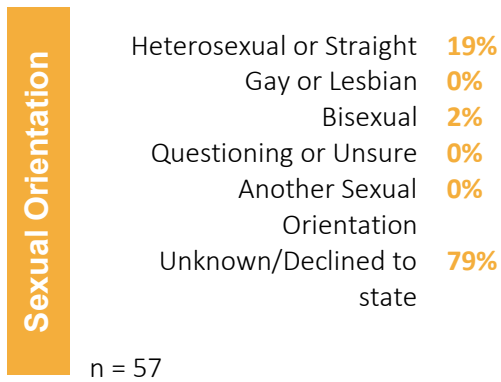
PRIMARY CARE INTEGRATION

Demographic Data

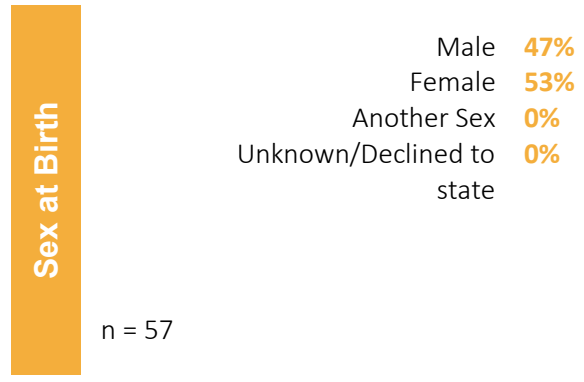


n = 57

0% Unknown/Declined to state.



n = 57



n = 57

0% of individuals were veterans

n = 57

0% Unknown/Declined to state.

RETURN TO WORK BENEFITS COUNSELING

The Return to Work Benefits Counseling Program provides problem-solving and advocacy support by helping clients resolve issues with service providers and organizations related to employment (e.g., Social Security Administration, Department of Social and Employment Services, Medi-Cal, Department of Rehabilitation). The program also assists clients with understanding their options to return to work while keeping benefits, benefits analysis reports, and development of a plan to become self-sufficient by establishing an Independent Living Plan (ILP). The program also works in collaboration with clients to design, implement, monitor, and evaluate outcomes of the ILP.

TRANSPORTATION COACHING

The Transportation Coaching Program (TCP) is funded by the MHSAs Innovations Project and aims to help consumers of Monterey County Behavioral Health (MCBH) Adult System of Care (ASOC) gain independence by teaching them how to use public transit and rideshares. TCP supports consumers who are interested in acquiring these skills, enabling them to reintegrate into their community and fulfill their daily needs, including attending appointments, finding employment, pursuing education, and engaging in social activities.



- **32 clients served** in FY 22-23
- On average, clients engaged in services for **202 days**

Successes and Highlights

- Served a total of 32 clients, assisting clients with learning and navigating transportation resources in the community.
- 80% of clients who took the Transportation Needs Assessment Survey (TNAS) reported improving their knowledge and comfort with utilizing different means of transportation.

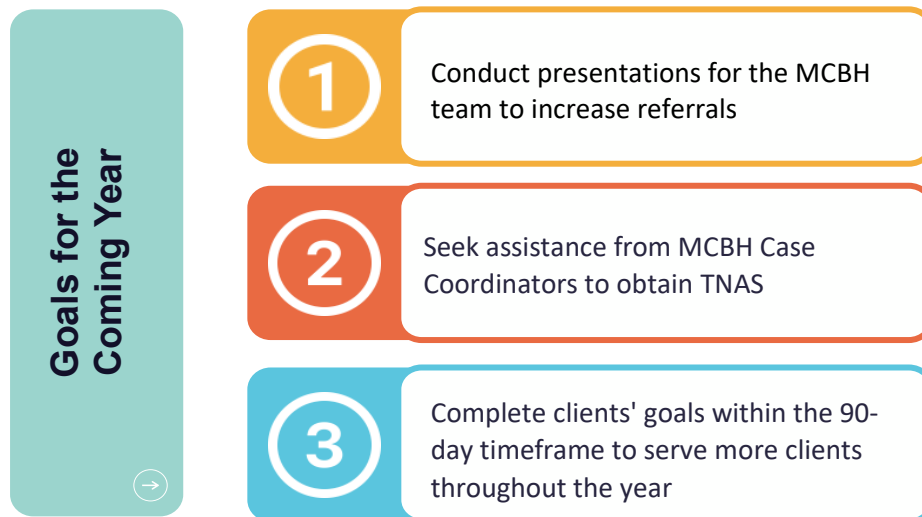
TRANSPORTATION COACHING

Challenges & Growth Opportunities

CHALLENGES: TCP faced challenges this period.

- Low referrals throughout the year resulting in fewer clients being served than targeted.
- Turnover in staff.
- Difficult to maintain a steady flow in the program to reach our goal.

ACTION PLAN: TCP tailored their goals for the coming year to address the challenges they've faced.



TRANSPORTATION COACHING

Housing, Employment, and Education

Housing Type at Intake (n=32)

78%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
3%	Unhoused
0%	Acute medical hospital
3%	Acute psychiatric facility or hospital
0%	Hospital
6%	Assisted living facility
3%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
6%	Another housing status
0%	Unknown/Declined to state

9% of clients were employed or volunteering at intake
(n = 3)

88% of clients were enrolled in or completed school at intake
(n = 28)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information

29 clients were discharged.



69% had achieved some to all of their goals.

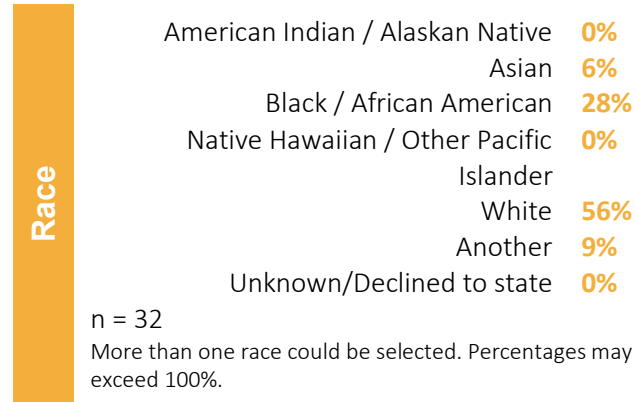
Reason for Discharge

AWOL/AMA	0%
Client declined services	13%
Client incarcerated	0%
Client moved	13%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	13%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	0%
Unable to contact client	63%
Other	0%
Unknown/Declined to state	0%

n = 8

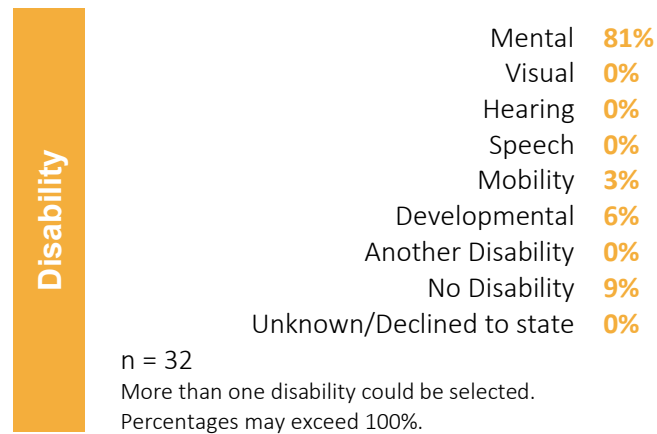
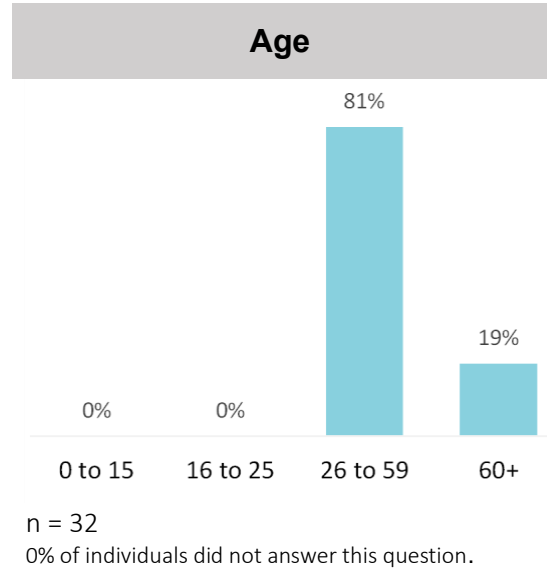
TRANSPORTATION COACHING

Demographic Data



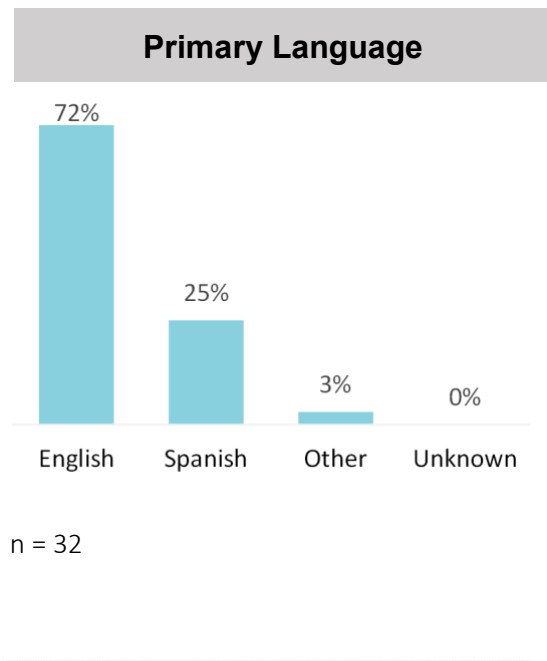
34% Hispanic/Latino
56% Not Hispanic/Latino

n = 32
9% Unknown/Declined to state.



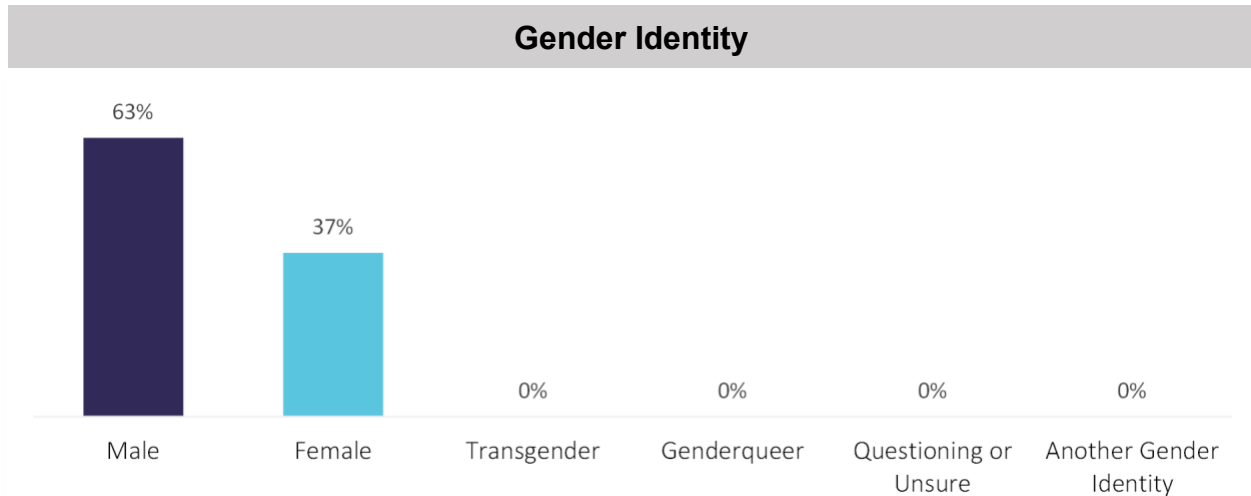
91% of individuals reported having one or more disabilities

n = 32
0% Unknown/Declined to state.

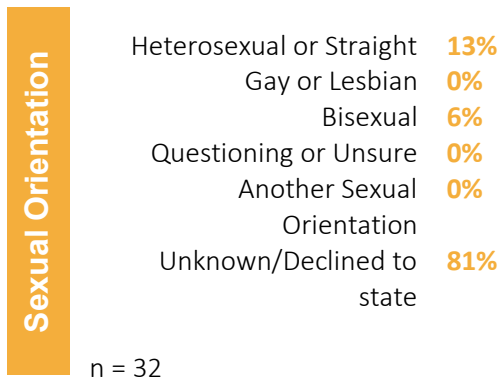


TRANSPORTATION COACHING

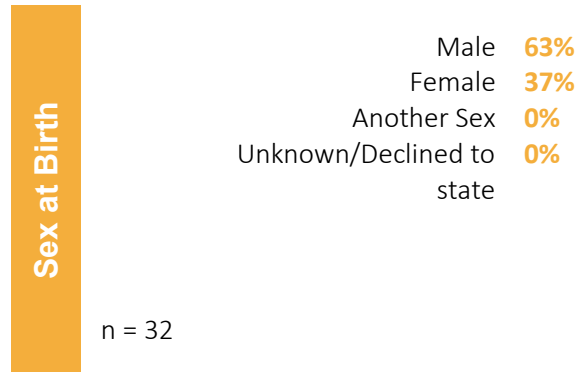
Demographic Data



n = 32
0% Unknown/Declined to state.



n = 32



n = 32

0% of individuals were veterans

n = 32
3% Unknown/Declined to state.

CSS-11: DUAL DIAGNOSIS

ACADEMY DAY PROGRAM

The Wellness & Recovery Academy is certified by the State of California, Department of Healthcare Services, as a Full Day Rehabilitation Program for consumers dealing with serious mental illnesses and substance use disorders. Our program offers a range of services, including skills-building groups, group therapy, community meetings, process groups, therapeutic milieu, service plan development, community outings, and adjunctive therapies.

Our extended Day Rehabilitation program provides flexible, longer-term treatment options after residential care, with a maximum program duration of 2 years. The Wellness and Recovery Academy Day Rehabilitation program (Academy), guided by Harm Reduction principles, supports consumers in developing coping and recovery skills for successful community reintegration, improved functioning, and a higher quality of life.

We offer evaluation, rehabilitation, and mental health services aimed at maintaining or restoring personal independence and functioning. These services encompass psycho-educational groups, process groups, and individual therapy facilitated by dedicated clinicians within our program.

Successes and Highlights

- Reopened as a separate program from Bridge House, which provides participants with a safe and confidential space distinct from residential that enables participants to engage honestly about challenges without the concern of their housing being impacted due to a conflict of interest.
- Fully staffed with a Program Director, a Behavioral Health Clinician, two Counselor IIIs, an Administrative Assistant, and a Wellness Navigator.
- Current staff each have different facilitation styles and educational backgrounds, which aids in diversifying the skills and techniques provided to support and promote recovery.

ACADEMY DAY PROGRAM

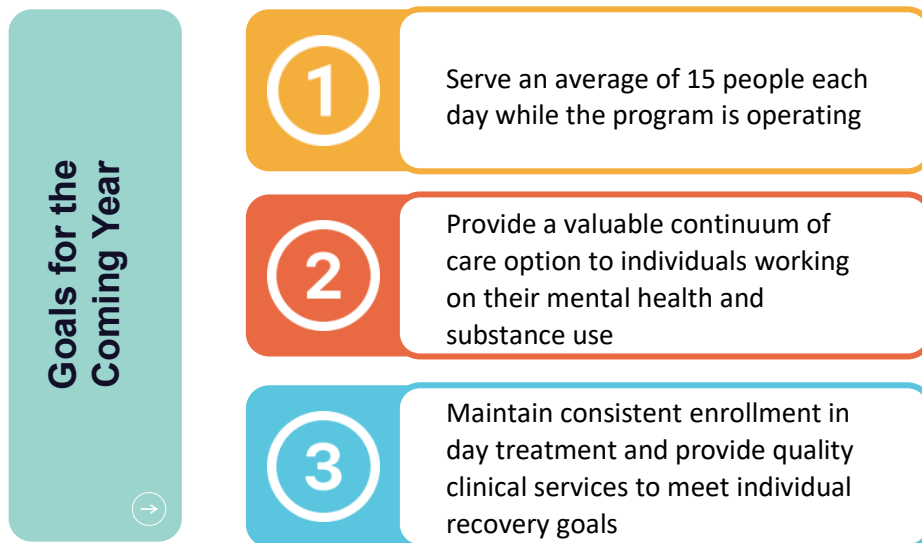
Challenges & Growth Opportunities

CHALLENGES: The Wellness & Recovery Academy faced challenges this period.

- Closure of the Academy during Q3 of 2020 due to the COVID-19 Pandemic.
- Rebuilding the client base beyond Bridge House residents after reopening for the 2022-2023 fiscal year.
- Initial staffing challenges, including having only one full-time facilitator and the Program Director upon reopening.
- Delays in hiring a new Program Director after the original one moved within the agency.
- Challenges arising from limited building space, leading to overcrowding, lower attendance, and engagement.

ACTION PLAN: The Wellness & Recovery Academy developed an action plan to address these challenges.

- The Program Director will initiate clear discharge planning conversations with clients at the beginning of enrollment, tailoring plans to outpatient versus Bridge House enrolled clients.
- Conduct individual meetings with clients to create and follow through with personalized discharge plans aligned with their treatment goals.
- Educate potential referral sources about Academy services to boost referrals and admissions.
- Attend staff meetings to promote awareness of the essential services provided by the Academy within the community.
- Implement the practice of splitting groups into smaller, more intimate sessions when they become too large to enhance client support.
- Foster better communication between Academy staff and Bridge House and Shelter Cove through meetings to improve service consistency for the shared.



BRIDGE HOUSE

Bridge House ("Bridge") is a transitional residential treatment program for adults with co-occurring serious mental illnesses and substance use disorders. Staff utilizes Motivational Interviewing and Harm Reduction in providing counseling services and other activities. Clients' goals are focused on mental health wellness and substance use recovery principles. Clients work to improve symptom management, personal, social, and family functioning, and gain substance use recovery skills. Services are provided on an individual, group, and milieu basis. Therapeutic groups are offered during daytime hours, Monday to Friday. The program is licensed by the California Department of Social Services, Community Care Licensing as a social rehabilitation facility and certified by the Department of Healthcare Services for transitional residential treatment. Clients are referred by the Monterey County Behavioral Health Bureau or by Interim case coordinators.

Successes and Highlights

- Reached 96.7% of goal to maintain average monthly occupancy of 92%.
- 100% of consumers were discharged to a lower level of care.
- 81% of consumers remained abstinent from substances while receiving services.

BRIDGE HOUSE

Challenges & Growth Opportunities

CHALLENGES: Bridge House faced several challenges this period.

- The program director's medical leave was extended until september 2022.
- Understaffing at the beginning of the fiscal year added pressure on current staff, impacting program operations.
- The Bienestar Clinic, an outstanding clinic connected to Monterey County Behavioral Health, closed its services to new patients. This negatively impacted consumers ability to establish a primary care physician, resulting in consumers using urgent care or emergency room services more frequently as their first approach for physical health needs.
- Challenges in obtaining collaboration from other medical professionals for Community Care Licensing (CCL) documentation.
- The need to increase nursing hours continues and is necessary to provide quality care and attention for physical health conditions/needs, primarily to support consumers with restricted health care conditions (such as asthma, sleep apnea, and diabetes).

ACTION PLAN: Bridge House developed plans to address these challenges.

- To address program occupancy, Bridge staff will collaborate with short-term crisis Manzanita programs for increased referrals to Bridge House, including monthly presentations, biweekly Program Director meetings, and outreach to MCBH and other referral sources.
- To increase consumer support as part of discharge planning and maintain their stability and abstinence after discharge, Bridge will actively collaborate with Shelter Cove to prepare clients for their semi-independent living setting starting two months before discharge. Bridge staff will also actively seek family members and such supporters for consumers, involving them in consumer care and inviting them to monthly support team meetings to increase consumer supportive networks outside of Interim, inc.



OUTREACH & AFTERCARE

The Outreach and Aftercare program provides community resources and treatment options to individuals struggling with co-occurring disorders, such as those offered by the harm reduction program, Keep It Real. Individuals are also able to access Monterey County Behavioral Health services such as group and individual counseling support.

CSS-13: JUSTICE-INVOLVED FSP

CREATING NEW CHOICES FSP

The Creating New Choices (CNC) program is a collaborative court program for justice involved adults with a serious mental illness (e.g., schizophrenia, schizoaffective disorder, bipolar disorder) and often a co-occurring substance use disorder. CNC is a “whatever it takes” model that works to engage participants in treatment, stabilize them in the community in the least restrictive environment possible, and reduce recidivism.



- **43 clients served** in FY 22-23
- On average, clients engaged in services for **203 days**

Housing

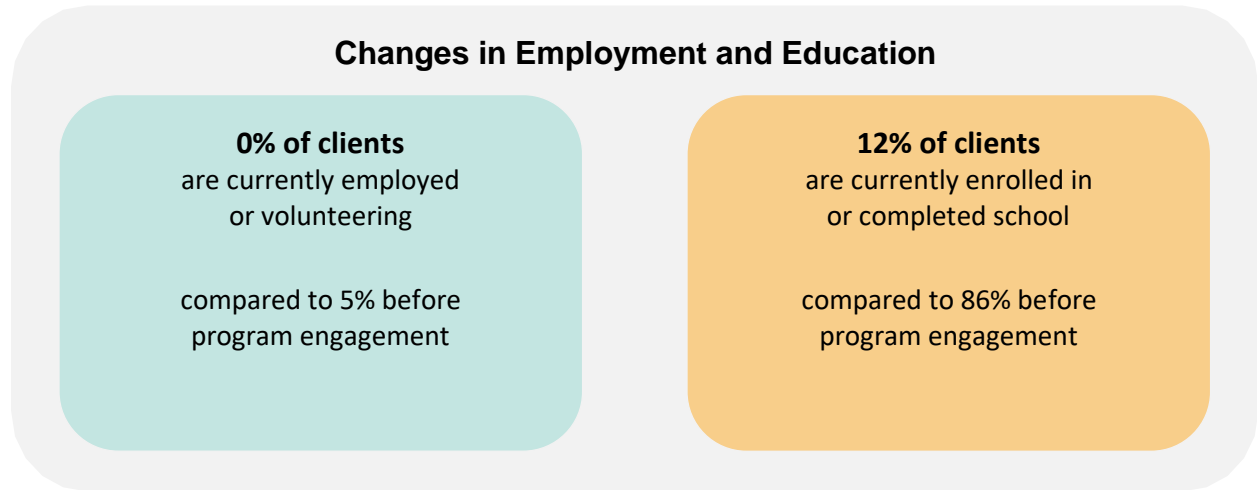
Housing Type Before Services (n=43)		Current Housing Type (n=20)	
7%	Independent house or apartment	5%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	2%	
23%	Unhoused	7%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	5%	
9%	Residential treatment facility	12%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
58%	Jail or juvenile detention facility	14%	
0%	Another housing status	0%	
2%	Unknown/decline to state*	58%	

Clients may have more than one housing type. Percentages may exceed 100%.

*Unknown/Declined to state includes 23 missing “current housing type” statuses and 2 unknown/decline to state “current housing type” statuses from Avatar.

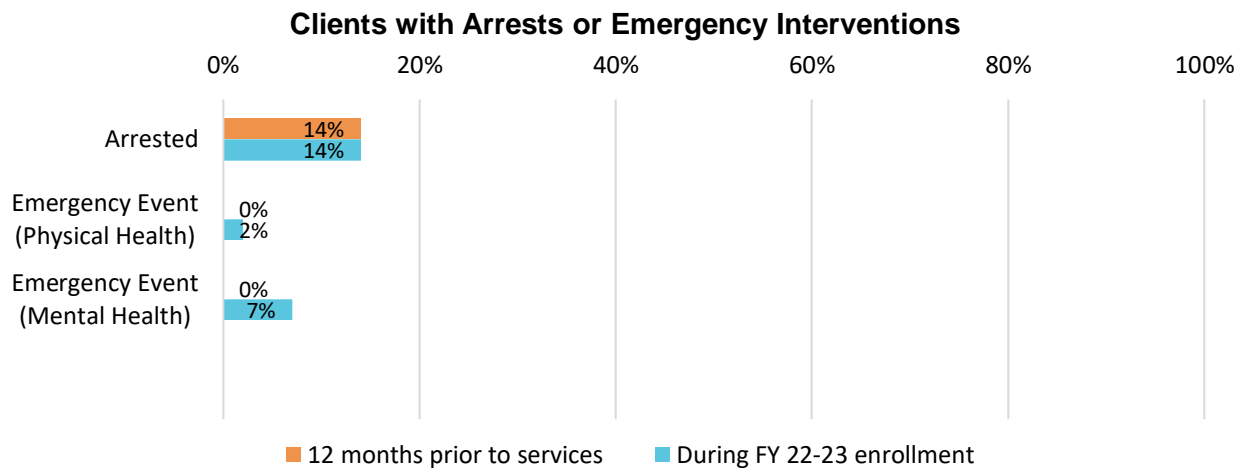
CREATING NEW CHOICES FSP

Employment and Education



Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

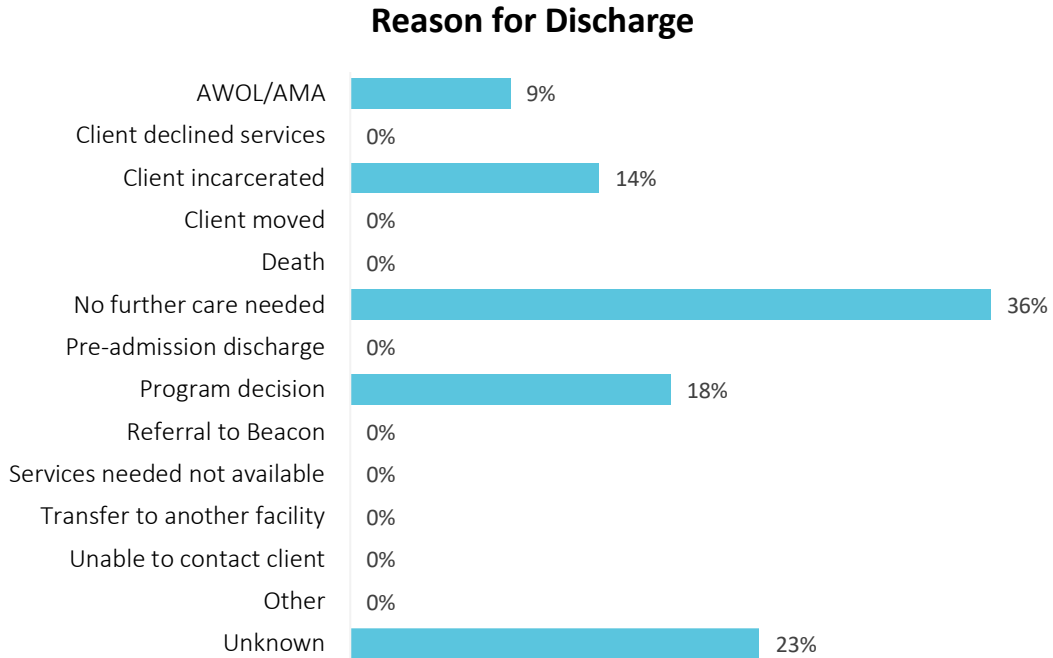


n = 1 – 6

0% for physical health and mental health emergency events in 12 months prior to services.

CREATING NEW CHOICES FSP

Discharge Information



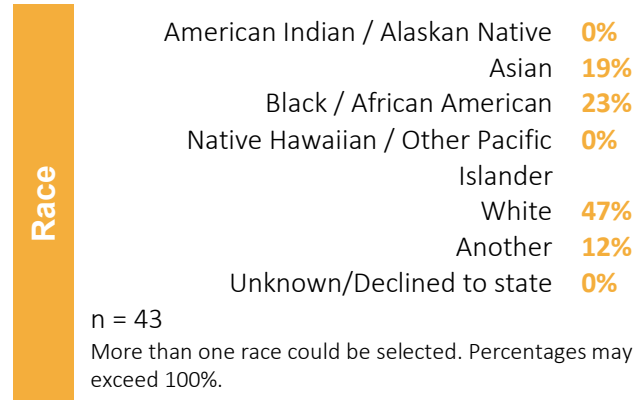
n = 22

36 clients were **discharged**.

39% had
achieved some to all of their goals.

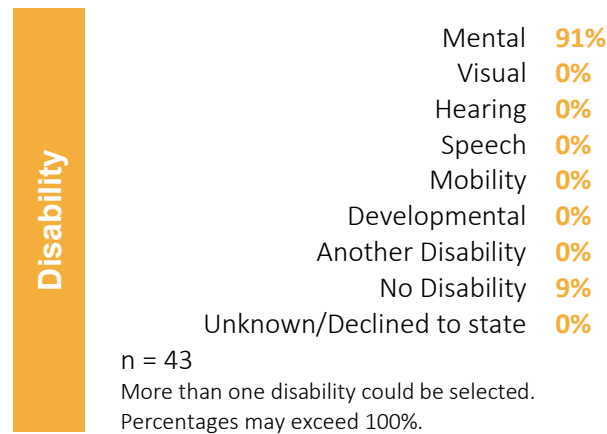
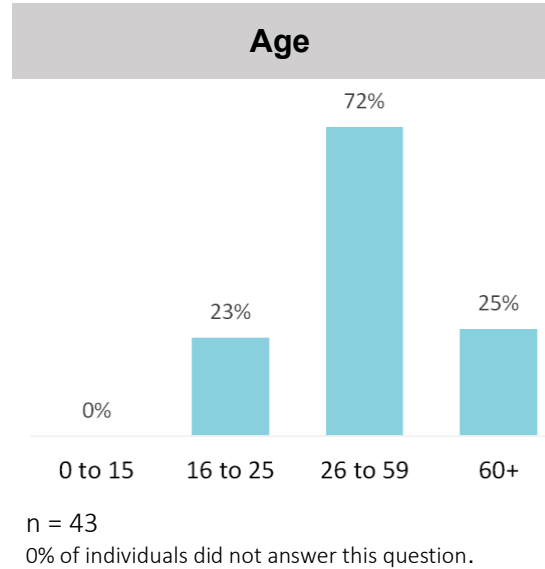
CREATING NEW CHOICES FSP

Demographic Data



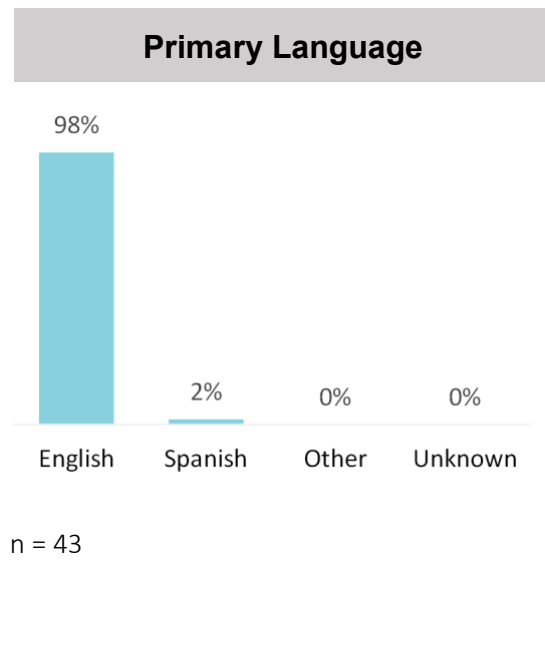
42% Hispanic/Latino
47% Not Hispanic/Latino

n = 43
12% Unknown/Declined to state.



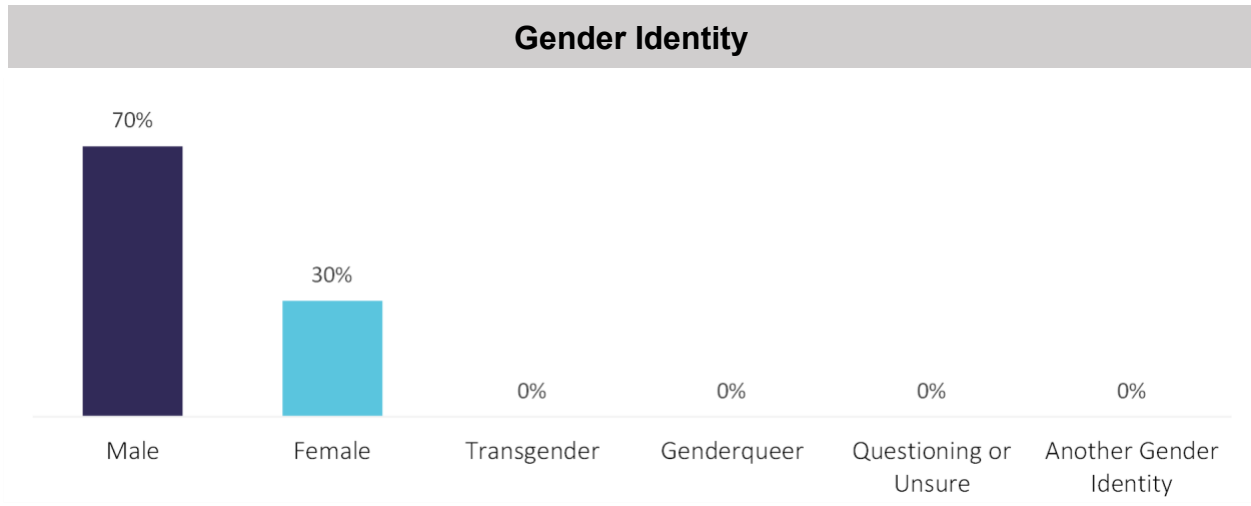
91% of individuals reported having one or more disabilities

n = 43



CREATING NEW CHOICES FSP

Demographic Data



n = 43

0% Unknown/Declined to state.

Sexual Orientation

Heterosexual or Straight	51%
Gay or Lesbian	5%
Bisexual	0%
Questioning or Unsure	0%
Another Sexual Orientation	5%
Unknown/Declined to state	40%

n = 43

Sex at Birth

Male	70%
Female	30%
Another Sex	0%

n = 43

0% of individuals were veterans

n = 39

14% Unknown/Declined to state.

JUVENILE MENTAL HEALTH COURT/COLLABORATIVE ACTION LINKING ADOLESCENTS FSP

Intensive outpatient collaborative court program for youth on probation with serious mental health concerns and/or significant family dysfunction.



- 32 clients served in FY 22-23
- On average, clients engaged in services for 185 days

Housing

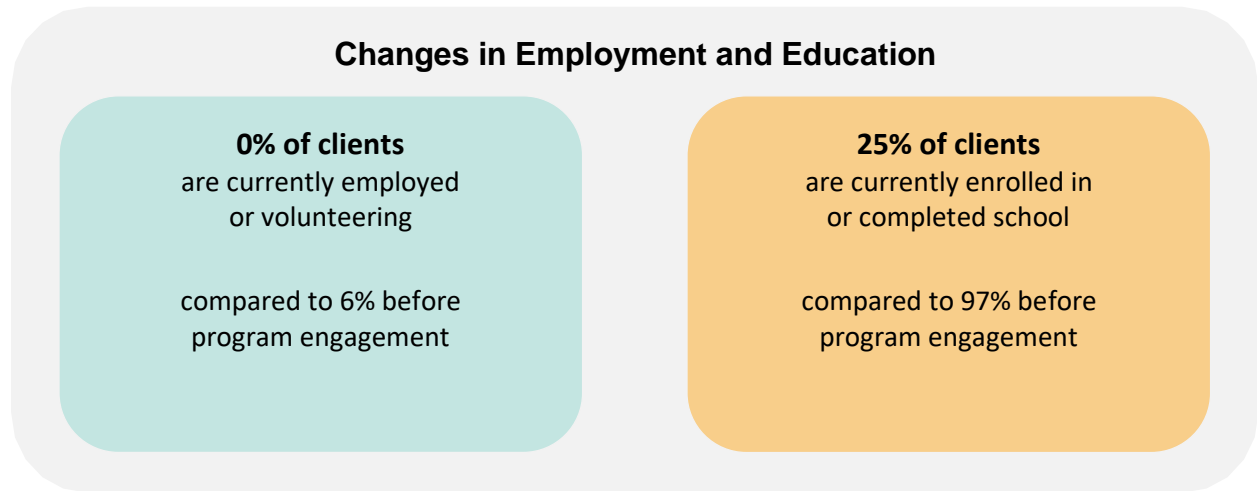
Housing Type Before Services (n=32)		Current Housing Type (n=22)	
88%	Independent house or apartment	25%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	9%	
0%	Acute psychiatric facility or hospital	9%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
0%	Residential treatment facility	0%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
13%	Jail or juvenile detention facility	22%	
0%	Another housing status	0%	
0%	Unknown/decline to state*	34%	

Clients may have more than one housing type. Percentages may exceed 100%.

*Unknown/Declined to state includes 10 missing “current housing type” statuses and 1 unknown/decline to state “current housing type” status from Avatar.

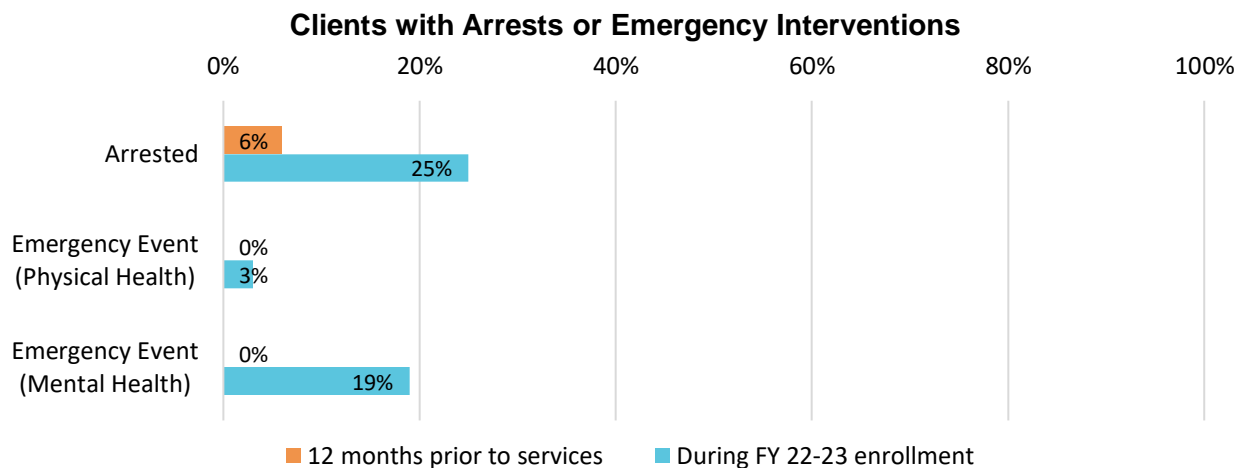
JUVENILE MENTAL HEALTH COURT/COLLABORATIVE ACTION LINKING ADOLESCENTS FSP

Employment and Education



Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

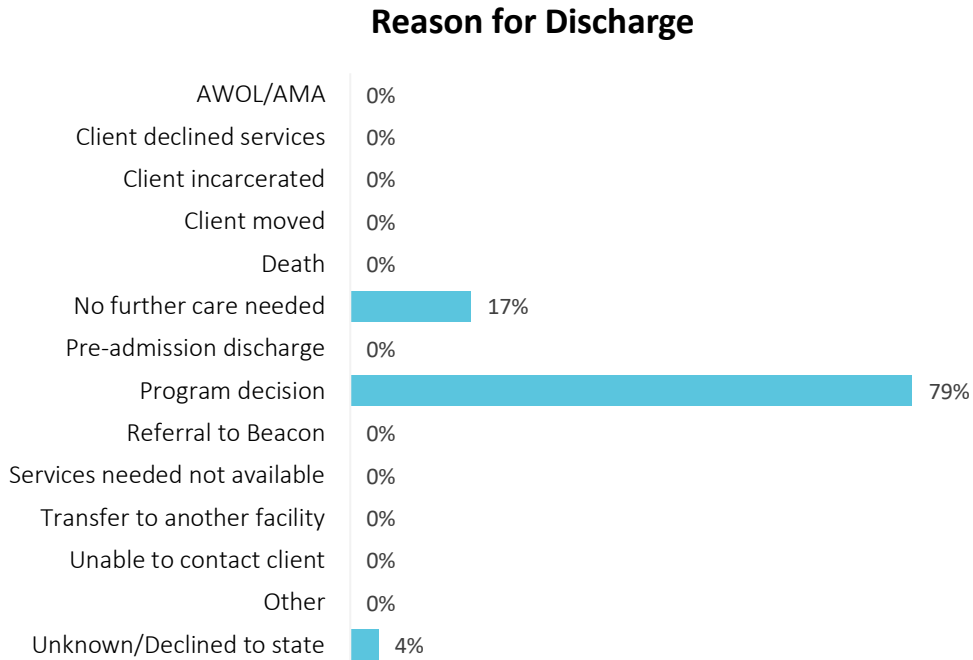


n = 1 – 8

0% for physical health and mental health emergency events in 12 months prior to services.

JUVENILE MENTAL HEALTH COURT/COLLABORATIVE ACTION LINKING ADOLESCENTS FSP

Discharge Information



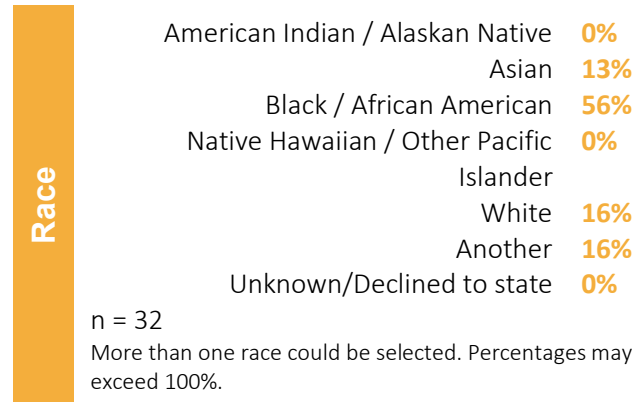
n = 24

26 clients were **discharged**.

<1% had
achieved some to all of their goals.

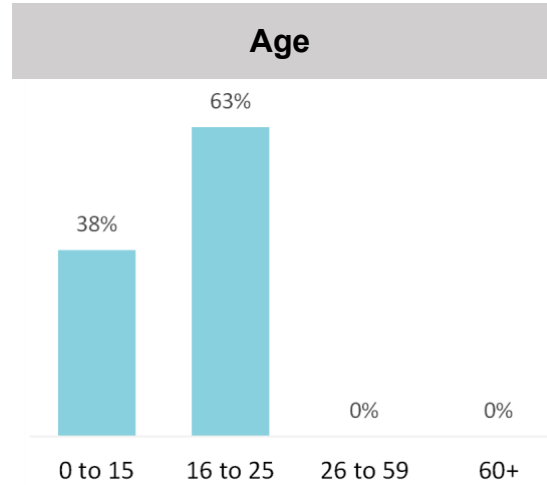
JUVENILE MENTAL HEALTH COURT/COLLABORATIVE ACTION LINKING ADOLESCENTS FSP

Demographic Data

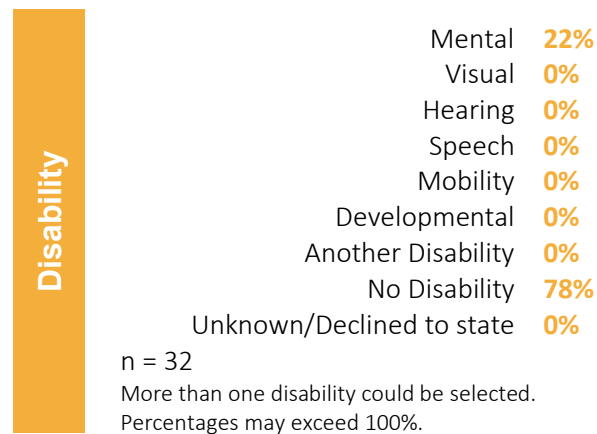


69% Hispanic/Latino
16% Not Hispanic/Latino

n = 32
16% Unknown/Declined to state.

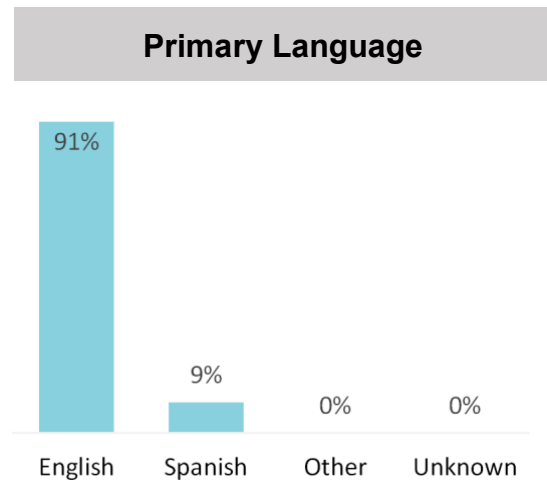


n = 32
0% of individuals did not answer this question.



22% of individuals reported having one or more disabilities

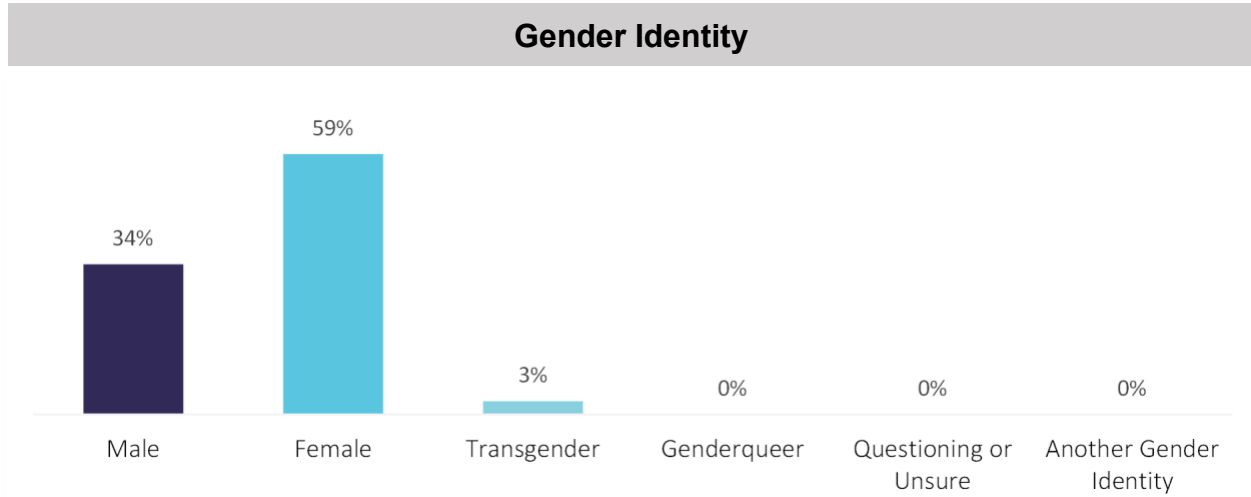
n = 32
0% Unknown/Declined to state.



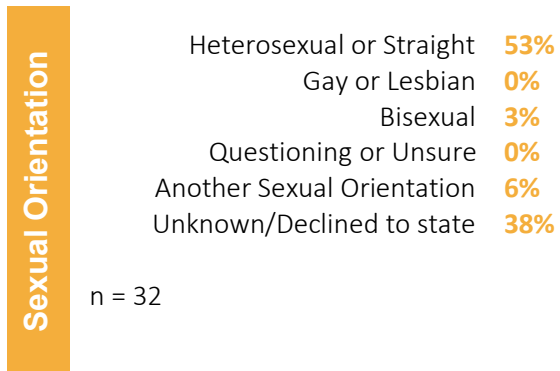
n = 32

JUVENILE MENTAL HEALTH COURT/COLLABORATIVE ACTION LINKING ADOLESCENTS FSP

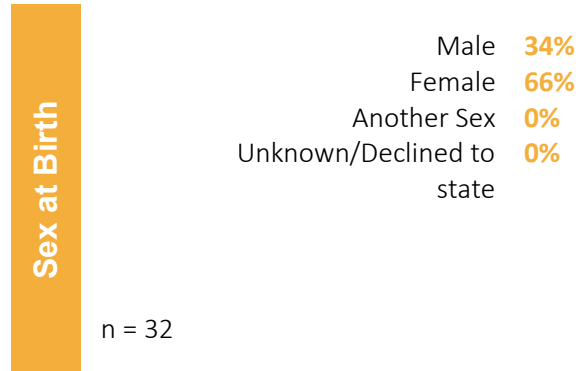
Demographic Data



n = 32
3% Unknown/Declined to state



n = 32



n = 32

0% of individuals were veterans

n = 32
0% Unknown/Declined to state.

JUVENILES WHO SEXUALLY OFFEND RESPONSE TEAM FSP

The Juveniles Who Sexually Offend Response Team (JSORT) FSP is an intensive outpatient collaborative court program focusing on juveniles who sexually offend. JSORT provides individual and group treatment, as well as treatment team meetings to incorporate families/support systems.



- **37 clients served** in FY 22-23
- On average, clients engaged in services for **356 days**

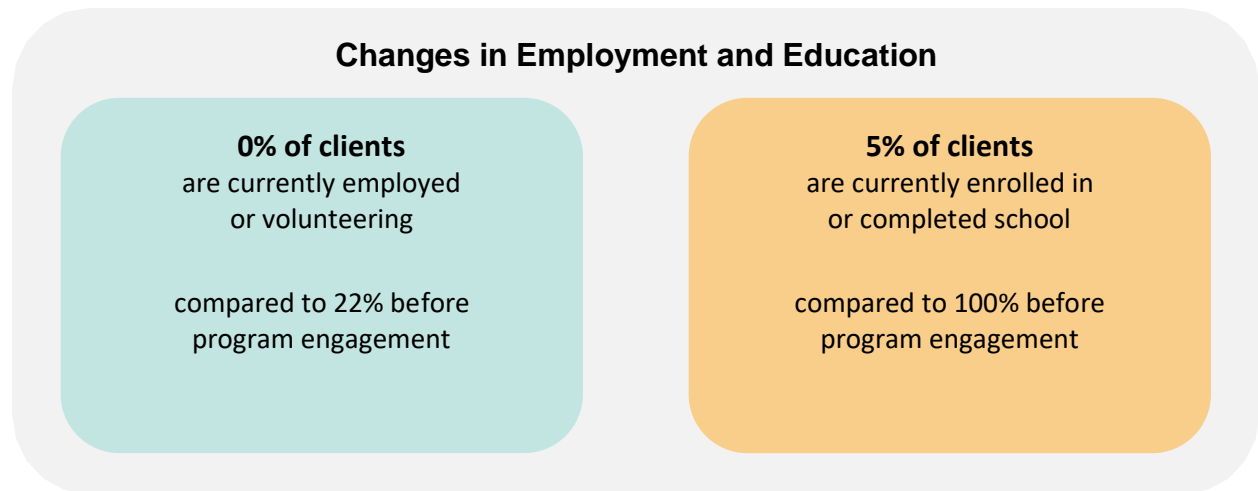
Housing

Housing Type Before Services (n=37)		Current Housing Type (n=2)	
81%	Independent house or apartment	5%	
0%	With friends/family	0%	
0%	Shelter or temporary housing	0%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	0%	
0%	Hospital	0%	
0%	Assisted living facility	0%	
0%	Residential treatment facility	0%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
19%	Jail or juvenile detention facility	0%	
0%	Another housing status	0%	
0%	Unknown/Declined to state*	95%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 35 missing “current housing type” statuses.

JUVENILES WHO SEXUALLY OFFEND RESPONSE TEAM FSP

Employment and Education



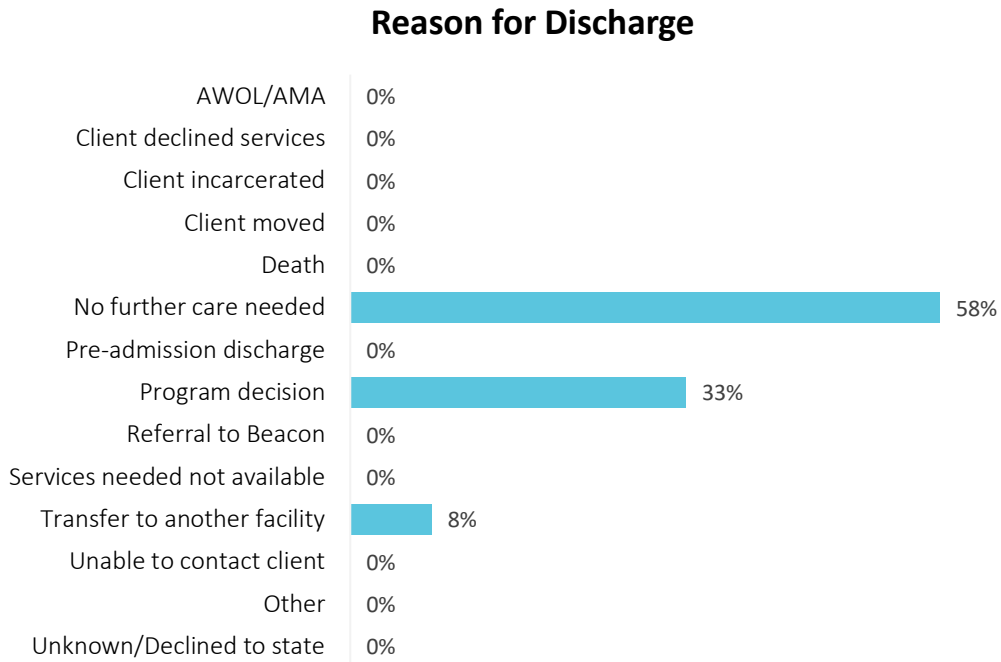
Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

No clients were arrested or experienced a physical or mental health emergency during either time point.

JUVENILES WHO SEXUALLY OFFEND RESPONSE TEAM FSP

Discharge Information



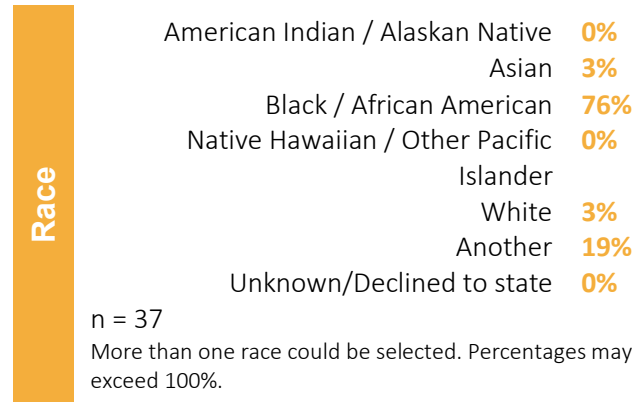
n = 12

26 clients were **discharged**.

50% had achieved some to all of their goals.

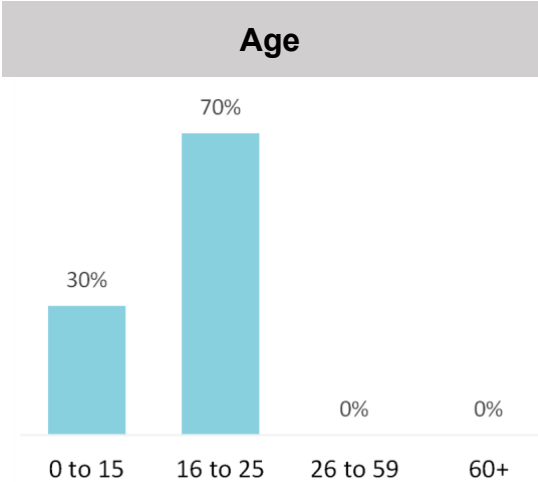
JUVENILES WHO SEXUALLY OFFEND RESPONSE TEAM FSP

Demographic Data

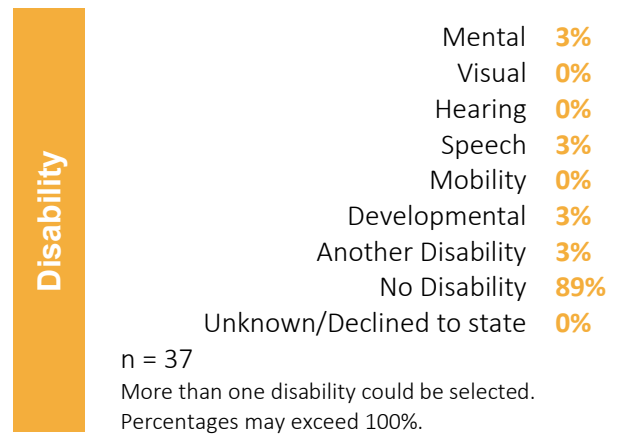


**78% Hispanic/Latino
3% Not Hispanic/Latino**

n = 37
19% Unknown/Declined to state.

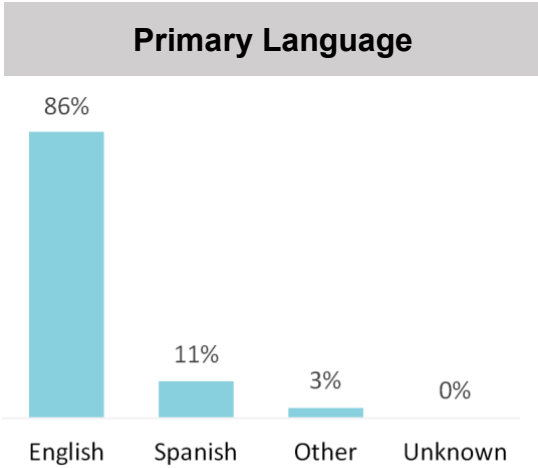


n = 37
0% of individuals did not answer this question.



11% of individuals reported having one or more disabilities

n = 37
0% Unknown/Declined to state.

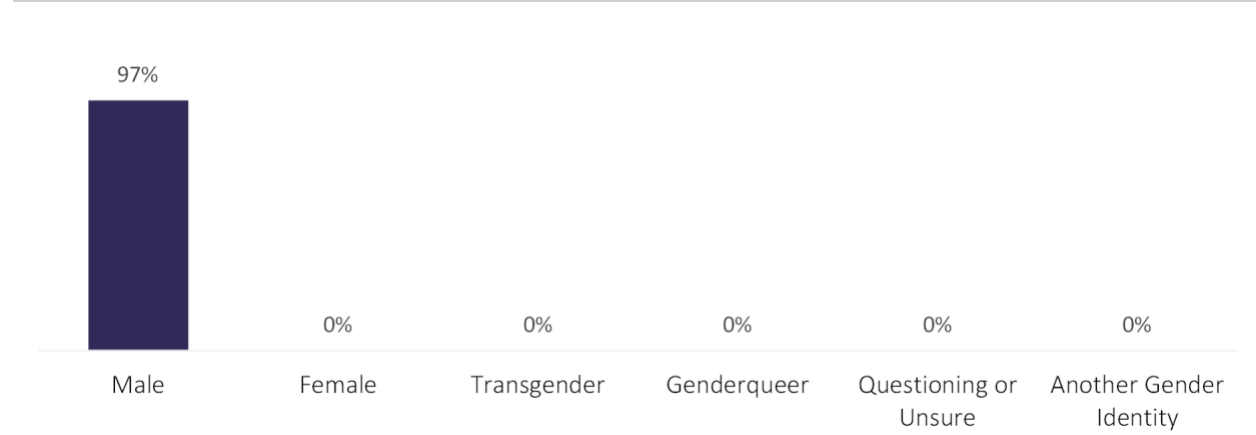


n = 37

JUVENILES WHO SEXUALLY OFFEND RESPONSE TEAM FSP

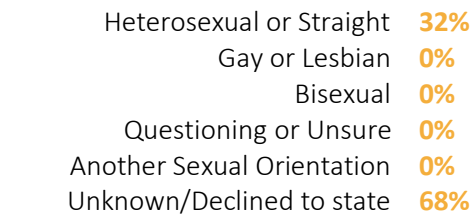
Demographic Data

Gender Identity



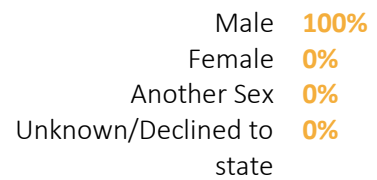
n = 37
3% Unknown/Declined to state

Sexual Orientation



n = 37

Sex at Birth



n = 37

0% of individuals were veterans

n = 37
0% Unknown/Declined to state.

CSS-14: HOMELESS SERVICES AND SUPPORTS FSP

MHSA HOMELESS FSP (FORMERLY MCHOME)

The MHSA Homeless program is a Full-Service Partnership (FSP) that offers comprehensive support and outreach to adults with a psychiatric disability who are homeless or at high risk of homelessness. The program's main objective is to assist adults with mental illness, including those already receiving care from the Adult System of Care and Access, in transitioning from the streets to stable housing and employment or benefits.

To achieve this, the program provides various services such as outreach, assessments, intensive case management, mental health services, and assistance with daily living skills. Medication Support Services are offered by a team consisting of an Interim psychiatrist, registered nurse, certified nurse specialist, licensed vocational nurse, nurse practitioner, Physician Assistant, or psychiatric technician. In the event of staff vacancies, MCBH will step in to provide psychiatric services.

This program empowers consumers to actively participate in decision-making regarding their mental health care. It ensures that individuals have the necessary information to make deliberate and informed choices about their treatment options and overall mental health care. The service array offered by MCHOME includes intensive case management and mental health services, which are provided in the FSP model as required by funding from the Mental Health Services Act. Additionally, independent living skills development is provided to assist residents in living self-sufficiently within the community.

One of the housing options available through MHSA Homeless is Wesley Oaks, an intensive permanent supportive housing program. Wesley Oaks caters to 4 very low-income individuals with a serious mental health diagnosis, all of whom are either homeless or at high risk of homelessness. This program provides a Full-Service Partnership level of services to support their needs.

MidPen's Moon Gate Plaza serves as a permanent housing facility where MHSA Homeless offers FSP level services to up to 20 low-income individuals who have a serious mental health diagnosis. All of the clients served by MCHOME are either homeless or at risk of homelessness. Clients who no longer require FSP level services are transitioned to CH scattered site housing, while those who still require this level of care remain in MCHOME Housing.

Sun Rose Housing, which is funded through No Place Like Home and other government funds, is currently under construction and is expected to be ready for occupancy in mid FY 2022-23. This housing facility will provide 8 transitional housing beds and 7 permanent housing units. It will serve as a central location that fosters positive peer support and provides consumers with the necessary tools to maintain housing.



- **124 clients served** in FY 22-23
- On average, clients engaged in services for **889 days**

MHSA HOMELESS FSP (FORMERLY MCHOME)

Successes and Highlights

- 89% of consumers were shown to maintain or improve their mental health while in the MCHOME program, per the Reaching Recovery Assessment.
- 76% (10 of 15 consumers) were residing in transitional or permanent housing the day they were discharged from the MCHOME program.
- 92% of consumers who completed the Consumer Satisfaction Survey reported satisfaction with the quality of services provided.

Challenges & Growth Opportunities

CHALLENGES: MHSA Homeless faced challenges this period.

- Relationships with motels continue to be a challenge.
- Due to client behaviors/damages in the past during motel stays, MHSA Homeless is limited on which motels can be utilized.
- Communication with hospitals has been a challenge for the purposes of continuity of care.
- Staff have had difficulty connecting with hospital staff and developing a discharge plan.

ACTION PLAN: MHSA Homeless tailored their goals for the coming year to address the challenges they've faced.



MHSA HOMELESS FSP (FORMERLY MCHOME)

Housing, Employment, and Education

Housing Type at Intake (n=124)

12%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
71%	Unhoused
0%	Acute medical hospital
1%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
13%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
3%	Another housing status
0%	Unknown/Declined to state

7% of clients were employed or volunteering at intake
(n = 9)

93% of clients were enrolled in or completed school at intake
(n = 115)

Clients may have more than one housing type. Percentages may exceed 100%.

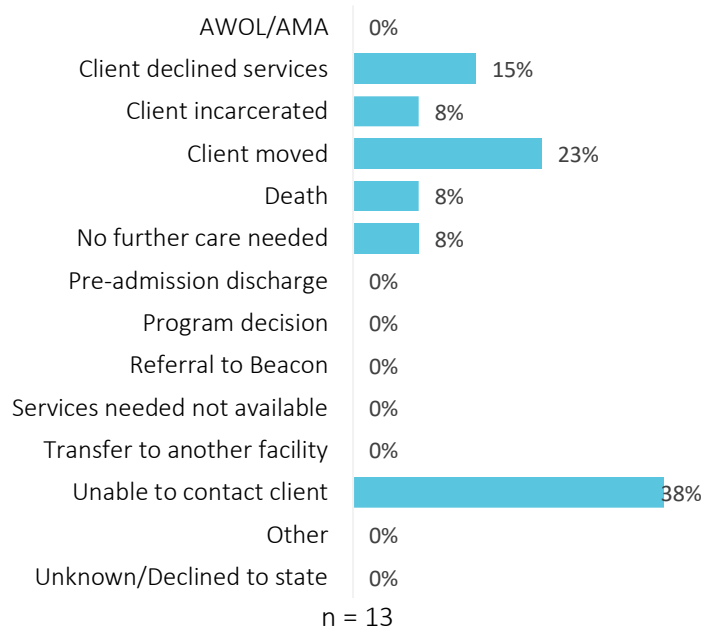
Discharge Information

57 clients were discharged.



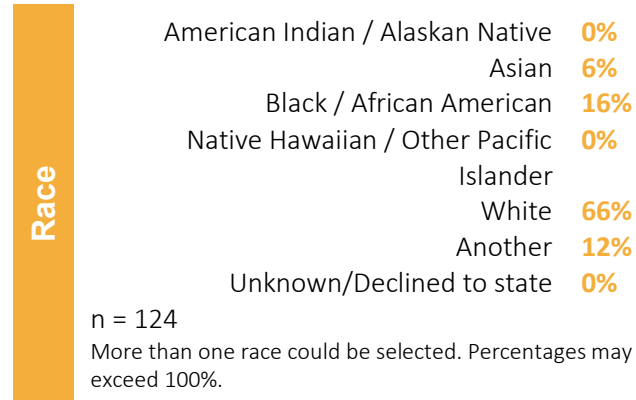
63% had achieved some to all of their goals.

Reason for Discharge



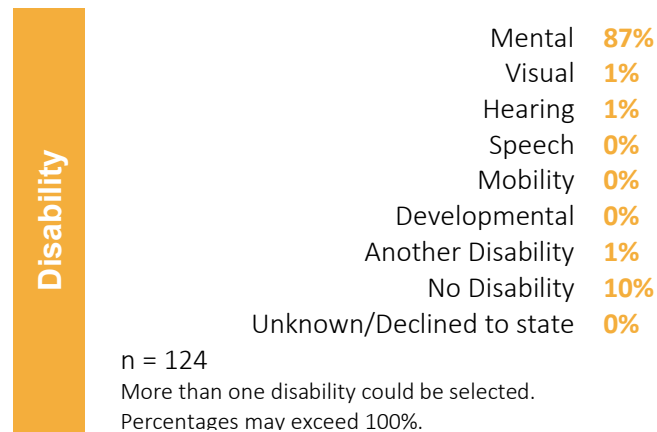
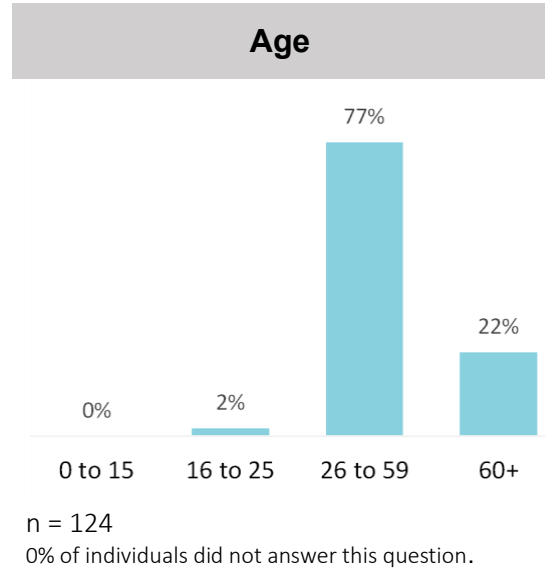
MHSA HOMELESS FSP (FORMERLY MCHOME)

Demographic Data



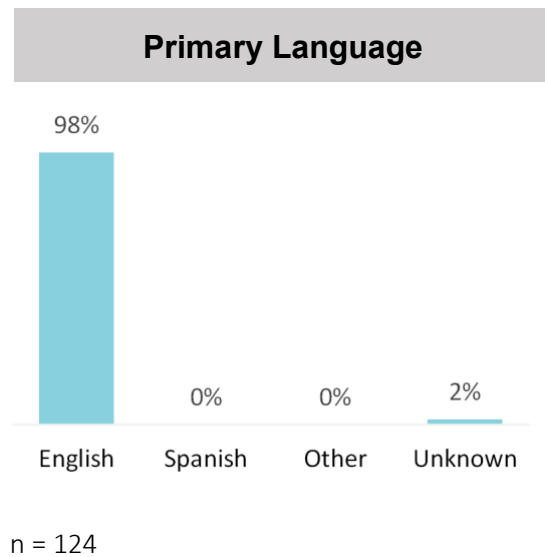
22% Hispanic/Latino
66% Not Hispanic/Latino

n = 124
12% Unknown/Declined to state.



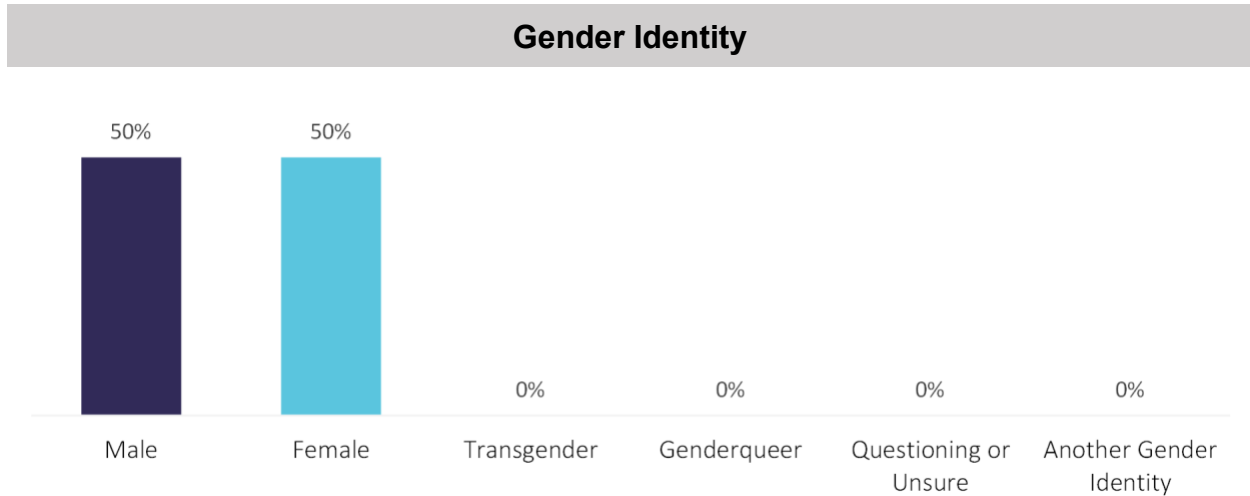
90% of individuals reported having one or more disabilities

n = 124
0% Unknown/Declined to state.



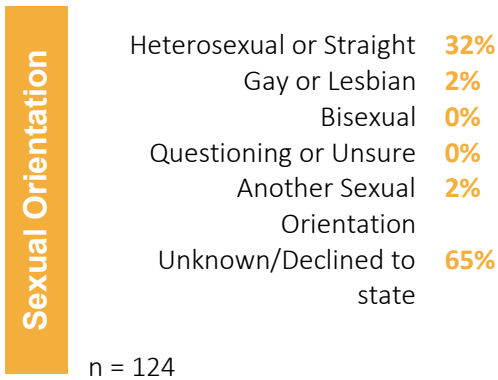
MHSA HOMELESS FSP (FORMERLY MCHOME)

Demographic Data

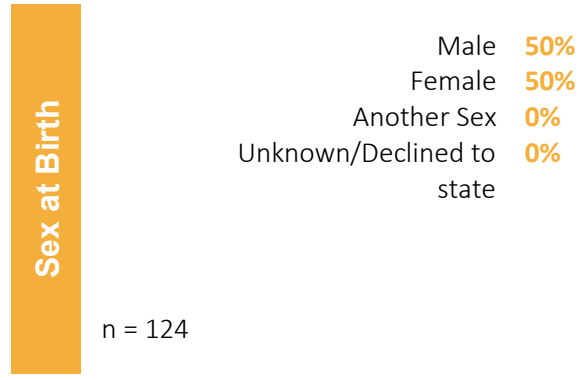


n = 124

0% Unknown/Declined to state.



n = 124



n = 124

0% of individuals were veterans

n = 124

1% Unknown/Declined to state.

LUPINE GARDENS FSP

Lupine Gardens is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of services to 20 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness.

The service array includes: intensive case management provided in the FSP model as required by Mental Health Services Act funding, and assistance with daily living skills i.e., meals, house cleaning, self-administration of medication, and laundry services in order to live independently in the community.



- **22 clients served** in FY 22-23
- On average, clients engaged in services for **2,929 days**

Successes and Highlights

- 94% of consumers surveyed reported satisfaction with the quality of services provided.
- 100% of consumers are engaged with their PCP.
- 82% of consumers served during this FY were not hospitalized.
- 100% of consumers were not incarcerated during this FY.

LUPINE GARDENS FSP

Challenges & Growth Opportunities

CHALLENGES: Lupine Gardens faced challenges this period.

- Lupine has 10 clients who are under 56 years old.
- Cannabis use has increased at Lupine.

ACTION PLAN: Lupine Gardens developed an action plan to address these challenges.

- Staff will work on ways to incorporate more creative interventions, such as:
 - Guided conversations about cannabis use.
 - Collaborating with doctors to establish a plan to reduce unwanted symptoms.
 - Enlisting peers who don't use cannabis to support clients.
 - Implementing Cognitive Behavioral Therapeutic interventions.
 - Utilizing Motivational Interviewing techniques.
 - Developing different interventions to improve clients' ability to manage symptoms.
 - Exploring resources in the community to assist clients in having structure throughout their day.



LUPINE GARDENS FSP

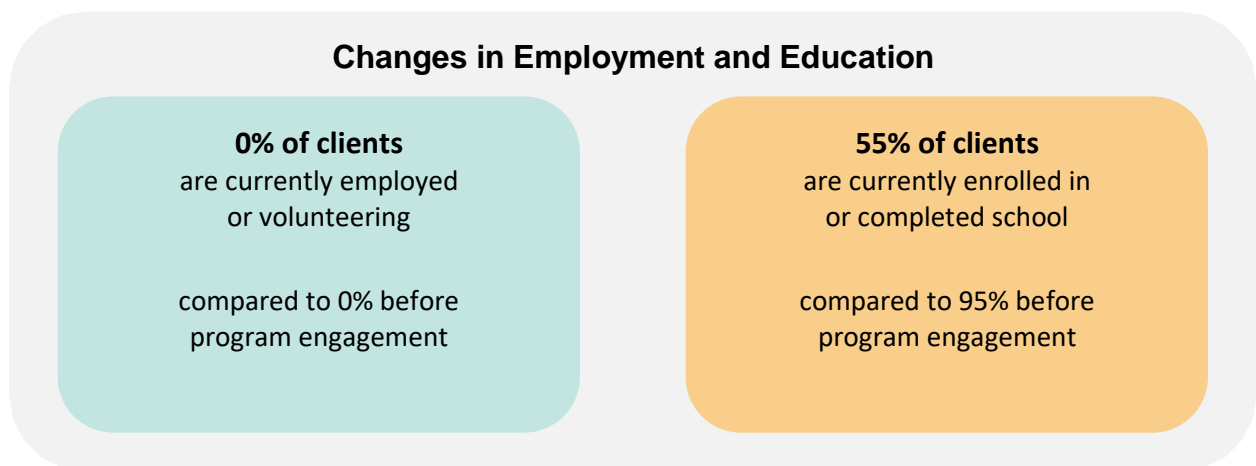
Housing

Housing Type Before Services (n=22)		Current Housing Type (n=45)	
32%	Independent house or apartment	5%	
0%	With friends/family	82%	
0%	Shelter or temporary housing	5%	
0%	Unhoused	0%	
0%	Acute medical hospital	0%	
0%	Acute psychiatric facility or hospital	5%	
0%	Hospital	0%	
0%	Assisted living facility	95%	
9%	Residential treatment facility	14%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
59%	Another housing status	0%	
52%	Unknown/Declined to state*	0%	

Clients may have more than one housing type. Percentages may exceed 100%.

*Unknown/Declined to state includes 23 missing "housing type before services" statuses.

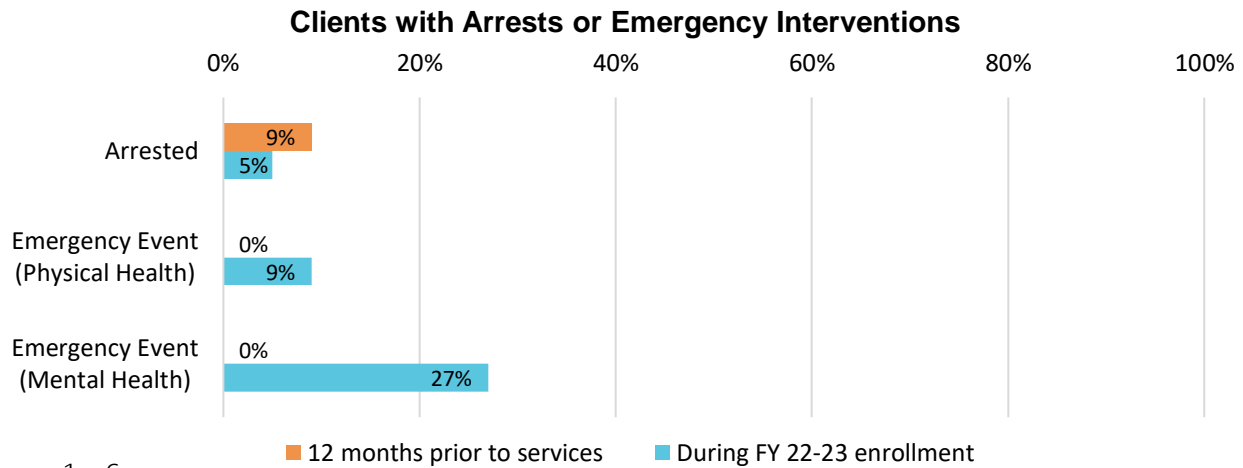
Employment and Education



LUPINE GARDENS FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.



n = 1 – 6

0% for physical health and mental health emergency events in 12 months prior to services.

Discharge Information*

3 clients were **discharged.**

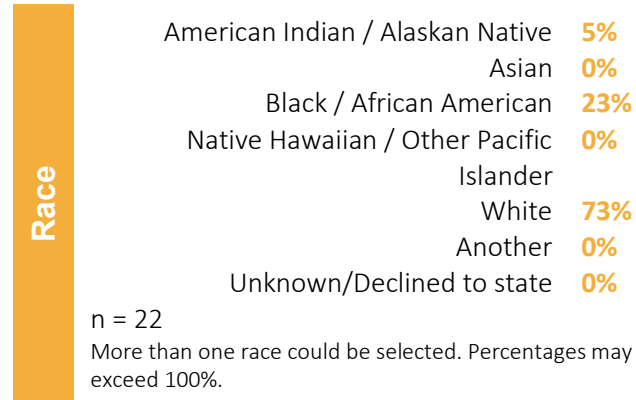


100% had
achieved some to all of their goals.

*Reasons for Discharge not available for this program.

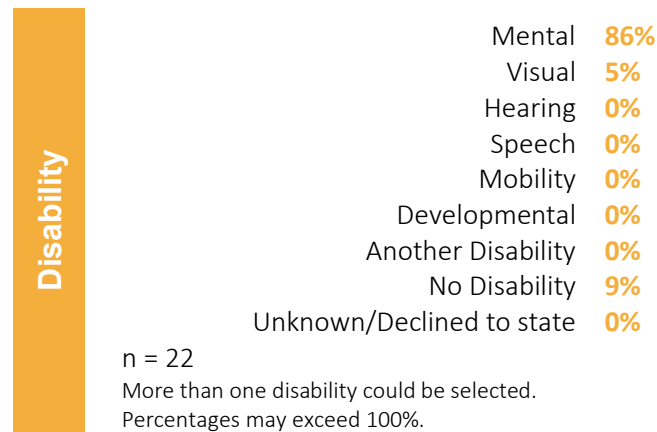
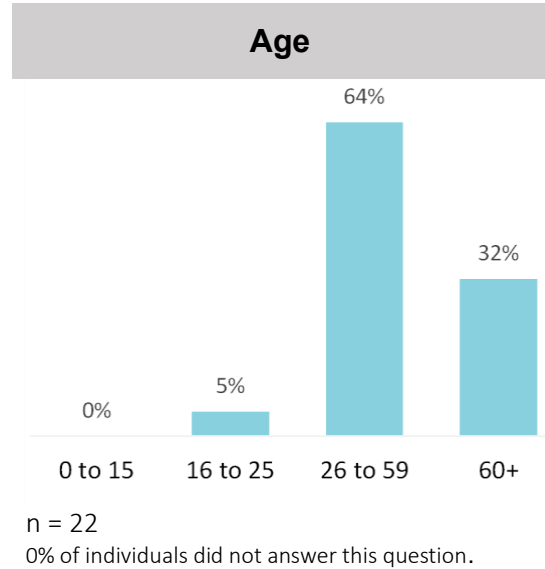
LUPINE GARDENS FSP

Demographic Data



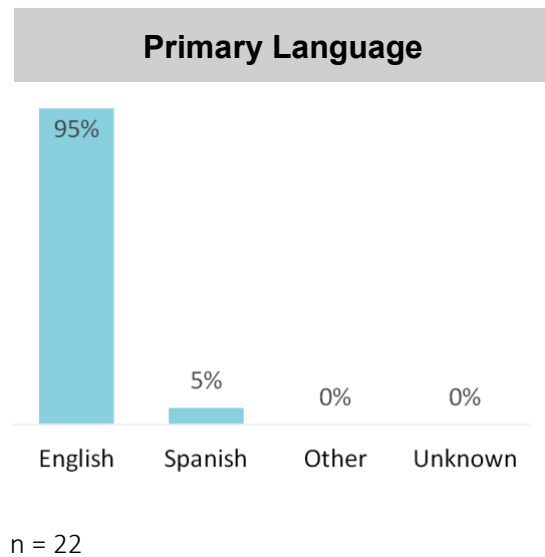
23% Hispanic/Latino
73% Not Hispanic/Latino

n = 22
5% Unknown/Declined to state.



91% of individuals reported having one or more disabilities

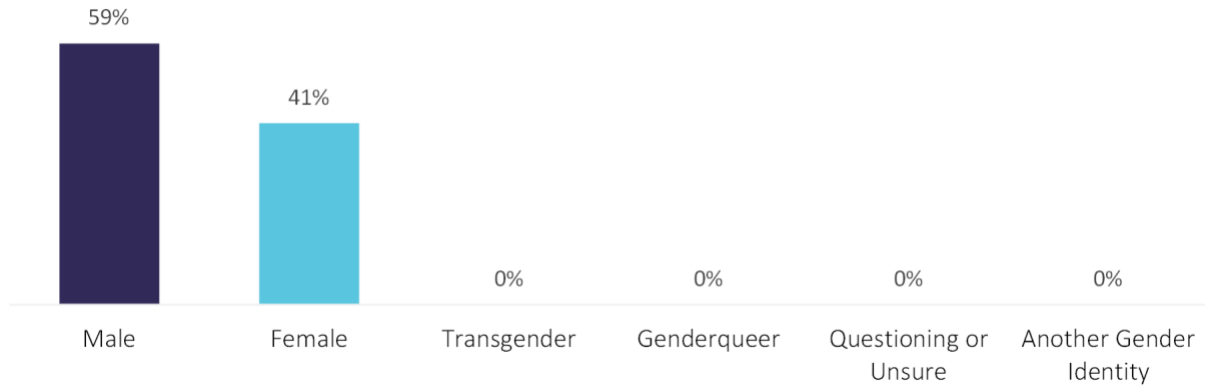
n = 22
0% Unknown/Declined to state.



LUPINE GARDENS FSP

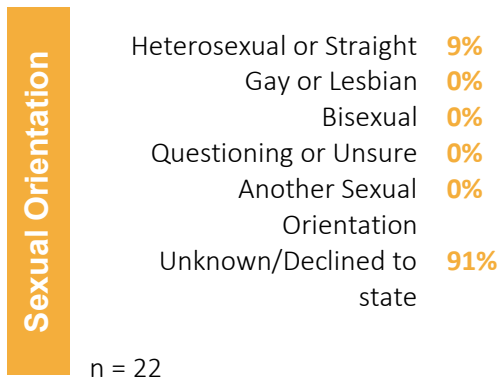
Demographic Data

Gender Identity

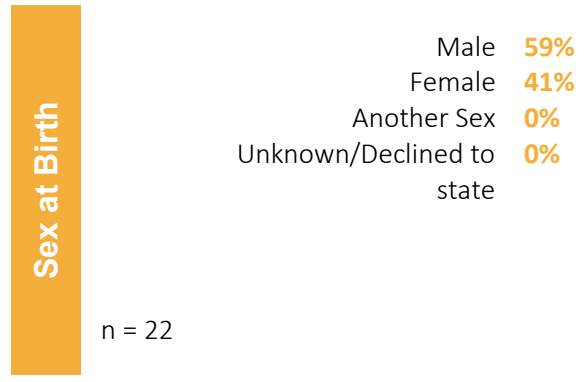


n = 22

0% Unknown/Declined to state.



n = 22



n = 22

0% of individuals were veterans

n = 22

5% Unknown/Declined to state.

SANDY SHORES FSP

Sandy Shores is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of service for 28 very low-income individuals all of whom are homeless and have a serious mental health diagnosis that substantially interferes with their functional ability to carry out primary aspects of daily living in the community.

The service array includes intensive case management provided in the FSP model as required by Mental Health Services Act funding. All individuals receive case management, crisis intervention, mental health services, and housing services to assist individuals to live in the community.



- **34 clients served** in FY 22-23
- On average, clients engaged in services for **704 days**

Successes and Highlights

- 88% of consumers remained housed, with three out of seven discharges exiting to other permanent housing.
- 89% of residents maintained or improved their mental health recovery.
- 91% of residents actively engaged in medical services with their Primary Care Physician.

SANDY SHORES FSP

Challenges & Growth Opportunities

CHALLENGES: Sandy Shores faced challenges this period.

- Only 15% of residents, out of a goal of 25%, attained employment, attended school, or attended a vocational training program.
 - Despite not meeting the goal, there was a 6% increase compared to the previous fiscal year.
- Some residents have expressed interest in work but face challenges, including:
 - Needing a vehicle for transportation to work.
 - Losing a previously provided bus route near the program.
 - Challenges related to psychiatric illness impacting motivation and energy.
- The change in bus routes has made it more difficult for residents with mobility and other health issues to access bus stops and be independent and involved in the community.

ACTION PLAN: Sandy Shores tailored their goals for the coming year to address the challenges they've faced.



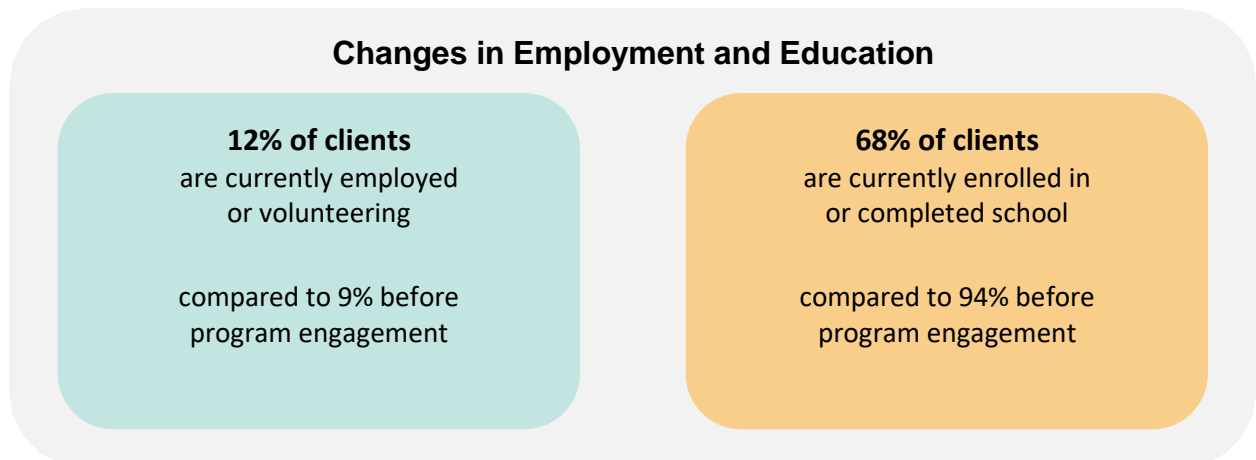
SANDY SHORES FSP

Housing

Housing Type Before Services (n=34)		Current Housing Type (n=42)	
21%	Independent house or apartment	74%	
0%	With friends/family	9%	
0%	Shelter or temporary housing	3%	
18%	Unhoused	9%	
0%	Acute medical hospital	0%	
3%	Acute psychiatric facility or hospital	6%	
0%	Hospital	0%	
0%	Assisted living facility	9%	
29%	Residential treatment facility	15%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
29%	Another housing status	0%	
19%	Unknown/Declined to state*	0%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 8 missing "housing type before services" statuses.

Employment and Education



SANDY SHORES FSP

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.

12 months prior to accessing services: No clients were arrested or experienced a physical or mental health emergency.

During FY 22-23 enrollment: No clients were arrested or experienced a physical health emergency. 12% (n = 4) of clients experienced a mental health emergency.

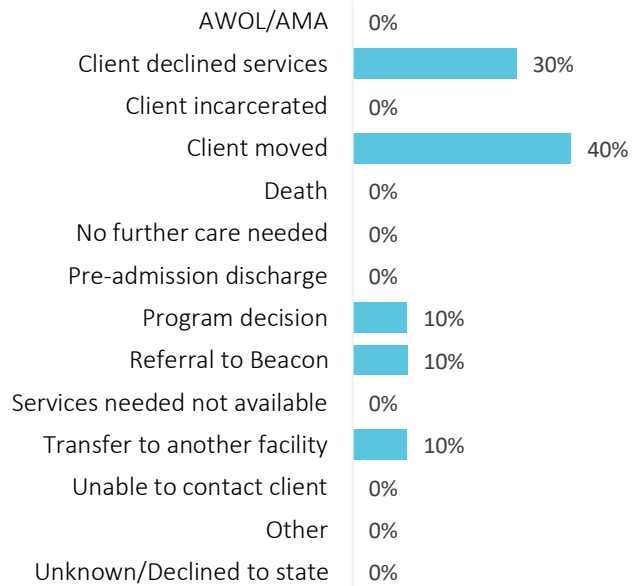
Discharge Information

12 clients were discharged.



8% had achieved some to all of their goals.

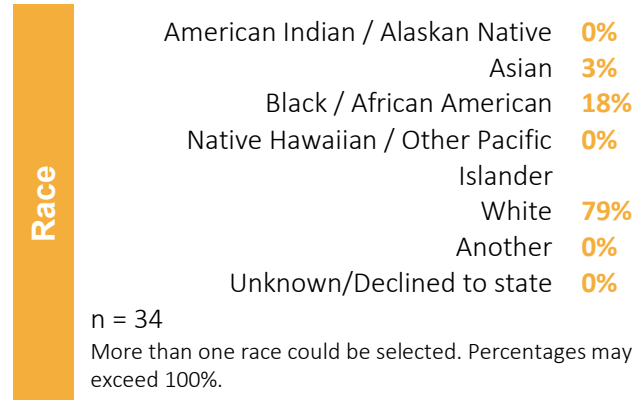
Reason for Discharge



n = 10

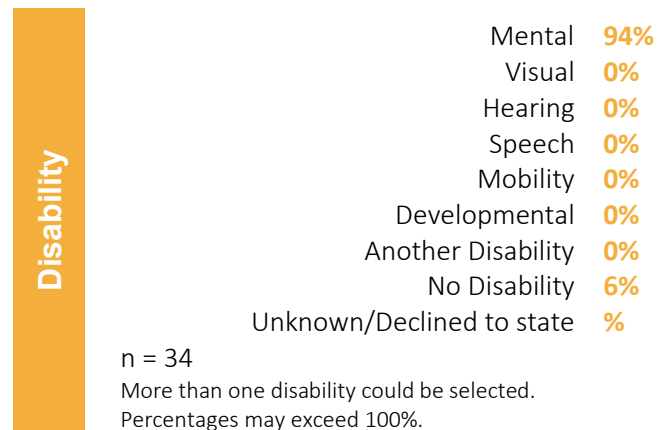
SANDY SHORES FSP

Demographic Data



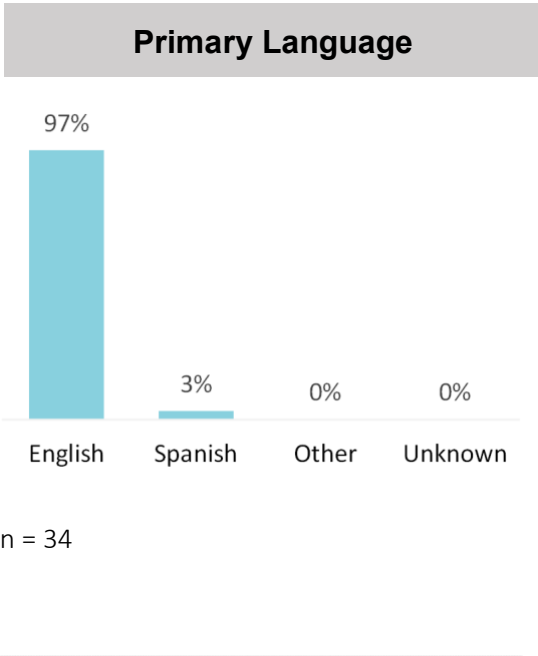
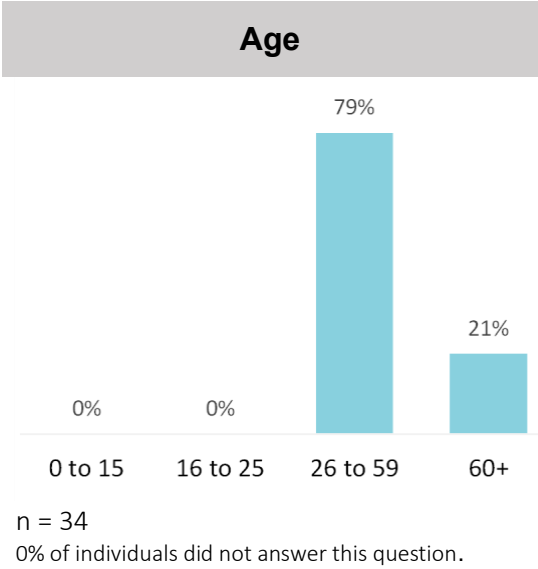
21% Hispanic/Latino
79% Not Hispanic/Latino

n = 34
0% Unknown/Declined to state.



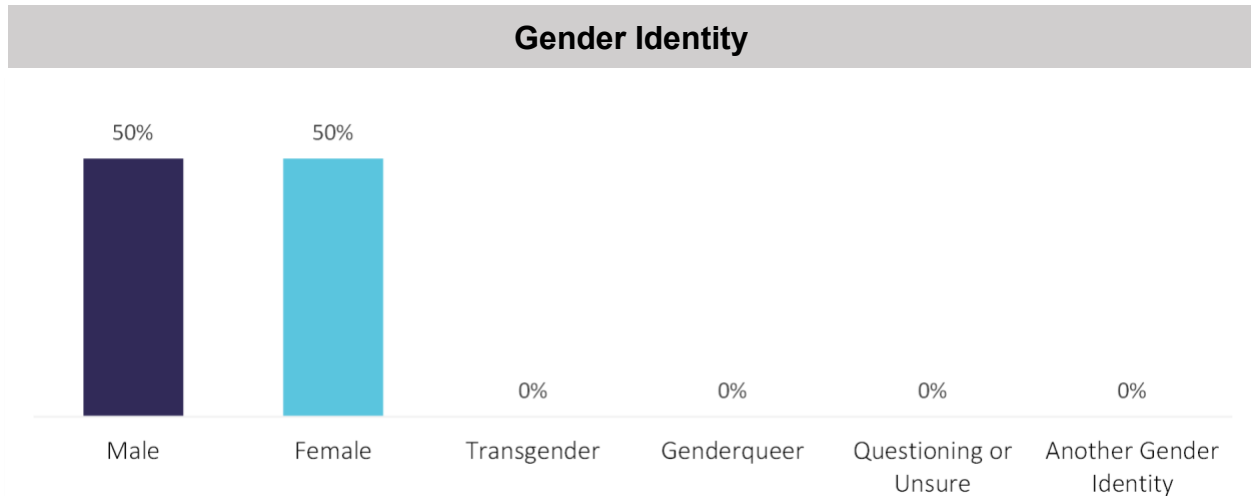
94% of individuals reported having one or more disabilities

n = 34
0% Unknown/Declined to state.

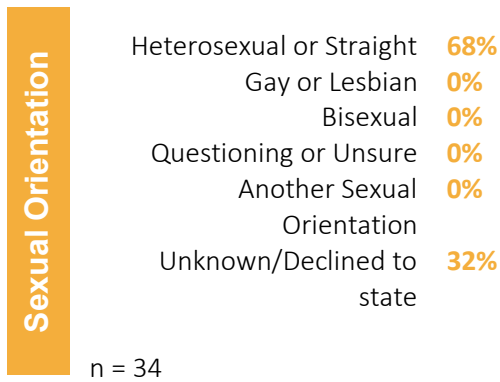


SANDY SHORES FSP

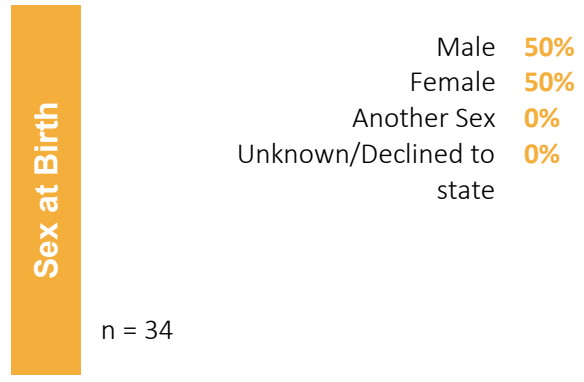
Demographic Data



n = 34
0% Unknown/Declined to state.



n = 34



n = 34

0% of individuals were veterans

n = 34
0% Unknown/Declined to state.

SUNFLOWER GARDENS

Sunflower Gardens is an intensive permanent and transitional supportive housing program, which provides Full Service Partnership (FSP) level of services to 23 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness.

The service array includes assessments, evaluation, case coordination, intensive case management provided in the FSP model as required by Mental Health Services Act funding, assistance in accessing benefits, and assistance with daily living skills in order to help consumers meet the terms of their lease and live independently in the community.



- **28 clients served** in FY 22-23
- On average, clients engaged in services for **1,347 days**

Successes and Highlights

- 82% of consumers remained housed during the operating year.
- 93% of consumers engaged with their primary care physician.
- 96% of consumers served did not experience incarceration, while in the program.

SUNFLOWER GARDENS

Challenges & Growth Opportunities

CHALLENGES: Sunflower Gardens faced challenges this period.

- Ongoing changes in support staff made it challenging for participants to engage and build trust.
- Challenges with participants meeting the terms of their lease due to non-payment of rent and severe substance use.
- 17 out of 28 participants had a co-occurring substance use diagnosis.
- Participants were at different stages of their recovery.
 - Co-occurring substance use exacerbated symptoms of mental illness.
 - Impact on engagement in services.
 - Increased interpersonal conflicts.
- The community's sense of safety was greatly impacted by an individual having weapons on the property.
 - The individual did not want to vacate their transitional unit.

ACTION PLAN: Sunflower Gardens tailored their goals for the coming year to address the challenges they've faced.



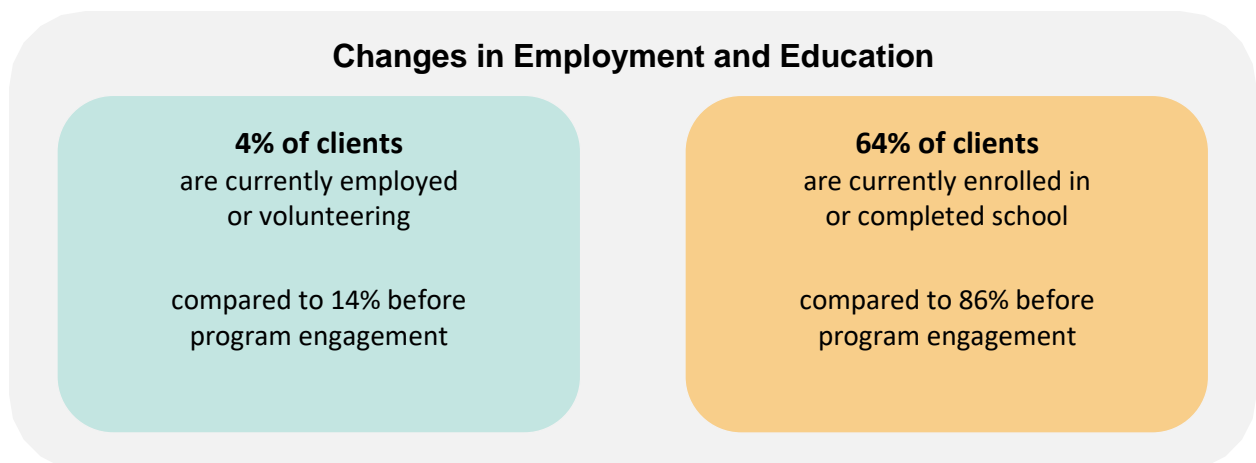
SUNFLOWER GARDENS

Housing

Housing Type Before Services (n=28)		Current Housing Type (n=55)	
46%	Independent house or apartment	50%	
0%	With friends/family	29%	
0%	Shelter or temporary housing	18%	
18%	Unhoused	25%	
0%	Acute medical hospital	11%	
0%	Acute psychiatric facility or hospital	14%	
0%	Hospital	0%	
4%	Assisted living facility	18%	
29%	Residential treatment facility	25%	
0%	Foster home	0%	
0%	Group home	0%	
0%	STRTP	0%	
0%	Jail or juvenile detention facility	0%	
4%	Another housing status	7%	
49%	Unknown/Declined to state*	0%	

Clients may have more than one housing type. Percentages may exceed 100%.
 *Unknown/Declined to state includes 27 missing "housing type before services" statuses.

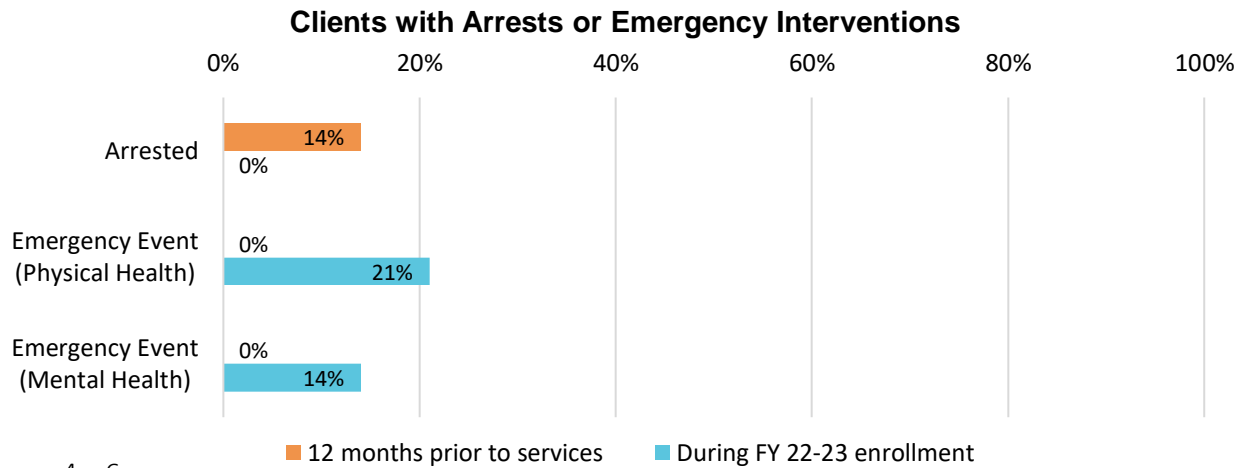
Employment and Education



SUNFLOWER GARDENS

Emergency Events & Arrests

Physical health emergency events, mental health emergency events, and arrests are reported for all clients in FSPs. These metrics are compared between 12 months prior to accessing services and the current year of engagement in the program.



n = 4 – 6

0% arrested during FY 22-23 enrollment. 0% for physical health and mental health emergency events in 12 months prior to services.

Discharge Information*

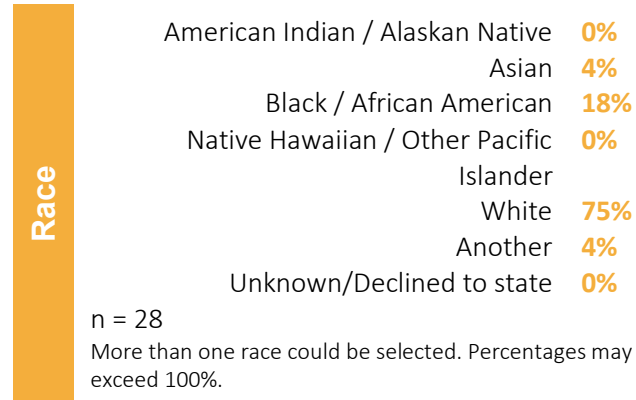
9 clients were **discharged**.

67% had **achieved some to all of their goals.**

*Reasons for Discharge are not available for this program.

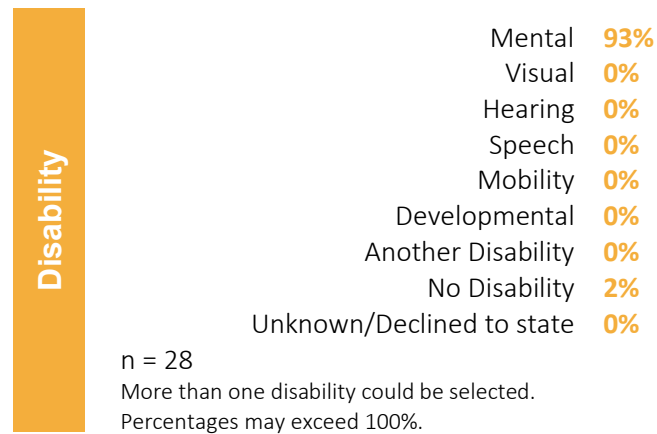
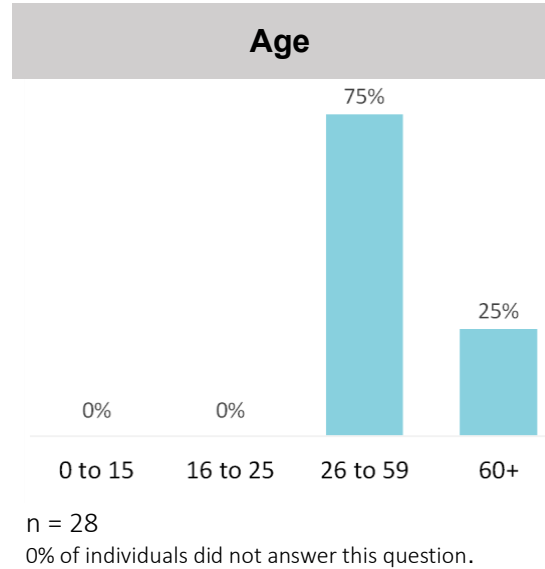
SUNFLOWER GARDENS

Demographic Data



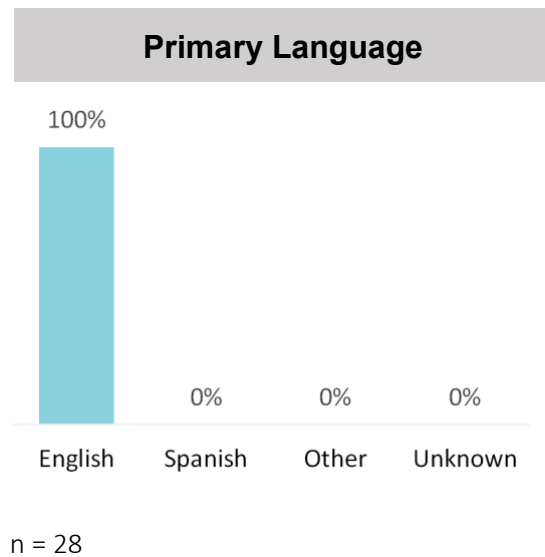
**21% Hispanic/Latino
75% Not Hispanic/Latino**

n = 28
4% Unknown/Declined to state.



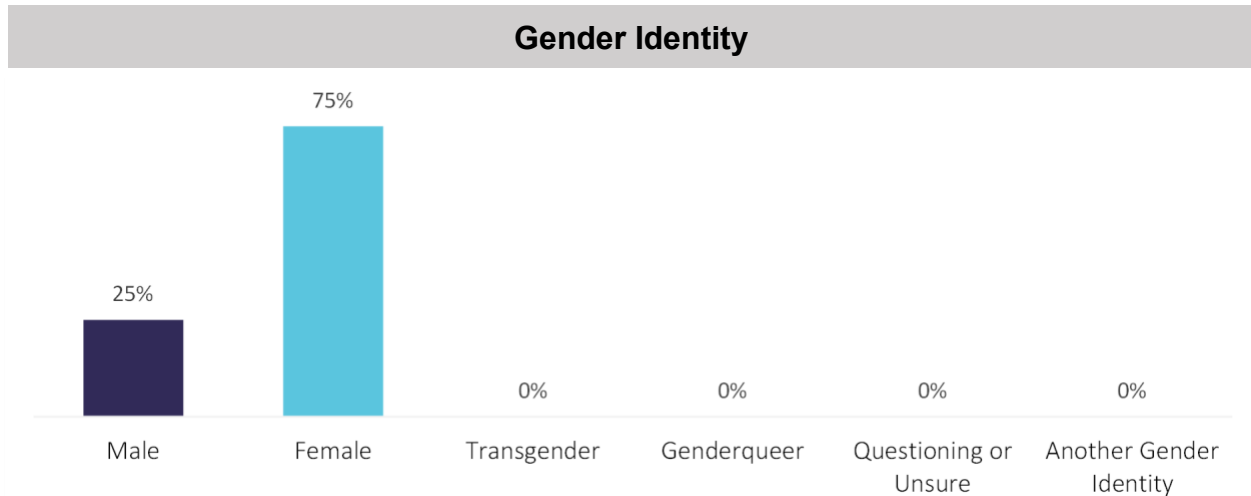
93% of individuals reported having one or more disabilities

n = 28
0% Unknown/Declined to state.

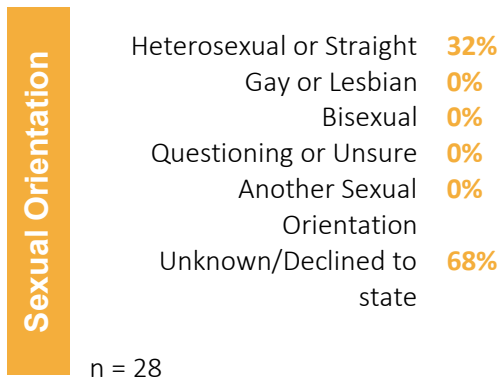


SUNFLOWER GARDENS

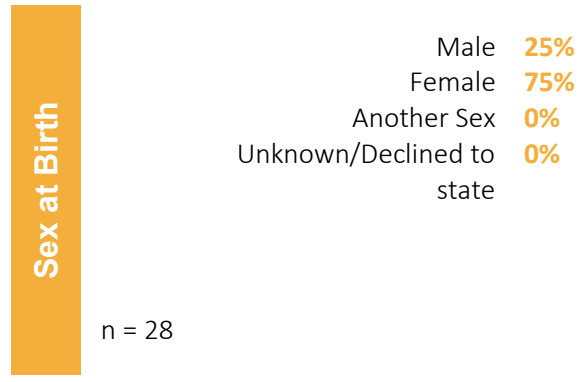
Demographic Data



n = 28
0% Unknown/Declined to state.



n = 28



n = 28

0% of individuals were veterans

n = 28
0% Unknown/Declined to state.

CSS-15: HOMELESS OUTREACH AND TREATMENT

MCHOME HOMELESS OUTREACH & ENGAGEMENT

The MCHOME Program, a Full-Service Partnership (FSP), offers comprehensive wraparound support and outreach to homeless or high-risk-of-homelessness adults with psychiatric disabilities. Our mission is to assist adults with mental illness, including those under the Adult System of Care and Access, in transitioning from homelessness to stable housing and employment or benefits. We achieve this through outreach, assessments, intensive case management, mental health services, daily living skills assistance, and Medication Support Services provided by qualified medical professionals.

Psychiatric services are offered by an Interim team, with backup support from MCBH if necessary. This approach empowers consumers to make informed choices about their mental health care and treatment options.

Within MCHOME, Wesley Oaks provides intensive permanent supportive housing for four very low-income individuals with serious mental health diagnoses who are homeless or at risk of homelessness. Services include intensive case management, mental health support, and independent living skills development.

At MidPen's Moon Gate Plaza, we offer permanent housing with FSP level services to up to 20 low-income individuals experiencing serious mental health issues and homelessness. Clients no longer requiring FSP services transition to CH scattered site housing, while those needing continued support remain in MCHOME Housing.

In mid FY 2022-23, Sun Rose Housing, funded through No Place Like Home and other government funds, will open, providing eight transitional housing beds and seven permanent housing units. This housing aims to foster positive peer support, equipping consumers with the tools needed to maintain stable housing.



- **124 clients served** in FY 22-23
- On average, clients engaged in services for **889 days**

Successes and Highlights

- 89% of consumers were shown to maintain or improve their mental health while in the MCHOME program, per the Reaching Recovery Assessment.
- 76% were residing in transitional or permanent housing the day they were discharged from the MCHOME program.
- 82% met with their primary care physician.

MCHOME HOMELESS OUTREACH & ENGAGEMENT

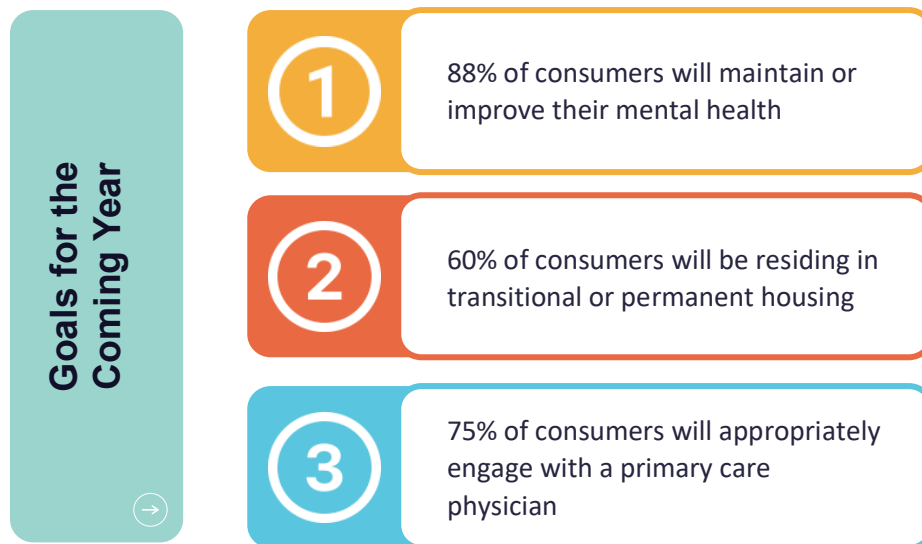
Challenges & Growth Opportunities

CHALLENGES: MCHOME faced challenges this period.

- Relationships with motels continue to be a challenge. Due to client behaviors/damages in the past during motel stays, MCHOME is limited on which motels can be utilized.
- Communication with hospitals has been a challenge for the purposes of continuity of care. Staff have had difficulty connecting with hospital staff and developing a discharge plan.

ACTION PLAN: MCHOME developed an action plan to address these challenges.

- MCHOME will continue to work towards accomplishing all of its goals by checking in with clients on a consistent basis to ensure they are meeting with a primary care physician.
- MCHOME will continue to work with motel staff to sustain a good relationship.
- Staff will work to identify points of contact at hospitals to improve the continuity of care upon discharge from hospitals. opportunities.



ROCKROSE GARDENS

Rockrose Gardens is a permanent supportive housing program that offers housing to 20 individuals with a serious mental health diagnosis, of which 9 are homeless or at risk of homelessness. Interim, Inc. provides case management, crisis intervention, and mental health services to residents in compliance with state guidelines and MHPA funding regulations.



- 21 clients served in FY 22-23
- On average, clients engaged in services for 2,265 days

Successes and Highlights

- 95% of consumers remained housed or exited to other permanent housing at the end of their opening year in the program.
- 100% of consumers maintained or improved their mental health recovery.
- 100% of consumers actively engaged in medical services with their Primary Care Physician.

Challenges & Growth Opportunities

CHALLENGES: Rockrose Gardens faced challenges this period.

- 10% of consumers attained employment (goal was 30%).
- Consumers are in different levels of their recovery.

ACTION PLAN: Rockrose Gardens tailored their goals for the coming year to address the challenges they've faced.



ROCKROSE GARDENS

Housing, Employment, and Education

Housing Type at Intake (n=21)

86%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
0%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
10%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
5%	Another housing status
0%	Unknown/Declined to state

19% of clients
were employed or volunteering
at intake

(n = 4)


95% of clients
were enrolled in or completed
school at intake

(n = 20)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information*

4 clients were **discharged**.

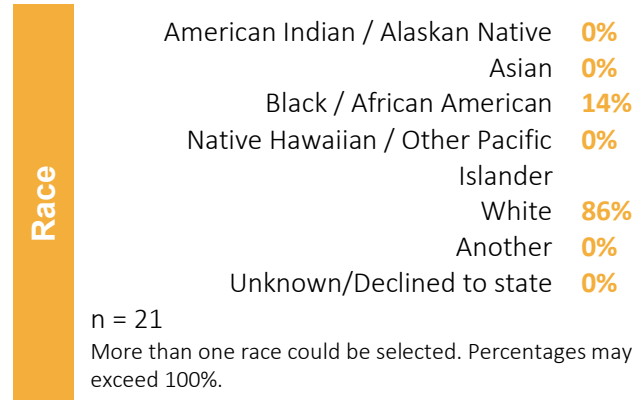


100% had
achieved some to all of their goals.

*Reasons for Discharge not available for this program.

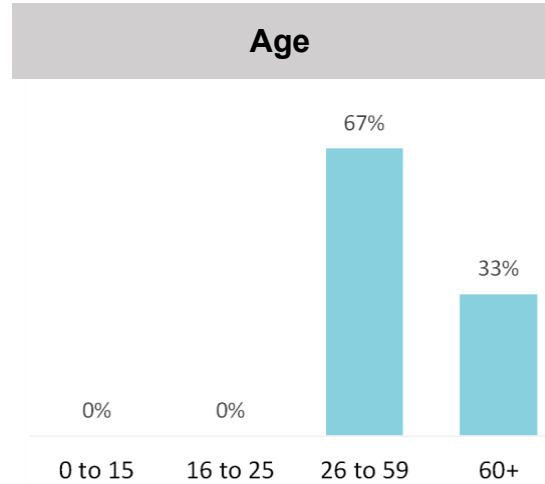
ROCKROSE GARDENS

Demographic Data

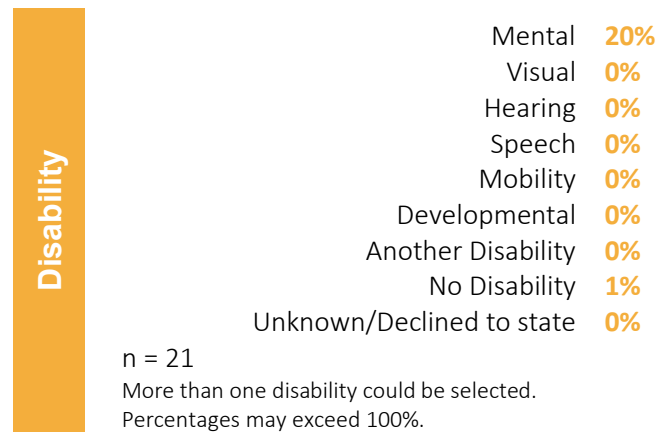


14% Hispanic/Latino
86% Not Hispanic/Latino

n = 21
0% Unknown/Declined to state.

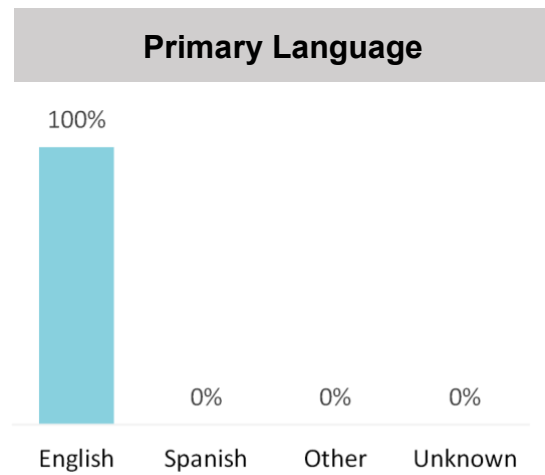


n = 21
0% of individuals did not answer this question.



95% of individuals reported having one or more disabilities

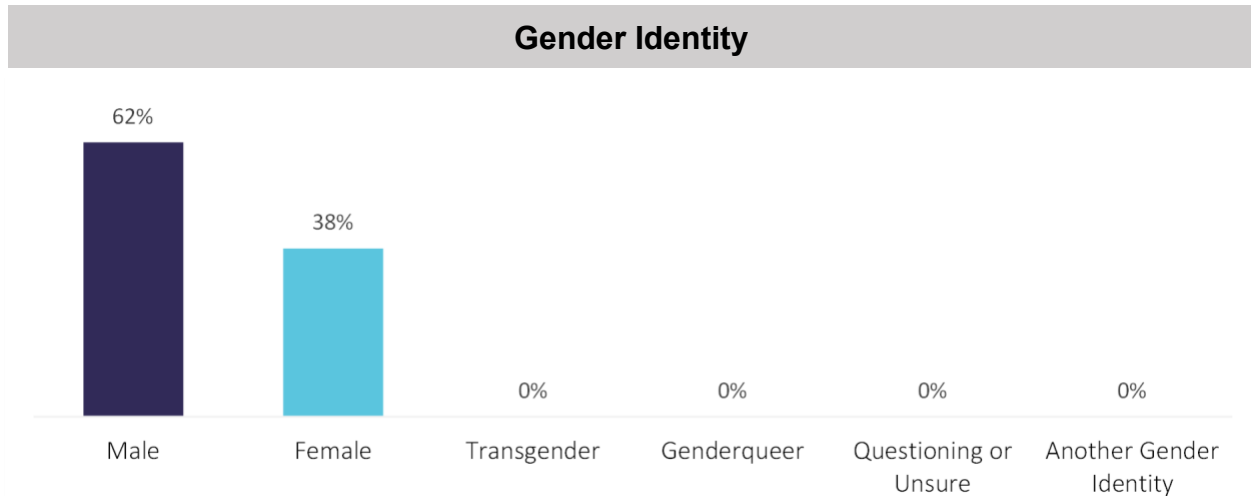
n = 21
0% Unknown/Declined to state.



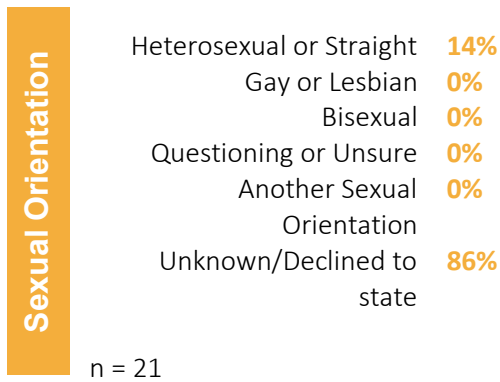
n = 21

ROCKROSE GARDENS

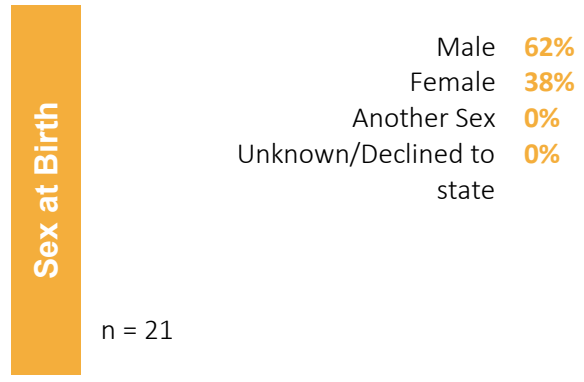
Demographic Data



n = 21
0% Unknown/Declined to state.



n = 21



n = 21

0% of individuals were veterans

n = 21
5% Unknown/Declined to state.

SHELTER COVE

Shelter Cove is a supported transitional housing program for 39 very low-income individuals. 20 of which meet HUD CoC definitions of homelessness, while 19 residents are non-CoC residents who must meet CA qualifications for homelessness or at-risk of homelessness. All residents must have a serious mental health diagnosis that significantly affects their ability to carry out daily living activities in the community. The program provides case management, crisis intervention, mental health services, and housing services to help residents develop the skills necessary for successful independent living. The program's philosophy is based on the Social Rehabilitation Model.



- **58 clients served** in FY 22-23
- On average, clients engaged in services for **405 days**

Successes and Highlight

- During the fiscal year, 13 out of 21 discharges went to permanent and independent housing.
- There was an increase in community activities and involvement helping the community become more stable.
- There were weekly groups and resident council, community dinners five nights a week, volunteer work with the kitchen coordinator, a community store, and holiday celebrations.

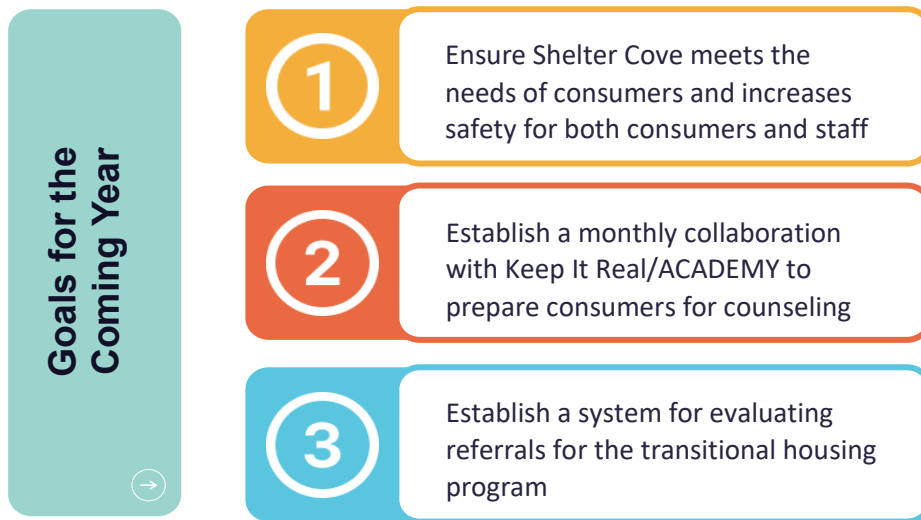
SHELTER COVE

Challenges & Growth Opportunities

CHALLENGES: Shelter Cove faced challenges this period.

- Severe staffing shortage: Only 2 out of 4 counseling positions filled for most of the year due to staff turnover and inability to hire new staff.
- Challenges in onboarding new staff: Supporting new counseling staff to gain proficiency in serving clients and meeting billing goals takes substantial time.
- Difficulty in serving and increasing community safety: Active methamphetamine use and dangerous behaviors by consumers make it challenging to engage with them.
- Lengthy eviction process: When consumers' leases are terminated due to non-engagement, the eviction process can take more than five months, impacting community safety as they continue to engage in illegal substances and harmful behaviors.

ACTION PLAN: Shelter Cove tailored their goals for the coming year to address the challenges they've faced.



SHELTER COVE

Housing, Employment, and Education

Housing Type at Intake (n=58)

14%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
29%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
57%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
0%	Another housing status
0%	Unknown/Declined to state


10% of clients were employed or volunteering at intake
(n = 6)

86% of clients were enrolled in or completed school at intake
(n = 50)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information

37 clients were discharged.



76% had achieved some to all of their goals.

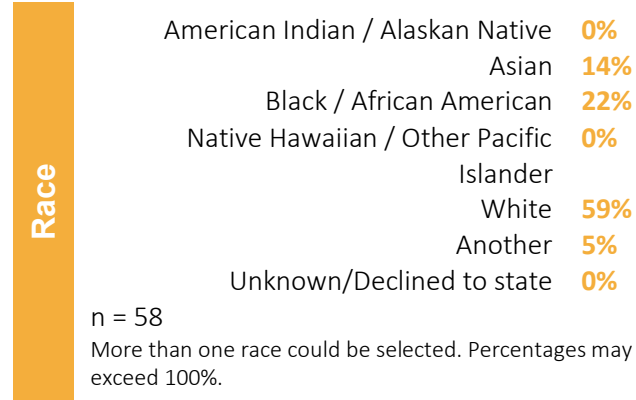
Reason for Discharge

AWOL/AMA	0%
Client declined services	0%
Client incarcerated	25%
Client moved	25%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	0%
Referral to Beacon	0%
Services needed not available	0%
Transfer to another facility	50%
Unable to contact client	0%
Other	0%
Unknown/Declined to state	0%

n = 4

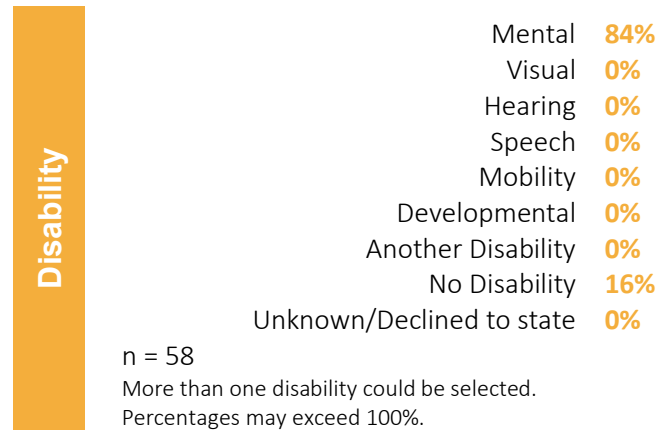
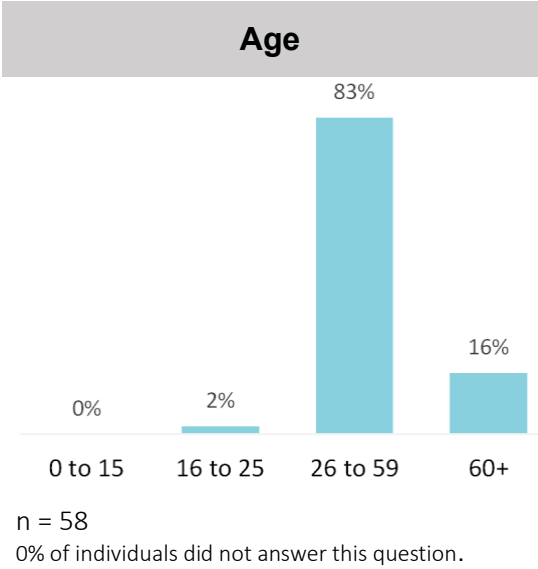
SHELTER COVE

Demographic Data



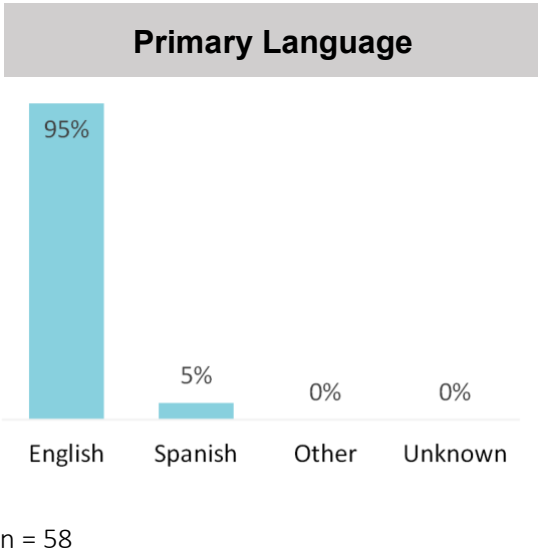
36% Hispanic/Latino
59% Not Hispanic/Latino

n = 58
5% Unknown/Declined to state.



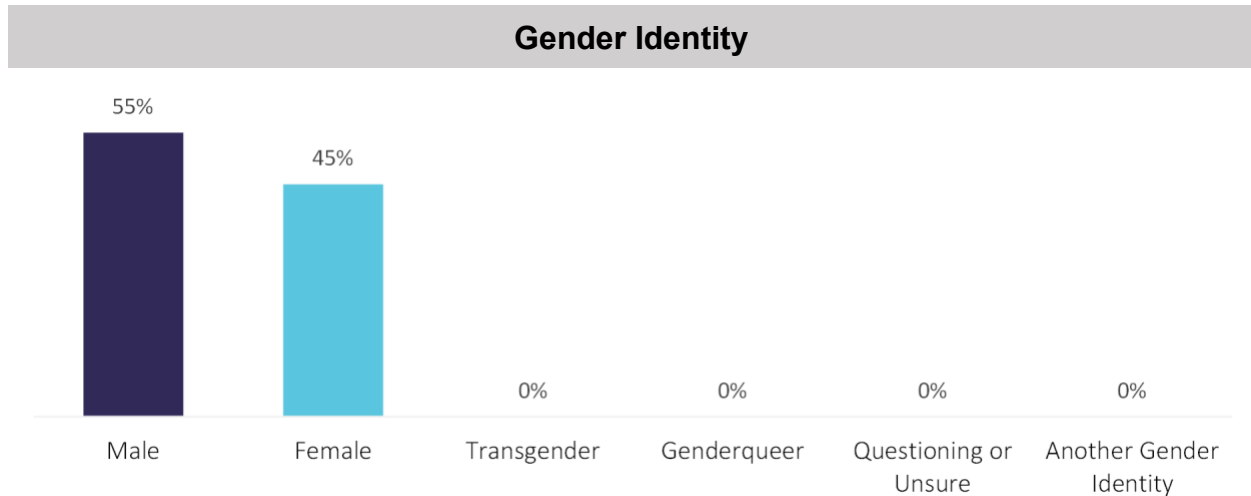
84% of individuals reported having one or more disabilities

n = 58
0% Unknown/Declined to state.

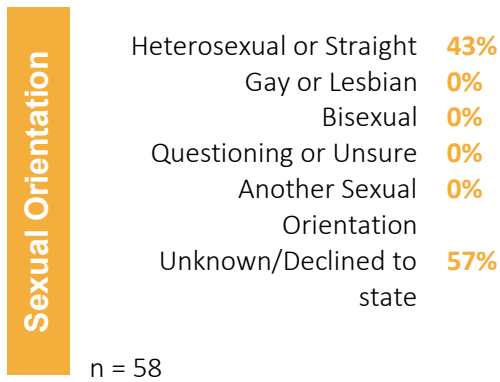


SHELTER COVE

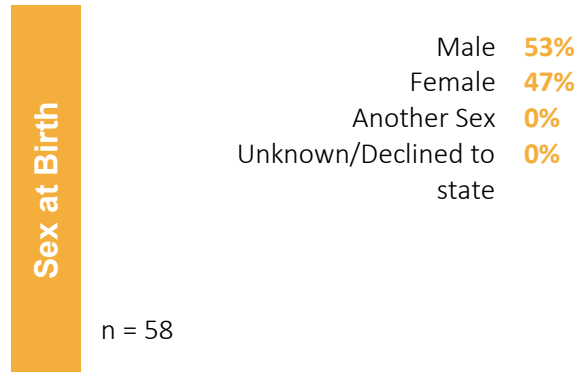
Demographic Data



n = 58
0% Unknown/Declined to state.



n = 58



n = 58

0% of individuals were veterans

n = 58
0% Unknown/Declined to state.

STREET OUTREACH (OUTREACH FOR YOUTH)

Street Outreach Programs (SOP) engage with homeless youth up to the age of 24 to provide them with emergency aid, such as food, water, and essential clothing. In addition, SOP offers linkages to housing, social services benefits, mental health and/or substance use disorder services. SOPs collaborate closely with partner agencies, like CHE, Interim Inc., Sun Street Centers, Door to Hope, Dorothy's Place, Housing Authority, CCCIL, among others. The programming participates in Coordinated Entry and utilizes CARS, so counselors coordinate within Monterey County's Continuum of Care (CoC) to link homeless youth with appropriate housing referrals.

CSS-16: RESPONSIVE CRISIS INTERVENTIONS

ARCHER CHILD ADVOCACY CENTER



- 215 clients served in FY 22-23
- On average, clients engaged in services for 15 days

Housing, Employment, and Education

Housing Type at Intake (n=215)

96%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
0%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
0%	Assisted living facility
0%	Residential treatment facility
<1%	Foster home
0%	Group home
0%	STRTP
0%	Jail or juvenile detention facility
2%	Another housing status
1%	Unknown/Declined to state

<1% of clients
were employed or volunteering at intake

(n = 1)

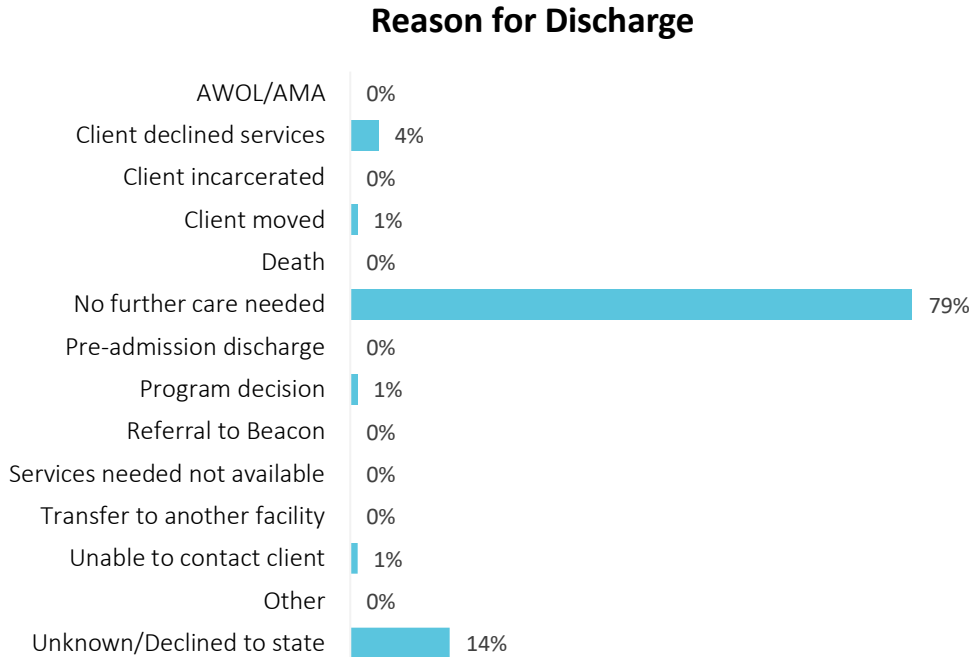
58% of clients
were enrolled in or completed school at intake

(n = 125)

Clients may have more than one housing type. Percentages may exceed 100%.

ARCHER CHILD ADVOCACY CENTER

Discharge Information



n = 214

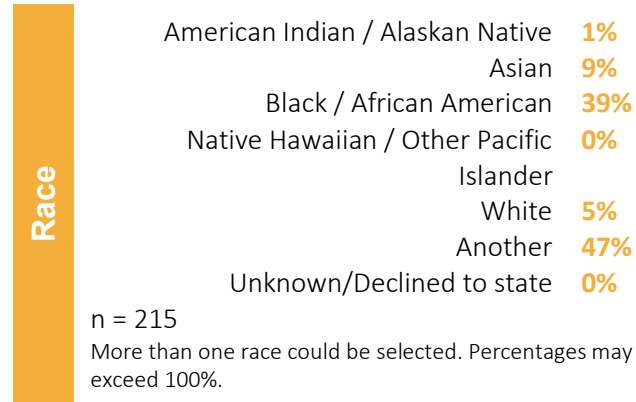
<1% Client moved (n = 1).

215 clients were **discharged**.

0% had
achieved some to all of their goals.

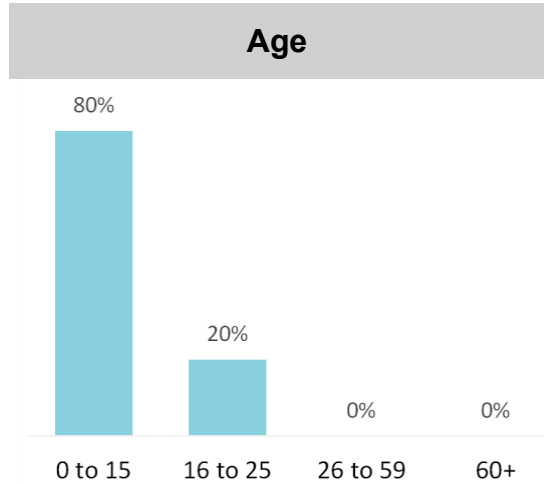
ARCHER CHILD ADVOCACY CENTER

Demographic Data

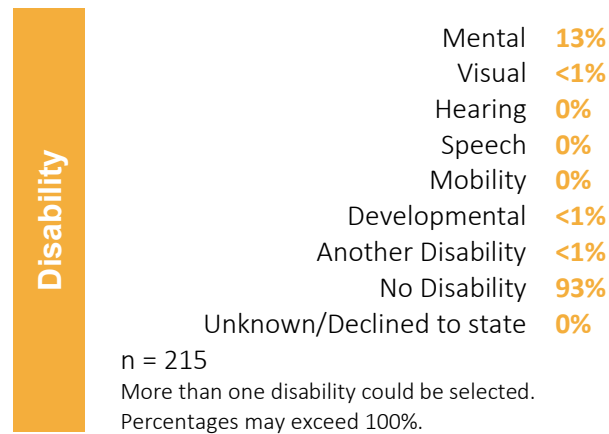


48% Hispanic/Latino
5% Not Hispanic/Latino

n = 215
47% Unknown/Declined to state.

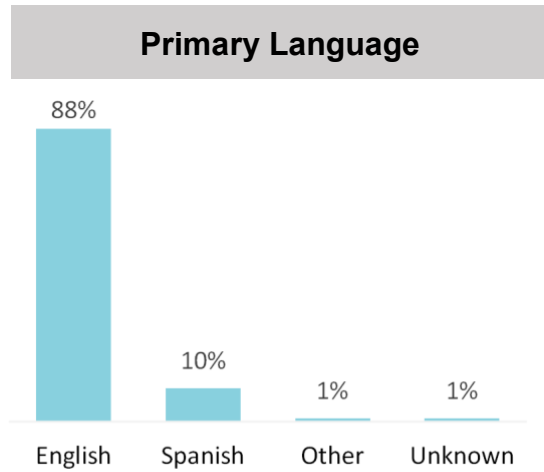


n = 215
0% of individuals did not answer this question.



6% of individuals reported having one or more disabilities

n = 215
0% Unknown/Declined to state.

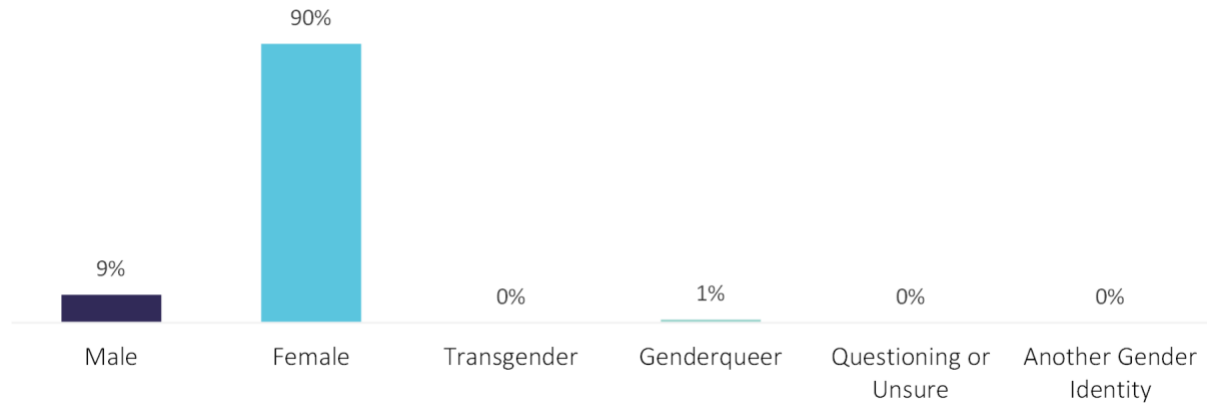


n = 215
<1% Other (n = 1).

ARCHER CHILD ADVOCACY CENTER

Demographic Data

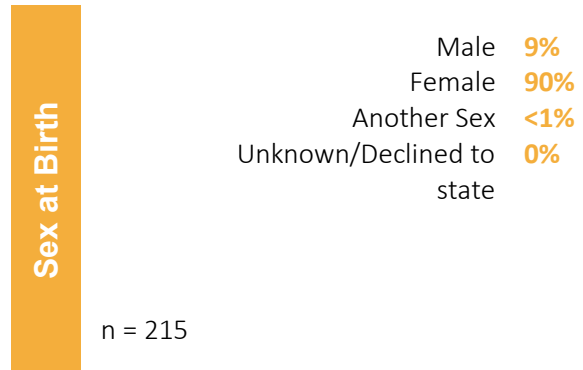
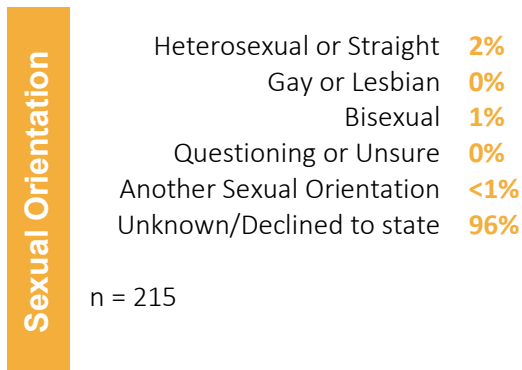
Gender Identity



n = 215

<1% Genderqueer (n = 1).

<1% Unknown/Declined to state.



0% of individuals were veterans

n = 215

<1% Unknown/Declined to state.

MANZANITA HOUSE

Manzanita House is a short-term crisis residential treatment program that offers community-based rehabilitative services in a non-institutional residential setting. It serves as an alternative to inpatient psychiatric care for adult clients of the Monterey County Behavioral Health System who are experiencing an acute psychiatric episode or crisis but do not require in-patient psychiatric treatment or nursing care for medical complications.

The program and facilities are licensed by the State of California, Department of Social Services Community Care Licensing (CCL) as a "Social Rehabilitation Facility" and certified by the Department of Health Care Services as short-term Crisis Residential Treatment Service Facilities. The interventions provided focus on symptom reduction, medication, and functional stabilization. Services include behavioral health assessment, treatment planning, individual and group counseling, and the development of a community support system.

The psychiatric services team at Manzanita, led by Interim, provides care to clients, including medication support services delivered by qualified medical professionals. In the event that Interim is unable to provide services due to staff vacancies, MCBH will step in to ensure continuity of psychiatric care. This program empowers consumers to actively participate in decision-making regarding their mental health care and treatment options.



- **217 clients served** in FY 22-23
- On average, clients engaged in services for **36 days**

Successes and Highlights

- 97.59% of the program's annual occupancy goal of 6,790 bed days was met by having a total of 6,626 bed days.
- 85% of consumers reported crisis management and stabilization.
- 91% of consumers met or partially met their treatment goals.

MANZANITA HOUSE

Challenges & Growth Opportunities

CHALLENGES: Manzanita House faced challenges this period.

- Staffing vacancies and shortages at Manzanitas pose a challenge, affecting program staffing ratios.
- Vacancies exist in various positions, including Program Director, Assistant Program Director, Counselor II, Counselor IB, Behavioral Health Clinician, and Counselor IC Overnight positions.
- Retaining employees is also a challenge for the programs.

ACTION PLAN: Manzanita House tailored their goals for the coming year to address the challenges they've faced.



MANZANITA HOUSE

Housing, Employment, and Education

Housing Type at Intake (n=217)

33%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
16%	Unhoused
0%	Acute medical hospital
26%	Acute psychiatric facility or hospital
0%	Hospital
1%	Assisted living facility
6%	Residential treatment facility
0%	Foster home
0%	Group home
0%	STRTP
6%	Jail or juvenile detention facility
11%	Another housing status
2%	Unknown/Declined to state

3% of clients were employed or volunteering at intake
(n = 6)

86% of clients were enrolled in or completed school at intake
(n = 187)

Clients may have more than one housing type. Percentages may exceed 100%.

Discharge Information

217 clients were discharged.



90% had achieved some to all of their goals.

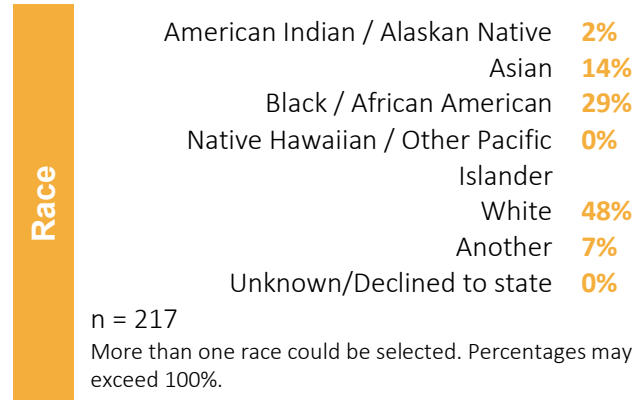
Reason for Discharge

AWOL/AMA	17%
Client declined services	17%
Client incarcerated	0%
Client moved	0%
Death	0%
No further care needed	0%
Pre-admission discharge	0%
Program decision	17%
Referral to Beacon	0%
Services needed not available	17%
Transfer to another facility	33%
Unable to contact client	0%
Other	0%
Unknown/Declined to state	0%

n = 6

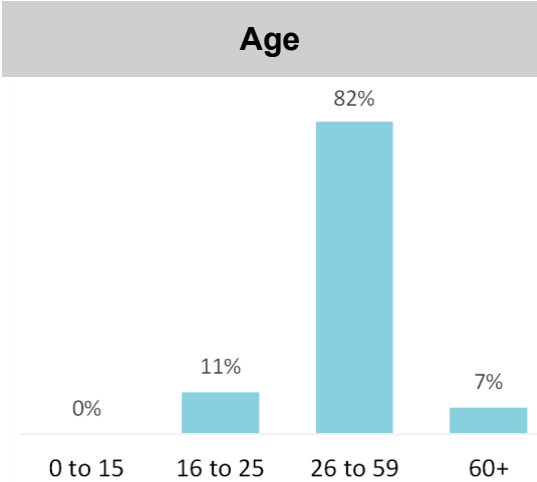
MANZANITA HOUSE

Demographic Data

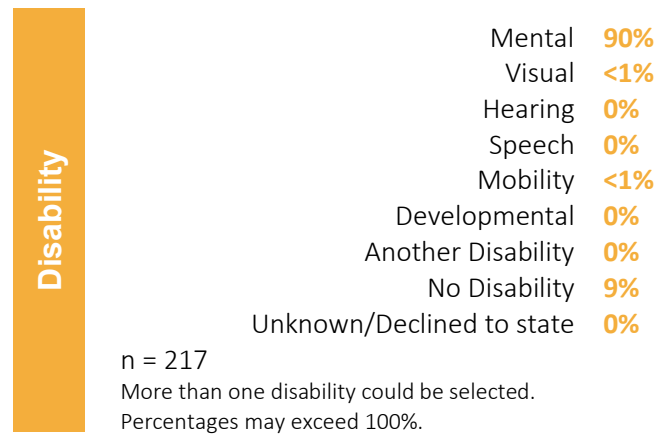


43% Hispanic/Latino
48% Not Hispanic/Latino

n = 217
9% Unknown/Declined to state.

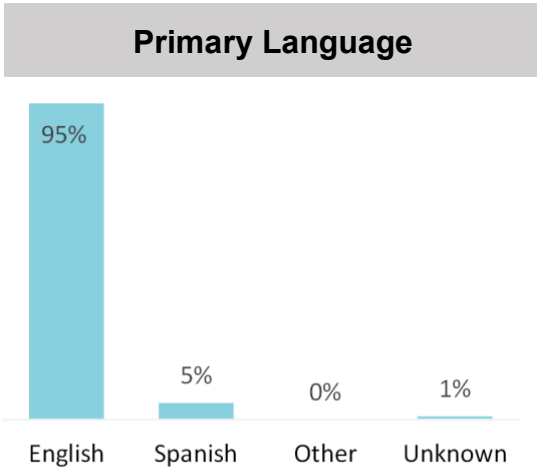


n = 217
0% of individuals did not answer this question.



91% of individuals reported having one or more disabilities

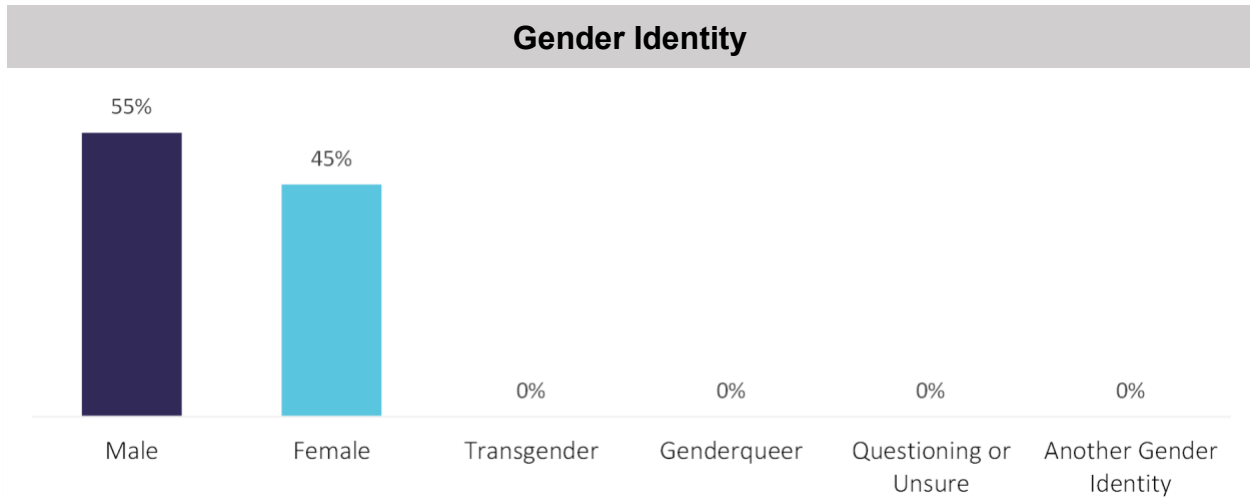
n = 217
0% Unknown/Declined to state.



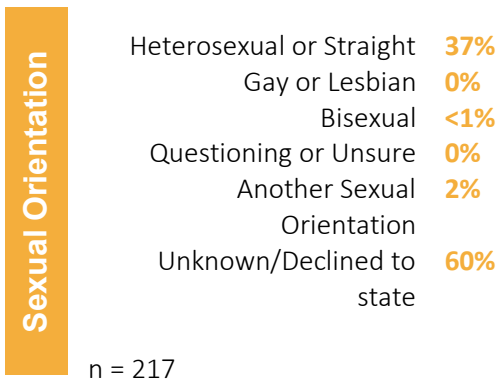
n = 217
<1% Unknown/Declined to state (n = 1).

MANZANITA HOUSE

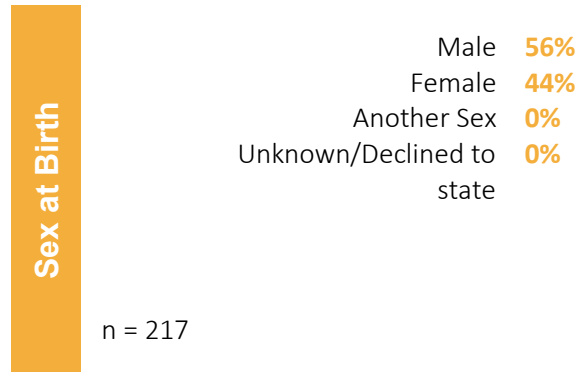
Demographic Data



n = 217
0% Unknown/Declined to state.



n = 217



n = 217

<1% of individuals were veterans

n = 217
1% Unknown/Declined to state.

MOBILE CRISIS TEAM



- 391 clients served in FY 22-23
- On average, clients engaged in services for 1 day

Housing, Employment, and Education

Housing Type at Intake (n=391)

84%	Independent house or apartment
0%	With friends/family
0%	Shelter or temporary housing
9%	Unhoused
0%	Acute medical hospital
0%	Acute psychiatric facility or hospital
0%	Hospital
<1%	Assisted living facility
4%	Residential treatment facility
0%	Foster home
<1%	Group home
0%	STRTP
1%	Jail or juvenile detention facility
1%	Another housing status
1%	Unknown/Declined to state

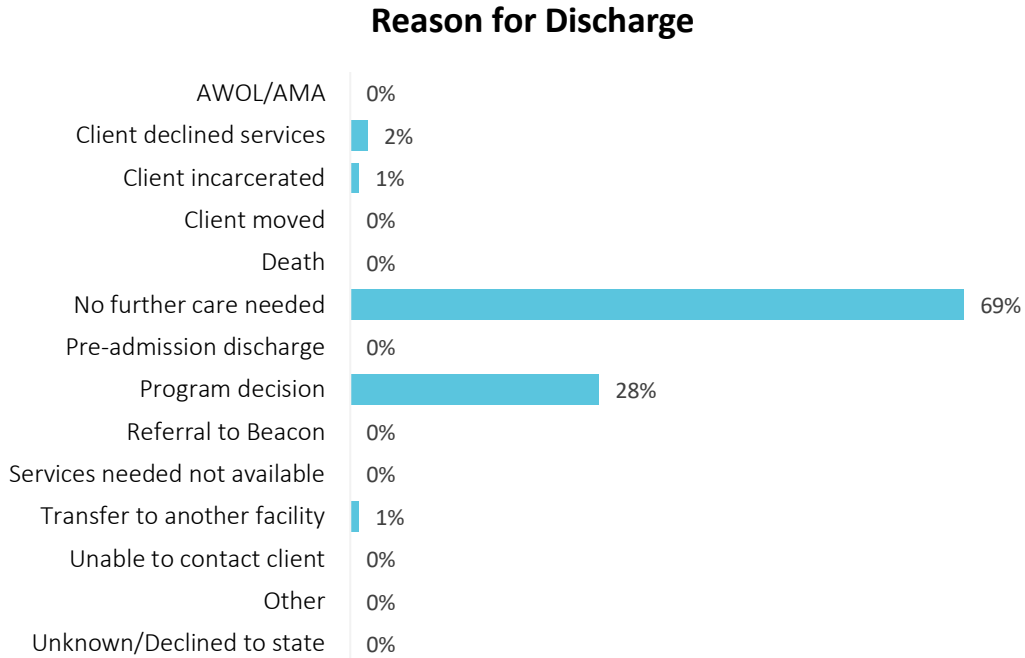
10% of clients were employed or volunteering at intake
(n = 39)

59% of clients were enrolled in or completed school at intake
(n = 231)

Clients may have more than one housing type. Percentages may exceed 100%.

MOBILE CRISIS TEAM

Discharge Information



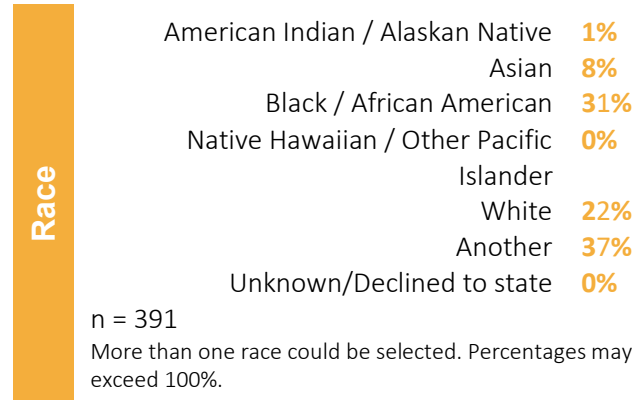
n = 391

391 clients were **discharged**.

0% had
achieved some to all of their goals.

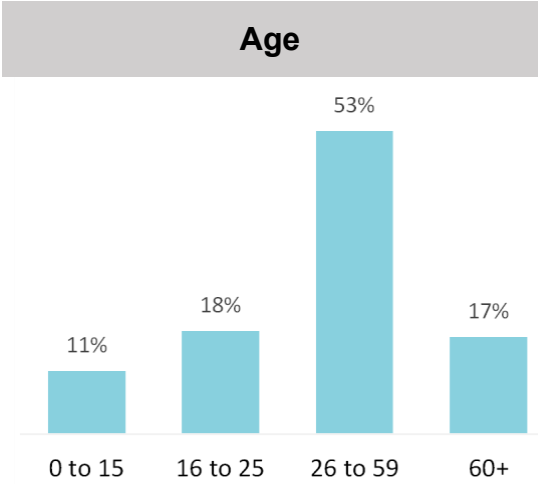
MOBILE CRISIS TEAM

Demographic Data

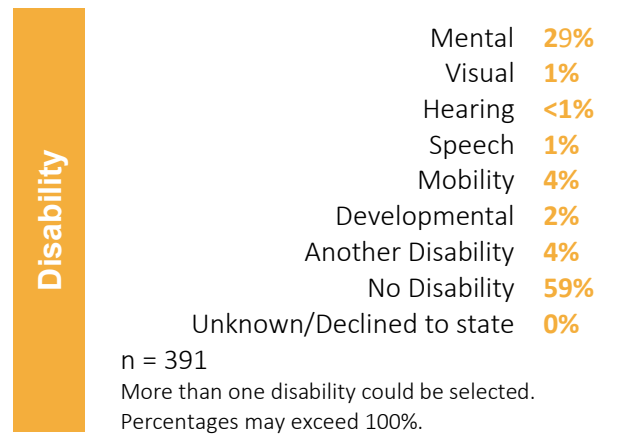


**40% Hispanic/Latino
22% Not Hispanic/Latino**

n = 391
38% Unknown/Declined to state.

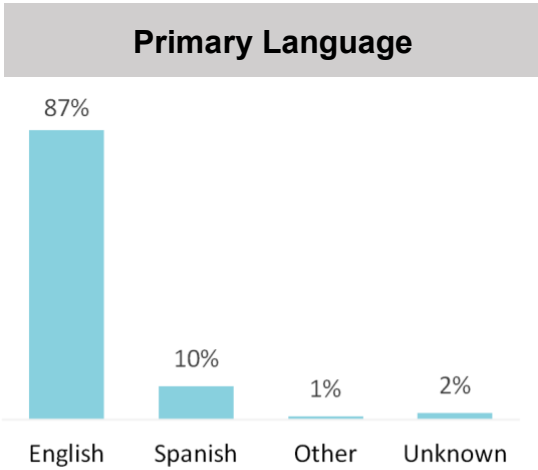


n = 391
0% of individuals did not answer this question.



41% of individuals reported having one or more disabilities

n = 391
0% Unknown/Declined to state.

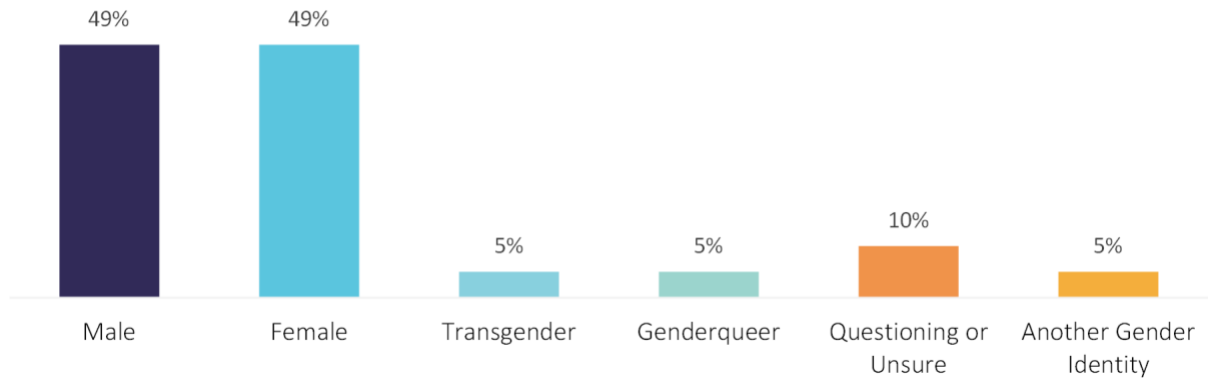


n = 391

MOBILE CRISIS TEAM

Demographic Data

Gender Identity



n = 391
3% Unknown/Declined to state.

Sexual Orientation

Heterosexual or Straight **12%**
 Gay or Lesbian **<1%**
 Bisexual **0%**
 Questioning or Unsure **0%**
 Another Sexual Orientation **1%**
 Unknown/Declined to state **87%**

n = 391

Sex at Birth

Male **50%**
 Female **50%**
 Another Sex **0%**
 Unknown/Declined to state **0%**

n = 391

6% of individuals were veterans

n = 391
20% Unknown/Declined to state.

CSS-18: MENTAL HEALTH SERVICES FOR ADULTS

ASOC MARINA

ASOC Marina provides specialty mental health services to adults with severe and persistent mental illness. Many clients have co-occurring substance use disorders, are homeless, and are justice-involved. ASOC Marina provides case management, crisis intervention, some individual and group therapy, collateral, and medication services. The staff is a multidisciplinary team of masters- and bachelors-level social workers, Behavioral Health Aides, Wellness Navigators, interns, medical assistants, psychiatrists, a nurse, and a Transportation Coach.

ASOC SALINAS

ASOC Salinas offers outpatient mental health services such as case management and therapy support for adults over age 26 with serious mental illness who may or may not also have a co-occurring substance use disorder. Services for ages 18-26 are provided by the transitional age youth (TAY) team.

COMMUNITY HOUSING

Community Housing is a permanent supportive housing program that offers over 100 affordable housing placements for adults with serious and persistent, long-term psychiatric disabilities seeking independent living. These placements consist of individual apartments and cooperative group housing units. Interim, Inc. provides case coordination, case management, crisis intervention, and mental health treatment services to residents in all supported housing programs, in accordance with state guidelines established under the rehabilitation option.

Successes and Highlights

- 93% of consumers maintained or improved their mental health recovery.
- 98% of consumers engaged with a primary care physician.
- 91% of consumers surveyed reported satisfaction with the quality of services provided.

COMMUNITY HOUSING

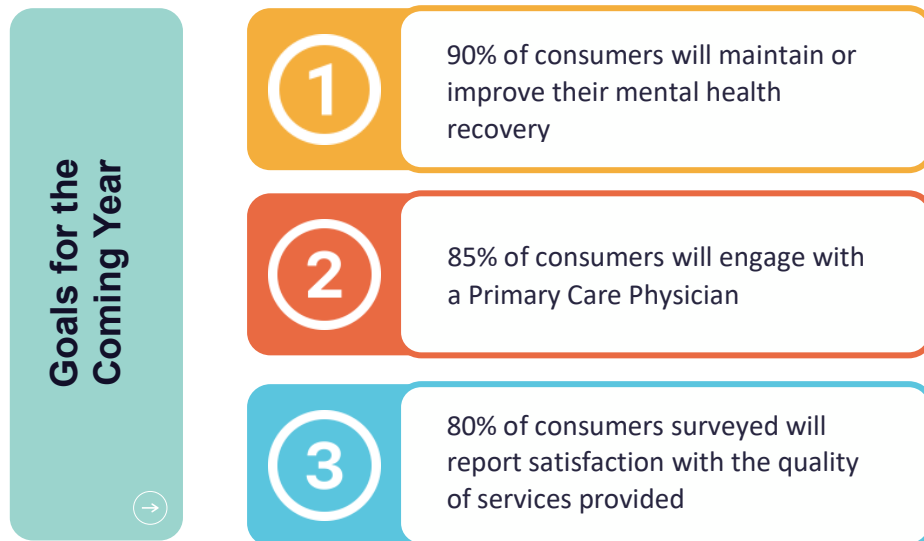
Challenges & Growth Opportunities

CHALLENGES: Community Housing experienced challenges this period.

- There continues to be limited resources in the community for low-cost housing for those clients who would like to move to a more independent setting.
- Some clients report wanting to move out of community housing but not being able to afford it.
- Staff have identified more than 5 clients who live in supportive housing and don't necessarily require supportive services. Those clients report that they enjoy the community they live in and that they would have access to support if necessary.

ACTION PLAN: To address these challenges, Community Housing developed an action plan.

- Staff will explore different interventions and resources (Housing Navigation Program, bringing up ideas during staff meetings/housing meetings, paying for deposits) on exiting or moving on strategies to assist clients who can move out into the community.
- These clients can potentially transition to the Community Housing Scattered Sites program. The program will continue to hold activities for socialization to combat loneliness (e.g., OMNI center, adult day rehabilitation center, local gyms, volunteer work, school, employment, SEES).



APPENDIX A: LIST OF CSS-FUNDED PROGRAMS

CSS-01: Early Childhood and Family Stability FSP

- Family Assessment Support and Treatment
- Family Reunification FSP
- Kinship Center, First Five Trauma FSP
- Kinship Center, D'Arrigo Children's Clinic
- Salinas Home Partners FSP

CSS-02: Dual Diagnosis FSP

- Integrated Co-Occurring Disorder FSP
- Santa Lucia Short-Term Residential Treatment Program

CSS-04: Transition Age Youth FSP

- MHSa TIP AVANZA FSP

CSS-05: Adults with SMI FSP

- Assertive Community Treatment Welcoming & Engaging Team

CSS-06: Older Adults FSP

- Older Adult FSP
- Drake House FSP

CSS-07: Access Regional Services

- Access Medication Support
- Access to Treatment CALWORKS
- Access to Treatment Coastal Region
- Access to Treatment King City
- Access to Treatment Salinas
- Access to Treatment Soledad
- CHS South County
- Family Counseling Salinas
- Family Counseling Seaside
- Outpatient Mental Health
- USC Telehealth
- Wellness Recovery Center (Adults OMNI)

CSS-08: Early Childhood Mental Health Services

- MCSTART

CSS-10: Supported Services to Adults with Serious Mental Illness

- Peer Support Wellness Navigators
- Primary Care Integration
- Return to Work Benefits Counseling
- Transportation Coaching

CSS-11: Dual Diagnosis

- Academy Day Program
- Bridge House
- Outreach and Aftercare

CSS-13: Justice-Involved FSP

- Creating New Choices FSP
- Juvenile Mental Health Court/Collaborative Action Linking Adolescents FSP
- Juvenile Sex Offender Response Team FSP

CSS-14: Homeless Services and Supports FSP

- MHSA Homeless FSP (formerly MCHOME)
- Lupine Gardens FSP
- Sandy Shores FSP
- Sunflower Gardens

CSS-15 Homeless Outreach and Treatment

- MCHOME Homeless Outreach & Engagement
- Rockrose Gardens
- Shelter Cove
- Street Outreach (Outreach for youth)

CSS-16: Responsive Crisis Interventions

- Archer Child Advocacy Center
- Manzanita House Salinas
- Mobile Crisis Team

CSS-18: Mental Health Services for Adults

- ASOC Marina
- ASOC Salinas
- Community Housing