



# MONTEREY COUNTY BEHAVIORAL HEALTH

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Avanzando Juntos **Forward Together**

**DRAFT**

## **Mental Health Services Act FY 2024-25 Annual Update**

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## Introduction

Monterey County Behavioral Health (MCBH) is pleased to present this Mental Health Services Act (MHSA) Fiscal Year 2024-25 (FY24-25) Annual Update. This is the first Annual Update to occur in the current 3-Year MHSA planning period. The primary function of the Annual Update is to update the budget information based on a changing fiscal reality and, if needed, note any changes to programs. The Annual Update also includes program data for the prior fiscal year period. In this year's document, FY 2023-24 data are included in Appendices II through V.

In June 2023, the Monterey County Board of Supervisors approved the FY 2023-24 – FY 2025-26 MHSA Three-Year Program and Expenditure Plan (MHSA Plan). This document can be found on our MHSA webpage at the following link:

<https://www.countyofmonterey.gov/home/showpublisheddocument/124556/638345187572100000> (English)

<https://www.countyofmonterey.gov/home/showpublisheddocument/124554/638430091602470000>(Spanish)

## Background on the MHSA

In 2004, California voters approved Proposition 63 to enact the Mental Health Services Act (MHSA) to transform public mental health systems across the State. More than two million children, adults, and seniors in California are affected by a potentially disabling mental illness each year. In Monterey County, it is estimated that 4.9% of the total population (20,000 individuals) need mental health services. Californians approved the MHSA to create a mental health system that can guarantee the same level of care already extended to those who face other kinds of disabilities. Failure to address and treat mental illness as a public health issue not only creates grief and emotional pain but undoubtedly imposes significant public costs from increased levels of hospitalizations, unemployment, homelessness, academic failure, and incarcerations. With the funding and regulatory support of the MHSA, counties can build capacity and implement robust systems of care, resulting in greater accessibility and effectiveness of treatment services across the continuum of prevention to recovery. MHSA funds can also be used to develop a skilled workforce that builds cultures of acceptance and awareness of mental health issues and resources throughout their communities. The MHSA can also fund capital projects and technological infrastructure. The MHSA created a dedicated funding source by imposing a 1% tax on California residents with personal incomes greater than one million dollars. The State accumulates MHSA funds before redistributing them to each mental health jurisdiction (all 58 counties and two cities) according to their population size and other factors.

Recipients of MHSA funds must produce and locally approve a stakeholder-informed plan describing how funds will be utilized. These MHSA program and expenditure plans are required in three-year cycles, with annual updates in the interim years. This document fulfills this regulatory requirement. MHSA plans must identify services for all ages, as well as programs specific to the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years), and older adults (60 years and older). MHSA plans must also identify

programs according to these five (5) MHSAs components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). Descriptions of these components and their programs are described in their respective sections. Additionally, FY 2023-24 data for programs funded by the MHSAs are reported in Appendices II (CSS), III (PEI), IV (INN), and V (WET), which follow this document.

This document was informed by stakeholder input and feedback received during the Community Program Planning Process (CPPP). Following a discussion on Monterey County’s demographics and characteristics, the process and information collected during the CPPP are shared to provide insights on local community needs and perspectives that helped inform this FY24-25 Annual Update.

## Monterey County Demographics & Characteristics

### Geographic & Economic Overview

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur and its fertile Salinas Valley, dubbed the “Salad Bowl of the World.” With a total population of 445,229 and a land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula on the coast. The City of Salinas is the County seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California, supplying the second-most jobs in the county. Educational services, including healthcare and social assistance, are the leading sectors for employment in the county, with tourism-based services and professional and construction industries also playing significant roles in the local economy. Monterey County is also home to three Army bases, a Coast Guard Station, the Defense Language Institute, and the Naval Postgraduate School.

### The Four Regions of the County

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

### Age & Gender

The median age in Monterey County is 47 years, trending a couple of years younger than the state median. Adults ages 25-59 comprise 46% of the population, with Older Adults ages 60 and above making up 18%. Children under five years old represent 6.9% of the population, Youth ages 5-15 represent 15%, and Transition Age Youth (TAY) ages 16-24 represent 14% of the population. 51% of Monterey County residents are male and 49% are female.

### Ethnicity, Race & Language

Most Monterey County residents are Hispanic/Latino, comprising about 60% of the population. The remainder of the population is comprised of individuals self-identifying as White (29%), Asian (6%), African American (3%), Native Hawaiian and Other Pacific Islander (1%), and Native American and Other representing 1% of the population. Of the total population, an estimated 128,954 or 30% are foreign-born, 79% are of Hispanic or Latino origin, and 72% are not current U.S. citizens.

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

### Individuals with Disabilities

Individuals with disabilities represent 8.8% of County residents.

### Veterans

Veterans comprise 5.4% of the total population in the County.

### Housing, Education, Income, Poverty, & Food Insecurity Data

The total number of housing units in Monterey County is 144,403, with 51.7% being owner-occupied. Over the past three (3) years, the average home value in Monterey County has increased from \$441,000 to \$596,400 (37% increase), while the median household income is \$82,013. Regarding housing affordability, like much of the coastal California regions, Monterey County has a high cost of living relative to income levels. For nearly half (45%) of the 49% of county residents who are renters, their rental costs account for greater than 35% of their household income, while 32% of homeowners' mortgage costs are greater than 35% of their household income.

The total poverty rate in Monterey County is 12.15%, with 22% of all children in Monterey County living below the poverty level. The latest Monterey County Homeless Census, conducted by Applied Survey Research, found that approximately 2,422 individuals are homeless.

### Homelessness Data

The biennial 2022 Monterey County Homeless Census "Point in Time" (PIT) homeless count and survey found 2,047 persons experiencing homelessness during the 2022 count. The 2022 count is a 15% decrease from the 2019 PIT, the lowest PIT count in the previous decade. The majority (665) of the individuals experiencing homelessness were unsheltered, sleeping on the streets, in abandoned buildings, vehicles, and encampment areas, and in other places deemed unfit for human habitation. The remaining 34% of the population resided in emergency shelters or transitional housing. 78% of individuals have lived in Monterey County before becoming homeless, with 54% having resided in the County for ten or more years; 55% of survey respondents indicated their current episode of homelessness is their first, with 63% of respondents reported the duration of

their current episode of homelessness at one year or longer. The next PIT was conducted in January 2024; the Report is unavailable now.

## Community Program Planning Process (CPPP)

### Introduction

Monterey County Behavioral Health (MCBH) conducted the Community Program Planning Process (CPPP), a collaborative initiative that ensured residents and stakeholders could actively contribute their input and feedback. This collective effort guided the development of the draft MHS FY2023-2024 Annual Update. MCBH partnered with EVALCORP, an esteemed evaluation company, to assess the behavioral health needs of the Monterey County community as part of the CPPP. The goals of this assessment, where Community Members and Stakeholders shared their invaluable insights, were to enhance the effectiveness of the behavioral health system, improve access to care and services, and reduce health disparities for all communities across Monterey County.

EVALCORP, in its commitment to gather comprehensive insights based on diverse perspectives from across Monterey County, employed a robust mixed-methods strategy. This approach was designed to ensure that all community members and stakeholders, regardless of their background or role, could contribute to the assessment process. Community Members were engaged through a community survey and a series of community focus groups, while Stakeholders, defined as providers of behavioral health services and those who facilitate connection to those services, were engaged through a stakeholder survey and stakeholder focus groups. Listening sessions were then held across the county to report findings to the community and CPPP participants and to receive feedback on both the process and findings of the CPPP.

### Community Engagement

Community engagement was achieved through two strategies: a community survey and community focus groups. Recognizing the critical role of community engagement in understanding and addressing behavioral health issues, the community survey was deployed through 48 distinct distribution channels established by partnering with local agencies and organizations in Monterey County to gather diverse perspectives. The distribution strategy described above resulted in 906 community responses in both English and Spanish that were included in the analysis. Additionally, the Community Focus Groups were designed to gather perspectives on the current state of mental and behavioral health services in Monterey County for underserved and underrepresented populations. Focus Group participants were recruited through system partners across Monterey County. Ultimately, eight priority populations were identified: 1) Unhoused, 2) African American Males, 3) Veterans, 4) LGBTQ+, 5) Individuals affected by the 2023 floods, 6) Early childhood caregivers, 7) individuals who live in South County, and 8) the Indigenous community. By coordinating with contacts at MCBH system partners, seven community focus groups were organized to ensure the representation of the above-priority populations. Four (4) focus groups were facilitated in English, two (2) in Spanish, and one (1) in Triqui. A system partner, such as a community-based organization, hosted in-person focus groups. Among these different focus groups, a wide array of community members participated, including parents, caregivers, veterans, individuals living with disabilities, individuals with a



serious mental illness, family members of individuals with a serious mental illness, unhoused individuals, undocumented individuals, and individuals with substance use disorders.

The community survey and community focus groups helped reveal essential insights for MCBH. Surveyed community members identified substance use, anxiety, and alcoholism as the most critical issues in the County. Community members reported services were most lacking on matters related to fentanyl-laced fake prescription pills, intravenous drug use, and chronic stress. Additionally, community members identified the top five barriers they faced when accessing services: a lack of information about where to get help, appointment availability, a lack of convenient appointments, a lack of health insurance, and the cost of services. Finally, community members made several recommendations for improving the County's mental health and substance use care systems encompassing five significant themes: access and availability, comprehensive and integrated services, strengthening the behavioral health care workforce, community outreach and education, and culturally responsive and empathetic care.

The community focus groups also provided important insights. Findings show that, among focus group participants, there were a variety of understandings and usages of behavioral health language related to mental health. This language perception points to the need for more straight forwarded communication and education around mental health to foster a more unified, neutral, and destigmatized perspective. Participants also discussed social, environmental, and psychological risk factors for mental health issues that intersect with each other and cannot be treated in isolation, suggesting that services could be tailored to handle multiple factors and be sensitive to ways in which these factors compound their effects. Community members provided strong evidence of their desire to receive services and continued need for them. Finally, community members shared a passion for engagement strategies built on trust that create positive experiences with the community and provide safe spaces for everyone, especially the most vulnerable populations.

### Stakeholder Engagement

Stakeholder engagement was achieved through the stakeholder survey and stakeholder focus groups. Monterey County Behavioral Health employed multiple survey distribution strategies to reach diverse stakeholders, ensuring the survey reached a broad and inclusive audience. The distribution strategy described above resulted in 95 responses included in the analyses. Second, EVALCORP collaborated with MCBH to purposefully recruit diverse stakeholders within the community for the focus groups. Four (4) focus groups and one interview were conducted with 39 participants representing law enforcement, diversity and equity resources, and community-based organizations providing behavioral health prevention and treatment services. MCBH staff involved in the planning process were present during select focus groups to connect with stakeholders and ask follow-up questions that would be helpful to their planning.

The stakeholder survey provided valuable insights from a various providers and system partners, identifying key needs, barriers, and gaps in behavioral health services. In terms of community mental health and substance use service needs, stakeholders identified trauma, anxiety, and chronic stress as the most significant mental health issues, with alcoholism and prescription drug misuse, including opioids, as the top substance use concerns. There is a notable alignment between these issues and the services available, such as counseling and crisis response. However,

a majority of stakeholders believe these services are insufficient for current needs. Regarding barriers to accessing care, staffing issues, such as shortages and long waitlists, were frequently cited as major barriers. There is also a knowledge gap in referring clients to services beyond Medi-Cal, indicating a need for more training in diverse insurance situations and a general skepticism about the effectiveness of referrals. Stakeholders also recognized MCBH's efforts to enhance accessibility, and quality, and provide a comprehensive approach to care. Stakeholder recommendations revolve around increasing collaboration, enhancing access to services, and improving staffing and training. The survey revealed that while MCBH has made strides in providing essential services, there is a clear call for expanded training on available resources, better system navigation, and enhanced coordination to fully address the community's mental health and substance use needs.

In the Stakeholder Focus Groups, stakeholders from various service areas shared valuable information regarding behavioral health, including prevalent issues, service needs, barriers to care, current initiatives positively impacting communities, and opportunities for improvement in Monterey County. Depression and anxiety were perceived as the most common behavioral health issues affecting communities in Monterey County. Identified contributors to poor behavioral health included psychological, social, and economic factors. Increased availability of behavioral health treatment options for underserved areas and populations was recommended. Stakeholders also emphasized how lessons from successful behavioral health services in the County showcase collaboration, cultural sensitivity, local outreach, and comprehensiveness as strategies for enhancing service engagement and improving outcomes. MCBH can leverage insights from stakeholders and capitalize on existing foundational elements to refine or develop initiatives to address priority behavioral health issues, fill gaps in services, and ensure resources are effectively allocated to increase service access and better meet community behavioral health needs.

### Listening Sessions

One hundred ten community members participated in four listening sessions. Three were held in person, and one was virtual. All listening sessions were held in Spanish, with an English translation provided. The listening sessions took an informal and conversational approach. Community members were encouraged to share their feedback on all Community Program Planning Process activities, including ways MCBH and EVALCORP engaged with the community, additional barriers to accessing services, and additional recommendations for enhancing services.

Several key findings emerged from the Listening Sessions. Participants shared ideas for engaging the community, including enhancing accessibility and inclusion, increasing culturally sensitive communication and outreach, and tailoring communication strategies. Participants also discussed ideas for overcoming barriers, which included providing services outside of traditional working hours, funding dependent care during appointments, and providing translation services. Another theme that emerged was the systemic and institutional trust Issues that participants encountered. These issues included fear of repercussions from undocumented residents, lack of connected institutional response, concerns about the follow-up processes, structural racism, and system navigation challenges. Participants also revealed issues with insurance and finances that

they feel they face alone. Ultimately, participants recommended increasing the number of system navigators who can support clients in finding services, determining eligibility, and managing payments.

### Further Information

To review all findings from the CPPP needs assessment, please review the summaries for each engagement strategy incorporated into the appendices of the Annual Update.

Monterey County’s CPPP also includes the following:

1. The draft FY24 Annual Update, thoughtfully prepared in both English and Spanish, is open for a minimum 30-day public review and comment period, ensuring your voices are heard and valued.
2. A public hearing with simultaneous Spanish language interpretation is to be conducted by the Monterey County Behavioral Health Commission.
3. Adopting the final FY23 Annual Update by the Monterey County Board of Supervisors.

### Changes to MHSA Programs FY22

The following changes to programs, as presented and approved in the FY 2023 – FY 2026 MHSA Three-Year Program & Expenditure Plan, have occurred during FY 2023-2024.

#### Innovation (INN) Component:

##### **Micro-Innovation Grant Activities for Increasing Latino Engagement [INN-01]**

The Micro-Innovation Grant Activities for Increasing Latino Engagement has concluded the final evaluation report is attached in Appendix IV. No single micro-innovation activity has been sustained as a standalone program, however, promising practices as identified in the final evaluation report shall be referenced as needed.

##### **Screening to Timely Access [INN-02]**

The Screening to Timely Access project was created to develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource. The tool, which has been named “WellScreen Monterey”, has been made available for public use. The project has concluded December 2023. Th final evaluation report is attached in Appendix IV.

PEI funds will sustain the WellScreen project for an additional 18 months (January to June 2025).

##### **Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators) [INN-03]**

The Transportation Coaching by Wellness Navigators project, also referred to as the “Transportation Coaching Project”, concluded August 2023. The final evaluation report is attached in Appendix IV. Promising practices that were developed and identified in the Transportation Coaching Project have been incorporated by the Wellness Navigator program within CSS-10.

## MHSA Annual Update FY2023-2024

### Community Services & Supports (CSS) Program Descriptions

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

#### *Full Service Partnerships*

##### **Early Childhood and Family Stability FSP [CSS-01]**

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

**Family Reunification Partnership**, operated by MCBH, will offer a unique and innovative program model that integrates Children’s Behavioral Health (CBH) therapists and Family and Children’s Services (FCS/Department of Social Services) social workers into one cohesive program to help families in the reunification process. An intensive, short-term, in-home

**Crisis Intervention and Family Education Program** will be provided to the same population when less intensive services are required along the continuum of care. Contracted Partners will provide additional programs.

Additionally, programs operated by a contracted service provider will offer outpatient mental health services to eligible children and their families. Mental health services will consist of individual, family, or group therapies and interventions designed to promote the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family function, abuse, neglect, domestic violence, parental incarceration, and parental substance abuse. The focus will be made on families with infants and children 0-5 who have been exposed to trauma and are exhibiting early signs of attachment disruption, poor attunement with their caregivers, trauma symptoms, and related behavioral dysregulation. Such services will improve the early attachment relationship, reduce mental health symptoms, and resolve trauma experiences for children, as well as the impact of trauma on a child and their families.

#### **Dual Diagnosis FSP [CSS-02]**

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

#### **Transition Age Youth FSP [CSS-04]**

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

#### **Adults with Serious Mental Illness FSP [CSS-05]**

The Adults with Serious Mental Illness FSP supports a range of services to adults with a serious mental health diagnosis in reaching their recovery goals and living in the least restrictive environment possible. This FSP is comprised of an **Outpatient Program** operated by a contracted service provider to serve this population of adults, including those with a co-occurring substance use disorder. Services within this outpatient program will include:

- Outreach and engagement.

- Employing a welcoming/engagement team.
- Providing an intensive outpatient alternative to the array of residential treatment services and supportive housing-based FSP programs that often have long wait lists for entry to services.

**Older Adults FSP [CSS-06]** The Older Adult FSP will offer a range of services and supports to older adults with a serious mental illness diagnosis in reaching their recovery goals and living in

the least restrictive environment possible. The FSP **Outpatient Program**, operated by the MCBH, will provide intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. Outpatient services are to be focused on reducing unplanned emergency services and admissions to inpatient psychiatric hospitals and preventing out-of-county and locked placements.

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

### **Justice-Involved FSP [CSS-13]**

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

For transition-age youth, MCBH will work in partnership with public agencies and community partners to provide a comprehensive range of services through the Justice-Involved FSP. These services are designed to support youth involved with MCBH, Juvenile Justice, and/or the Department of Family and Children Services. The FSP programs include a **Juvenile Mental Health Court Program**, where Probation, Juvenile Court, and Behavioral Health provide supervision and support to youth and their families. Additionally, the **Juveniles Who Sexually Offend Response Team (JSORT)** program, a collaborative partnership between Monterey County Probation and MCBH, provides specialty mental health services to adolescents who have committed a sexually related offense. Families/caregivers may also receive services from both programs.

### **Homeless Services and Supports FSP [CSS-14]**

The Homeless Services and Supports FSP includes an **Outpatient Program** operated by a contracted service provider that will offer wrap-around services and will conduct outreach for adults with a psychiatric disability who are currently experiencing homelessness or who are at

high risk of becoming homeless. Services will include mental health and psychiatry services, case management services, assistance with daily living skills, as well as supported education and employment services.

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

### ***General System Development Programs*** **Access Regional Services [CSS-07]**

The Access Regional Services strategy will support Monterey County Behavioral Health ACCESS walk-in clinics and community-based organizations that provide regionally based services to address the needs of our community. County **ACCESS clinics** function as entry points into the Behavioral Health system. These clinics are in the coastal region (i.e., Marina), Salinas, Soledad, and King City, and they provide reach in all four areas of the county. The clinics serve children, youth, and adults and offer walk-in services and appointments to provide early intervention and referral services for mental health and substance use issues. Additional ACCESS clinics provide support for medication management and those enrolled in the Welfare to Work program with the Department of Social Services (DSS).

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

Through a series of outpatient programs, this CSS strategy to promote access to services will also support community-based providers in making services accessible to children, youth, adults, and their families. These include tailored supports for LGBTQ+ individuals, individuals affected by HIV/AIDS, and individuals experiencing crisis and trauma. Programs also provide telehealth and in-person counseling services for individuals of all ages across the county, including services for non-English-speaking residents and those who are deaf or hard of hearing.

### **Early Childhood Mental Health Services [CSS-08]**

The Early Childhood Mental Health Services strategy supports specialized programs for families/caregivers with children ages 0-11. This will include an **Outpatient Program** that employs care coordination teams and therapists to provide culturally and linguistically appropriate behavioral health services for children and their caregivers/family members. The program uses a family- and strengths-based approach to support positive emotional and cognitive

development in children and increase caregiver capacity to address their children's socioemotional needs. The outpatient teams collaborate with community-based agencies to provide services for infants, children, and youth experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and prenatal exposure to alcohol and other drugs. The primary focus is identifying, assessing, referring, and treating infants, children, and youth affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders by utilizing evidence-based practices and trauma-informed services.

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

The Supported Services to Adults with Serious Mental Illness strategy supports adults ages 18 years and older who are served by the various programs in our Adult System of Care. Programs will employ peer support specialists (i.e., those with lived experience as a consumer or family member) as **Wellness Navigators** (WNs) stationed at each Adult Services clinic to welcome clients into the clinic, support completion of intake screening tools, and help clients understand how to access the services available to them. The **Transportation Coaching Program** assists consumers' independence by helping them learn how to utilize public transit and rideshares to engage in day-to-day activities. The **Primary Care Integration Program** will offer voluntary training and supportive services that focus on creating a welcoming and recovery-oriented environment where clients accessing services at MCBH outpatient clinics can feel welcomed and supported by someone who may have a similar experience.

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

#### **Dual Diagnosis Services [CSS-11]**

Dual Diagnosis Services will serve those impacted by substance abuse and mental illness by providing intensive and cohesive supports. **Outpatient Programs** will be operated by a community-based contracted service provider to assist clients in developing dual recovery skills to maintain successful community living and promote a clean and sober lifestyle as they transition out of dual recovery residential programs. In addition, a **Residential Program** will provide a home-like environment in a structured, non-institutional, therapeutic community to support independent living skills and assist adults in their recovery.

#### **Homeless Outreach & Treatment [CSS-15]**

The Homeless Outreach and Treatment strategy will include **Shelter/Housing Programs** for vulnerable individuals with a psychiatric disability who are currently experiencing homelessness or are at risk of becoming homeless. Two **Outreach Programs** are also included in this strategy to provide case management to both youth and adult individuals experiencing homelessness in the county.



### **Responsive Crisis Interventions [CSS-16]**

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

A county-operated **Forensic Outpatient Clinic**, the Archer Child Advocacy Center, will be supported through this strategy. This clinic will provide mental health assessments, referrals, and therapy services to children who have experienced sexual abuse. Crisis support services will also be available to the child's family/caregiver(s).

A **Residential Program** will offer crisis stabilization for adults with serious mental illness in a less traumatic environment, including support with daily living skills, personal hygiene, and treatment. Staff will work with residents to develop strategies to avoid the reoccurrence of crisis situations.

### **Mental Health Services for Adults [CSS-18]**

The Mental Health Services for Adults strategy will provide specialty mental health care services to adults with severe and persistent mental illness. **Outpatient Programs** will offer strengths-based services to individuals, such as case management, crisis intervention, therapy, medication management, and education and employment support. In addition, a **Supportive Housing Program**, Community Housing, will provide individual apartments and/or shared housing units to adults along with case management and mental health treatment services.

#### *CSS Program Data for FY 2022-23*

For CSS Program Data covering the Fiscal Year 2022-23 period, please refer to Appendix II

#### *Community Services and Supports Annual Report FY 2022-2023*

For CSS Program Data covering the Fiscal Year 2022-2023 period, please refer to Appendix II.

### **Prevention & Early Intervention Program Description**

Nineteen percent (19%) of MHSA funds received by counties must be allocated for PEI services designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one program focused on delivering services for each of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and Discrimination Reduction, and 4) Suicide Prevention. All programs

must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non- stigmatizing and non-discriminatory practices.

Counties must serve all ages in one or more programs funded by the PEI component. At least fifty-one percent (51%) of PEI funds must be allocated for serving individuals 25 years old or younger. Programs that serve parents, caregivers, or family members to address children and youth at risk of or with early onset of a mental illness can be counted as serving children and youth.

In addition, SB 1004 directs counties to focus on the following priority areas:

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

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

## **Prevention**

### **Family Support and Education [PEI-02]**

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

Parents and caregivers have expressed the need for culturally relevant parenting classes that address issues throughout a child's development from infancy through adolescence and young adulthood. Parents and caregivers will be offered options to choose a class that meets their family's needs, as all children have unique strengths and challenges, and families come from different cultural backgrounds. Some families have added challenges related to being a teen parent, and they will be afforded programming and supports under this strategy. Parenting classes and programming will be provided in Spanish, English, and Indigenous languages in community-based locations throughout Monterey County at times that are convenient for the families. Whenever possible, classes will provide childcare and meals to support families in addressing barriers to participation and enhancing their experience.

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

PEI funding will be used to provide outreach, education, and linkages to behavioral health care using culturally specific messaging campaigns aimed at decreasing stigma related to mental health for historically underserved communities, including Latinx, Black and African Americans, and LGBTQ+ communities. MCBH will build upon proven communication mechanisms to provide information on mental health resources and programming to the community while developing new channels and mediums to respond to the preferred methods diverse community members use to access information related to mental health. This activity may include using bilingual and Spanish radio programming to provide information on behavioral health topics and how to access services.

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

Participants identified stigma as a prominent barrier during the CPPP, focus group and listening session. They noted that language highlighting the term “mental health” can push individuals away from accessing services, especially in Latino and Indigenous communities. However, pivoting to language that highlights emotions, feelings, and behaviors associated with mental health was more accepted. Participants recommended leveraging trusted community members or organizations, especially train-the-trainer models. MCBH will explore opportunities to work with Community Health Workers (CHWs) and Promotoras to help bridge the gap between residents who are reluctant to engage in behavioral health care and local programs. The participants of one focus group stated, “Use Promotoras to help break the stigma among the Latino population. By vouching for them, they can help people trust service providers and county agencies.”

Additionally, during the CPPP, participants identified the need for more community education on mental health. MCBH would like to support Mental Health First Aid (MHFA) and the variations of this model, including Youth Mental Health First Aide and other variations that are relevant to Monterey County residents and meet the linguistic and cultural needs of our communities. MHFA is a proven educational program that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. MHFA teaches skills to help people reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a mental health crisis. In prior fiscal years, MCBH was not able to build the capacity to provide MHFA training in all categories relevant to Monterey County, which could include Adult, Youth, Public Safety,

Fire/EMS, Veterans, Older Adults, Rural, and Higher Education. MCBH will explore options for implementing MHFA programs in Spanish and English for the 3-year cycle of this current MHSA plan.

Professional training on mental health and related topics may also be provided to professionals, medical providers, faith leaders, educators, law enforcement, and other key groups that interact with community members.

MCBH may use PEI funding to support the maintenance and expansion of the Critical Incident Stress Management (CISM) Team. The CISM Team responds to residents and first responders in Monterey County who have experienced a traumatic event to address Critical Incident Stress (CIS) that if left untreated may result in Post-Traumatic Stress Disorder or other mental health conditions. The CISM Team also has staff from MCBH who can train other public agency staff and entities, such as law enforcement, to create their own internal CISM Teams.

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

### **Student Mental Health [PEI-08]**

MCBH has a solid partnership with the Monterey County Office of Education and school districts throughout Monterey County. MCBH staff will provide training, consultation, and support to schools to develop positive school climates, understand and address behavioral health issues in students, and implement state-mandated district suicide prevention plans. MCBH staff located in the schools will provide educational presentations to parents and caregivers on mental health-related topics including, but not limited to, common childhood mental health disorders and how to access Behavioral Health services. MCBH staff will also respond to the emerging needs of the student population, which district administrators and other relevant educational staff identify. Psychoeducation and training will be provided to educational staff to support trauma-informed education practices and wellness for educators.

Primary prevention programs that support student mental health and focus on students who are experiencing or are at risk of experiencing mental health conditions will be provided. Individual and group therapy for children who have been exposed to trauma and Adverse Childhood Experience (ACES), including domestic violence, will occur on school sites to minimize barriers to accessing care. Support will be provided to parents and caregivers in meeting their child's social and psychological needs, along with psychoeducation on understanding ACES and how to support their children in building resilience. Bullying prevention programs and support for schools to address bullying will also be provided on school sites in coordination with other programming.

Wellness activities that assist children and youth in developing protective factors, such as social connectedness and emotional self-regulation skills, will be provided after the school day ends to support students who could benefit from positive interactions and decrease the risk of developing a mental health condition.

### **Maternal Mental Health [PEI-15]**

To address the prevention of childhood trauma at the earliest possible point in time, MCBH will develop community-based supports to help mothers/birthing people who are at risk of or are experiencing mild to moderate Perinatal Distress in the form of anxiety, depression, and mood concerns. MCBH will offer trauma-informed dyadic playgroups for families with children 0-5 in community locations, providing psychoeducation and support with a focus on Spanish-speaking Latina mothers who do not have access to mental health services through their health insurance provider. Groups will be offered in-person and online based on community needs and staffing capacity. These groups will increase opportunities for participants to have positive social interactions, develop support networks, and decrease stigma through shared experiences. A primary goal will be to increase group participants' knowledge and understanding of how being attuned to their child's cues positively impacts bonding and attachment. Additionally, the groups will incorporate culturally attuned healing practices that support women and families during the perinatal period.

Additional support to address Perinatal Mood and Anxiety Disorder (PMAD) will be provided through the Maternal, Child and Adolescent Health (MCAH) nursing program. The MCAH Case Manager and team members are in a unique position to screen, intervene, and refer clients who are at risk or experiencing PMAD symptoms. Through building a therapeutic relationship, case managers can deliver person-centered, holistic, and trauma-informed care to support the client's health and well-being.

Community-based agencies will provide peer support programs and therapeutic treatment for addressing Maternal Mental Health through staff and peers who reflect the racial, ethnic, and cultural groups that makeup Monterey County. These supports will be provided 1:1 and in groups, in settings that support participation, including home visiting and community-based locations. Inclusion of partner involvement in interventions, such as fathers and co-parents, will be incorporated as capacity allows. Programs will also provide referrals to health and wellness resources through care navigation, concrete supports such as housing, and affiliation support that connects individuals with community resources like communal activities and events.

PEI funding will be used to develop culturally attuned outreach materials that provide information on perinatal mental health and offer relevant resources. Materials will be designed to raise awareness of resources, decrease stigma, and build connections between individuals and families in our community. Participation in community events will create bridges to community members in natural settings who can benefit from service offerings and build relationships with other community agencies who serve parents and birthing people with other needed services to promote referrals and resources. Funding will also be used to support the Monterey County Maternal Mental Health Task Force in achieving the above goals: raising awareness, decreasing stigma, and building connections. Hence, families receive support to maximize wellness during pregnancy and throughout the early years of their children's lives.

### **Early Intervention**

#### **Prevention Services for Older Adults [PEI-05]**

A continuum of supports will be provided for Seniors to engage seniors and older adults in mental health care and in programming to support their health and wellness. Activities include:

- Outreach and community education that is specific to seniors through social marketing campaigns, community presentations, outreach events, and other promotional activities.
- Activities that reduce isolation, promote resilience, recovery and social connectedness for seniors will be provided including individual and group support.
- Senior Peer Companions and Counselors, often the cornerstone of programs serving seniors, will be incorporated whenever possible in these activities.

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

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

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

Outreach and community education that is specific to youth will be provided to engage adolescents and transition age youth (TAY) ages 16-25 in mental health care and in programming to support their health and wellness. Activities include:

- Social marketing campaigns, community presentations, outreach events, and other promotional activities
- A focus on youth who have experienced trauma and/or have been involved with public agencies, such as Juvenile Probation and Child Welfare, in supporting their successful transition to adulthood.
- Services for youth who have run away or are experiencing homelessness to connect them to programs to address risk factors and link youth to services that will meet their needs including, but not limited to, housing, substance abuse prevention, mental health counseling, benefits, health care, educational and employment opportunities.
- Case coordination as indicated with social services, probation, behavioral health, schools, law enforcement, and other service providers.

Positive, youth-friendly activities that reduce isolation, promote resilience, recovery and social connectedness for youth will be provided including individual and group supports in a community-based setting that is youth led and informed by input from youth and young adults. Youth Mentors and Peers are highly essential and proven to be effective in youth engagement and will be incorporated whenever possible in outreach efforts and programming. MCBH will partner with youth-serving organizations and local youth councils to develop effective outreach strategies and mental health programs for youth and young adults.

Short-term therapeutic interventions will be provided to TAY who have mental health conditions that are impacting their developmental trajectories for transitioning to adulthood and/or are placing them at risk for involvement with public agencies, such as Juvenile Probation.

Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible for youth and young adults.

### **Culturally Specific Early Intervention Services [PEI-14]**

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

Outreach and community education that is specific to each cultural group will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities to engage historically underserved populations (as noted above\*) in behavioral health care and in programming to support their health and wellness. Holistic, wellness activities that reduce isolation, promote resilience, recovery and social connectedness for each cultural group will be provided including individual and group supports. Promotores and Peers that are representative of diverse populations are highly essential and will be utilized as they are key elements in engaging and effectively supporting historically marginalized populations in accessing behavioral health care and other resources.

Short-term therapeutic interventions will be provided to address mild to moderate mental health issues and stressors associated with immigration related issues, institutional racism, discrimination, and trauma experienced over the lifetime related to one's cultural identity.

Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible and build upon trusted relationships in diverse communities.

### **Prevention and Recovery for Early Psychosis [PEI-10]**

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

In addition, outreach comprehensive community campaign providing education about early signs and symptoms of psychosis and the importance of early intervention, behavioral health wellness, psychosis and stigma. This may include individualized mental health consultation to caregivers

and providers, including pre-screening of individuals for potential referral for early psychosis assessment and treatment or other behavioral health services, as indicated. Outreach efforts will be focused on key stakeholders including medical providers, community health workers, educational partners and others who are connected to Medi-cal beneficiaries and residents in Monterey County.

#### **Stigma and Discrimination Reduction [PEI-04]**

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

T

he California Mental Health Services Authority (CalMHSA) administers statewide projects taking a population-based approach to prevent mental illness from becoming severe and disabling through outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination against people with mental health challenges. MCBH will provide funding as capacity allows to continue to participate in this statewide effort.

#### **Suicide Prevention [PEI-06]**

An integrated method of service delivery including a 24/7/365 free, multi-lingual suicide and crisis lifeline, educational outreach, and training, and postvention support services for those who have lost a loved one to suicide will be provided by a contract provider that is an Accredited Crisis Center through the American Association of Suicidology. High-risk individuals, families, and groups will be identified and provided with safe alternatives to suicidal behavior.

MCBH has developed a Roadmap to address suicide awareness and prevention in Monterey County and has formed a suicide prevention coalition named MC HOPES which stands for Monterey County: Helping One another to Prevent and Eliminate Suicide (Coalition). PEI funding will be utilized to facilitate the Coalition, make further progress on the Roadmap by creating workplans that include objectives and interventions identified by the Coalition to reduce suicide related deaths and attempts, as well as to increase protective factors in Monterey County.

Supports and trainings will be provided to better address suicide prevention and awareness to decrease the suicide related death rate in Monterey County. In addition, training will be offered for MCBH staff and community groups on the following: Applied Suicide Intervention Skills Training (“ASIST”), and Suicide Alertness for Everyone (“SafeTALK”).

#### **Prevention & Early Intervention Annual Report FY 2022-2023**

For PEI Program Data covering the Fiscal Year 2022-2023 period, please refer to Appendix III



## Innovation (INN) Projects

### Innovation (INN) Component: Project Descriptions

Counties are required to allocate five percent (5%) of total MHSA Funds to INN projects. Innovation projects are defined as novel, creative, and/or ingenious behavioral health practices or approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative of underserved individuals. The Innovation Component allows counties the opportunity to “try out” new approaches that can inform current and future behavioral health practices and approaches. These projects are intended to contribute to learning about what approaches to providing behavioral health services can be effective, rather than having a primary focus on providing a service. Innovation projects can only be funded on a one-time basis and are time limited. Innovation projects must also use quantifiable measurements to evaluate their usefulness. If any members of the public wish to identify a community need or suggest an innovative concept to improve the quality to, or access of, local behavioral health services, they are encouraged to contact MCBH at: [MHSAinnovations@co.monterey.ca.us](mailto:MHSAinnovations@co.monterey.ca.us)

### Current Approved INN Projects

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

The Micro-Innovation Grant Activities for Increasing Latino Engagement project was created to **identify and support community-driven responses to mental health related needs of Latino ethnicities, cultures, communities, neighborhoods, etc.** Monterey County residents, community partners and mental health services staff were encouraged to apply for funds to deliver localized services to engage Latino communities in ways not currently employed through existing behavioral health services in Monterey County. The Innovation Plan is concluding the sixth and final cohort of micro-innovation activities on June 30, 2023, with the remainder of the Innovation funding timeline, ending August 22, 2023, being dedicated to evaluation activities. This Innovation project utilized the maximum 5-year timeline available to Innovation plans, and as evidenced in the FY21/22 Innovation

Evaluation Report included in Appendix IV

Several promising culturally and linguistically responsive approaches towards community engagement were identified. Promising practices originating from this Innovation project will be made relevant to any future planning discussions to create or modify programs intended to provide outreach to Latinx communities.

#### Screening to Timely Access [INN-02]

The Screening to Timely Access project was created to **develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource.** This project has been implemented in coordination with the California Mental Health Services Authority as part of the multi-county Tech Suite Collaborative “Help @ Hand” project. As discussed in further detail in the FY21/22 Innovation Evaluation Report included in Appendix IV, MCBH and CalMHSA have contracted with CredibleMind, who has developed the web-based screening and referral tool, along with supported the development

and evaluation of a robust evaluation plan to assess the impact of this tool. Over the course of FY22/23, the tool, which has been named “WellScreen Monterey”, has been made available for public use. Workflows for integrating user information for clinical use have been developed. Throughout the remainder of this Innovation plan 5-year funding timeline, ending December 31, 2023, continued marketing, implementation and evaluation activities will occur. Maintenance costs for supporting this tool beyond the Innovation funding timeline will be covered under the Prevention and Early Intervention component.

### **Transportation Coaching Project (formerly Transportation Coaching by Wellness Navigators) [INN-03]**

The Transportation Coaching by Wellness Navigators project, also referred to as the “Transportation Coaching Project”, **developed and tested a transportation needs assessment tool capable of informing transportation coaching strategies for behavioral health services clients. and measuring the impact of those strategies on staff costs and client levels of independence.** The goals of this project include improving consumer independence in accessing mental health treatment services and other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff developed the transportation needs assessment tool, in partnership with Interim, Inc., our community partner employing the Wellness Navigators who provide transportation coaching services. As evidenced in the FY21/22 Innovation Evaluation Report included in Appendix IV, this project demonstrated successful outcomes related to clients’ ability to attend and/or participate in the mental health services appointments and other preferred wellness activities. Beginning in FY22/23, Transportation Coaching Project services provided by Interim, Inc., were sustained under the Community Services and Supports component. The remainder of Innovation funds available through the conclusion of the 5-year term of this project, ending August 22, 2023, are dedicated to evaluation activities.

### **Residential Care Facility Incubator [INN-04]**

The Residential Care Facility Incubator project aims to develop and enact a plan that will **incentivize local property owners to establish culturally and linguistically responsive residential care facilities in within Monterey County.**

Given the complexity and challenges associated with housing in Monterey County and California at-large, the Residential Care Facility Incubator projects is being carried out in two phases. Currently, MCBH has approval to support only Phase I of this project, which is to conduct the necessary research and planning required to support a successful implementation plan that will be carried out in a Phase II. identify the costs and steps required to establish residential care facilities, as well as an evaluation of the need for licensed residential care facilities versus unlicensed room and board with in-home support services being provided. Significant collaboration must occur between local agencies, businesses, non-profits, families, and individuals to identify prospective individuals or families within three different regions who would be interested in operating a residential care facility as described above.

During FY22/23, a Request for Proposal process was carried out, and a vendor was selected to assist MCBH in developing an actionable plan to incubate these residential care facilities. Initial research activities began in May 2023. Additional information on this Innovation

project can be found in its FY2023- 2024 Innovation Evaluation Report included in Appendix IV.

### **Psychiatric Advance Directives [INN-05]**

The Psychiatric Advanced Directive project is a multi-county collaborative project supported by the MHSOAC focusing on **deploying advanced directives to improve the response to individuals who are experiencing a mental health crisis by law enforcement, as well as physical health and behavioral health clinicians.** A psychiatric advance directive (PAD) is a legal document that details a person’s preferences for future mental health treatment, services, and supports, or names an individual to make treatment decisions, when the person experiencing a psychiatric crisis is unable to make decisions. When a person has established a PAD, proper care can be provided, and involuntary treatment may be prevented. Individuals can also share their PADs with their local hospitals, providers, and police departments so their preference of care is clear and can be easily prioritized. Additionally, when family members are kept up to date on an individual’s PAD, they can be better advocates for their loved one. MCBH is working collaboratively with the multi-county collaborative and its partners to support the created of the PAD template, technology platform on which it will be used and information can be shared, marketing and education materials, and policy advocacy. Locally, MCBH is working with Interim, Inc., in planning to pilot the use of PADs within two of their crisis stabilization programs beginning in late spring of FY23/24.

### **Rainbow connections [INN-07]**

Rainbow Connections will increase interagency collaboration between MCBH, Monterey County Office of Education (MCOE), Monterey County Clinic Services (MCCS), Local Education Agencies (LEA’s) and community-based organizations, to promote better health outcomes for the LGBTQ youth under 25 population in Monterey County. Integral to this interagency and community collaboration, Rainbow Connections will also be piloting an adapted version of an evidence-based practice to service LGTBQ youth and their families. In doing so, this Innovation project will create a new LGBTQ+ Continuum of Affirmative Care model, capable of improving the capacity of the adults, caregivers, providers, and systems responsible for the growth and well-being of LGBTQ youth to identify their mental health needs and promote their access to appropriate care.

Activities included within this proposed plan include the creation of dedicated staffing within MCBH to provide affirmative, integrated behavioral health and medical care for LGBTQ youth and their families. Staffing will include a team consisting of a Psychiatric Social Worker, Psychiatrist and Family Partner working in collaboration with or within MCCS to break down the silos that currently exist between the MCBH and MCCS systems. Additionally, a Social Worker III will be allocated to provide linkage to identified community resources and navigation of the various youth serving systems when specialized care is needed. The specialized services and supports that will be accessible to LGBTQ youth 24 and under in need will be provided through the MCBH LGBTQ Continuum of Affirmative Care for Learning Communities, an adaptation to the existing MCBH School-based Continuum of Care for Learning Communities that is currently being implemented in schools across Monterey County with high success rates and significant impact through a collaborative partnership with MCBH, MCOE and school districts. The LGBTQ

Continuum of Affirmative Care is aligned with the Positive Behavioral Interventions and Supports (PBIS)/ Multi-Tiered System of Support (MTSS) frameworks to determine the various levels of care needed by LGBTQ youth. Additionally, local community-based organizations will deliver affirmative outreach and education programs to students, school staff, parents and service providers as part of this project. Meanwhile, the participating community-based organizations and clinical staff persons will receive specialized training to tailor their service offerings and delivery to directly address the barriers and challenges experienced by LGBTQ persons and their families.

The evaluation plan of this Innovation Plan will assess the impact of the adapted PBIS framework on client utilization of the allocated specialized staffing resources and other identified LGBTQ community resources, client satisfaction, decreased suicidal ideation and attempts, improvement in student behaviors and outcomes, and improvement in family functioning and other mental health outcomes.

This Innovation plan was approved by the MHSOA on May 2023, with activities set to begin in early FY23-24.

### **Workforce Education & Training (WET) Component: Program Descriptions**

WET programs are intended to increase the number of well-trained public behavioral health providers who enter and remain in the field, serving underserve and hard to serve individuals. Strategies focus on increasing interest in public behavioral health careers, enhancing recovery-oriented treatment skills, and improving retention and career advancement opportunities. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

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

#### **Supporting Individuals**

##### **Pipeline/Career Awareness [WET-01]**

MCBH has a clinical position vacancy rate that consistently hovers around 20%. MCBH uses MHSA funds to **outreach to universities and professional programs** to share information about community behavioral health careers in general, and with MCBH, in particular.

MCBH has a **Psychiatric Social Work (PSW) Intern Program**. MCBH staff members mentor around thirteen Master of Social Work (MSW) or Marriage and Family Therapy (MFT) students each Academic Year. MHSA money is used to pay for an Intern Coordinator and mentor time recruiting, training and supervising PSW Interns. Starting in FY23, MCBH will use MHSA funds provide **stipends to PSW Interns** who are committed to pursuing a career in public behavioral health. MCBH encourages community members to seek higher education in the field of mental health; stipends allow students to work less and better focus on academics.

### Education and Training [WET-02]

A significant portion of the skills clinical staff members need to provide effective mental health services are gained on the job through training and supervision, as well as before employment during internship. To support staff development, MCBH has designed **a robust training curriculum focused on clinical competencies** in the areas of: Culturally Rooted Care; Trauma Informed Care; Clinical Fundamentals; Clinical Conceptualization; Treatment Interventions; Clinical Documentation; and Professional Development.

MCBH uses MHSA funds to pay for training and coaching. Core treatment strategies staff members are encouraged to master are Motivational Interviewing (MI), Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy Skills (DBT Skills). In addition to attending foundation and advanced topic courses in MI, CBT and DBT, staff members can also have one-on-one and small group coaching and consultation to support skill development and mastery. Staff members also learn treatment strategies specific to the populations they serve (e.g., juvenile justice, transitional age youth, early childhood.)

MCBH also uses funds to pay for administrative support to manage advertising, enrollment, and attendance of the approximately 100 classes offered each fiscal year.

### Retention [WET-03]

One reason for MCBH's high vacancy rate for clinical positions (20%), are historically low salaries, compared to salaries offered by other counties. Once trained, some staff members will move on to higher-paying jobs. Our Human Resources Department (HRD) increased salaries in 2021, after a lengthy analysis process; however, right around this time, a local hospital opened a children's behavioral health department and Kaiser opened a behavioral health clinic in Santa Cruz County, leading to a wave of resignations.

To support staff retention, MCBH provides technical assistance to staff interested in applying for federal and state loan repayment. Starting in FY23, MCBH will, through the MHSA Greater Bay Area Collaborative, offer its own **loan repayment program**. MCBH will provide approximately \$165,000 which will be leveraged to \$570,000, with State Health Care Access and Information (HCAI) funds.

### Supporting Systems

#### Evaluation and Research [WET-04]

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

## WET Training Summary Report for FY 2020-21

For the WET Training Summary Report covering the Fiscal Year 2020-21 (07/01/2020-06/30/2021) period, please refer to **Appendix V**.

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

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

The following Capital Facilities projects are included in our current MHSAs FY21-23 Three-Year Program & Expenditure Plan:

#### Renovation of an East Salinas Facility

This facility is located directly behind the Monterey County Women, Infants & Children Program office on the corner of East Alisal and Pearl Streets in Salinas. These renovations will enable and enhance mental health services for East Salinas residents of all ages.

#### Development of a New Facility on East Sanborn Road in Salinas

This facility will provide mental health services to children, youth, and their families/caregivers. This project is underway, with groundbreaking having occurred in March of 2022.

This Capital Facilities project has been added for FY23-24 in response to local needs identified through the Community Program Planning Process:

#### Monterey Mental Health Rehabilitation Center (MHRC)

This facility will create 110 mental health treatment beds through converting a vacated county-owned facility at 1420 Natividad Road in Salinas. This MHRC will be a 24-hr program which provides intensive support and rehabilitative services designed to assist persons with serious mental disorders. Monterey County clients are best served locally; currently they are placed in a state hospital, or another mental health facility located outside Monterey County.

Planned transfers to CFTN are expected to continue in FY22-23. These transfers will not fully fund these planned projects. Additional funding streams will be required and sought.

#### FY 2023- 2024 Budget Narrative

This FY 2023-2024 Annual Update reflects continued funding for previously approved Community Services & Supports (CSS), Prevention & Early Intervention (PEI), Innovations (INN), Workforce Education & Training (WET) and Capital Facilities & Technological Needs (CFTN) components.

Estimated unspent funds from prior Fiscal Years will help augment estimated new MHSA annual allocations from the State of California to enable adequate funding for the first year of this FY2023-2024 through FY 2025-2026 Three-Year Program & Expenditure Plan.

FY 2023-24 Through FY 2025-26 Three-Year Mental Health Services Act Expenditure Plan							
Funding Summary							
County:	Monterey					Date:	4/30/2024
MHSA Funding							
	A	B	C	D	E	F	
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve	
<b>A. Estimate FY 2023/24 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	0	5,735,577	6,872,530	797,049	5,846,652	
2.	Estimated New FY 2023/24 Funding	33,509,424	8,377,356	2,204,567			
3.	Transfer in FY 2023/24	(4,143,753)			1,000,000	3,143,753	
4.	Access Local Prudent Reserve in FY 2023/24						
5.	Estimated Available Funding for FY 2023/24	29,365,671	14,112,933	9,077,098	1,797,049	8,990,405	
<b>B. Estimated FY 2023-24 MHSA Expenditures</b>							
		31,510,283	6,450,664	3,423,896	1,648,122	5,500,000	
<b>C. Estimate FY 2024/25 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	(2,144,612)	7,662,270	5,653,202	148,927	3,490,405	
2.	Estimated New FY 2024/25 Funding	27,415,927	6,853,982	1,803,679			
3.	Transfer in FY 2024/25	(2,629,731)			1,000,000	1,629,731	
4.	Access Local Prudent Reserve in FY 2024/25						
5.	Estimated Available Funding for FY 2024/25	22,641,584	14,516,251	7,456,881	1,148,927	5,120,136	
<b>D. Estimated FY 2024/25 MHSA Expenditures</b>							
		23,450,897	5,603,789	2,684,704	1,098,748	4,000,000	
<b>E. Estimate FY 2025/26 Funding</b>							
1.	Estimated Unspent Funds from Prior Fiscal Years	(809,313)	8,912,462	4,772,177	50,179	1,120,136	
2.	Estimated New FY 2025/26 Funding	17,997,033	4,499,258	1,184,015			
3.	Transfer in FY 2025/26	(2,716,834)			1,000,000	1,716,834	
4.	Access Local Prudent Reserve in FY 2025/26						
5.	Estimated Available Funding for FY 2025/26	14,470,886	13,411,720	5,956,193	1,050,179	2,836,970	
<b>F. Estimated FY 2025/26 MHSA Expenditures</b>							
		14,457,014	5,615,619	2,428,570	1,098,748	3,000,000	
<b>G. Estimated FY 2025-26 Unspent Fund Balance</b>							
		13,872	7,796,102	3,527,622	(48,569)	(163,031)	
<b>H. Estimated Local Prudent Reserve Balance</b>							
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	4,795,236					
2.	Contributions to the Local Prudent Reserve in FY 2023/24						
3.	Distributions from the Local Prudent Reserve in FY 2023/24						
4.	Estimated Local Prudent Reserve Balance ON June 30, 2024	4,795,236					
5.	Contributions to the Local Prudent Reserve in FY 2024/25						
6.	Distributions from the Local Prudent Reserve in FY 2024/25						
7.	Estimated Local Prudent Reserve Balance ON June 30, 2025	4,795,236					
8.	Contributions to the Local Prudent Reserve in FY 2025/26						
9.	Distributions from the Local Prudent Reserve in FY 2025/26						
10.	Estimated Local Prudent Reserve Balance ON June 30, 2026	4,795,236					

Community Services and Supports (CSS) Component Worksheet							
		Fiscal Year 2024/25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>							
	Early Childhood and Family Stability FSP (CSS-01)	4,783,768	2,790,180	1,732,461	0	0	261,127
	Dual Diagnosis FSP (CSS-02)	1,014,593	591,772	367,439	0	0	55,383
	Transition Age Youth FSP (CSS-04)	1,908,858	1,113,360	691,301	0	0	104,197
	Adults with Serious Mental Illness FSP (CSS-05)	5,076,410	2,960,866	1,838,443	0	0	277,102
	Older Adults FSP (CSS-06)	1,226,840	715,567	444,305	0	0	66,968
	Justice-Involved FSP (CSS-13)	1,460,244	681,758	528,833	0	0	249,652
	Homeless Services and Supports FSP (CSS-14)	2,889,250	1,685,183	1,046,354	0	0	157,713
<b>Non-FSP Programs</b>							
	Access Regional Services (CSS-07)	3,656,675	2,132,791	1,324,280	0	0	199,604
	Early Childhood Mental Health Services (CSS-08)	1,645,143	928,058	595,795	0	0	121,290
	Supported Services to Adults with Serious Mental Illr	577,760	336,984	209,238	0	0	31,538
	Dual Diagnosis Services (CSS-11)	1,410,170	822,495	510,699	0	0	76,976
	Homeless Outreach & Treatment (CSS-15)	1,105,134	644,580	400,229	0	0	60,325
	Responsive Crisis Interventions (CSS-16)	2,298,551	1,340,652	832,430	0	0	125,469
	Children's Mental Health Services (CSS-17)	1,331,800	776,785	482,317	0	0	72,698
	Mental Health Services for Adults (CSS-18)	4,922,425	2,871,052	1,782,676	0	0	268,696
<b>CSS Administration</b>		3,058,813	3,058,813				
<b>CSS MHSAs Housing Program Assigned Funds</b>							
<b>Total CSS Program Estimated Expenditures</b>		38,366,433	23,450,897	12,786,799	0	0	2,128,737
<b>FSP Programs as Percent of Total</b>		51.68%					

## Prevention and Early Intervention (PEI) Component Worksheet

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>							
	Family Support and Education (PEI-02)	733,966	733,966	0	0	0	0
	Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	676,262	676,262	0	0	0	0
	Student Mental Health (PEI-08)	630,108	430,559	175,169	0	0	24,380
	Maternal Mental Health (PEI-15)	459,671	459,671	0	0	0	0
	Stigma and Discrimination Reduction (PEI-04)	319,676	319,676	0	0	0	0
	Suicide Prevention (PEI-06)	406,872	406,872	0	0	0	0
<b>PEI Programs - Early Intervention</b>							
	Early Intervention Services for Older Adults (PEI-05)	384,409	384,409	0	0	0	0
	Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	205,223	128,746	76,477	0	0	0
	Culturally Specific Early Intervention Services (PEI-14)	1,187,432	1,187,432	0	0	0	0
	Prevention and Recovery for Early Psychosis (PEI-10)	248,934	57,397	168,136	0	0	23,401
	Prevention and Early Intervention for Substance Use Disorders (PEI-16)	87,870	87,870	0	0	0	0
<b>PEI Administration</b>		730,929	730,929				
<b>PEI Assigned Funds</b>		0	0	0	0	0	0
<b>Total PEI Program Estimated Expenditures</b>		6,071,353	5,603,789	419,782	0	0	47,782

## Innovation (INN) Component Worksheet



		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>							
	Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0	0	0	0	0
	Screening to Timely Access (INN-02)	0	0	0	0	0	0
	Transportation Coaching by Wellness Navigators (INN-03)	0	0	0	0	0	0
	Residential Care Facility Incubator (INN-04)	69,680	69,680	0	0	0	0
	Psychiatric Advance Directives (INN-05)	346,557	346,557	0	0	0	0
	Center for Mind Body Medicine (INN-06)	0	0	0	0	0	0
	Rainbow Connections (INN-07)	1,518,288	1,518,288	0	0	0	0
	Eating Disorder (INN-08)	400,000	400,000	0	0	0	0
<b>INN Administration</b>		350,179	350,179				
<b>Total INN Program Estimated Expenditures</b>		2,684,704	2,684,704	0	0	0	0

### Workforce Education and Training (WET) Component Worksheet

		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>							
1.	Pipeline/Career Awareness	207,739	207,739	0	0	0	0
2.	Education and Training	691,694	691,694	0	0	0	0
3.	Retention	0	0	0	0	0	0
4.	Evaluation and Research	56,000	56,000	0	0	0	0
<b>WET Administration</b>		143,315	143,315				
<b>Total WET Program Estimated Expenditures</b>		1,098,748	1,098,748	0	0	0	0

### Capital Facilities/Technological Needs (CFTN) Component Worksheet

		Fiscal Year 2024-25					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>							
1.	MHRC Renovations	2,500,000	2,500,000	0	0	0	0
2.	BH Integrated Campus	0					
3.	Bridge Housing Development	1,500,000	1,500,000				
4.		0					
5.		0					
6.		0					
7.		0					
8.		0					
9.		0					
10.		0					
<b>CFTN Administration</b>							
<b>Total CFTN Program Estimated Expenditures</b>		4,000,000	4,000,000	0	0	0	0

### 30-Day Public Comment Period and Behavioral Health Commission Approval

In accordance with MHSA regulations and procedures, the draft version of this FY2023-2024 Annual Update document was available for public input and review for the required minimum 30-day period prior to approval by the Monterey County Behavioral Health Commission (Commission) and Board of Supervisors.

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

The 30-Day Public Comment Period began on May 15, 2024 and ended at 5:00 p.m. on **May 13, 2024**. All written comments received during the 30-Day review period, and MCBH response to these comments, were included in the final document that was presented to the Board of Supervisors for approval and adoption. Monterey County residents were encouraged to submit their comments using the following two methods:

**email:** [MHSAPublicComment@co.monterey.ca.us](mailto:MHSAPublicComment@co.monterey.ca.us); OR

**US Mail:** MHSA Public Comment  
Behavioral Health Bureau  
1270 Natividad Road  
Salinas, CA 93906.

Following the close of the 30-Day Public Comment Period, the Commission conducted a Public Hearing to review the written comments received as well as receive additional comments on the FY2023-2024 MHSA Annual Update. **This Hearing was conducted at 5:30 p.m. on Thursday, May 30, 2024, Seaside Community Center, Seaside CA 93955.** The public was invited to attend; Spanish language interpretation services were available. At the conclusion of this Hearing, with the consensus of the Commission, the FY2024-2025 MHSA Annual Update was put into final form and forwarded for adoption by the Monterey County Board of Supervisors, and then forwarded to the State Department of Health Care Services and the Mental Health Oversight and Accountability Commission.

Appendix I: Community Needs Assessment

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Appendix II: Community Services & Supports FY2022-23 Program Updates & Client Demographic Data

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Appendix III: Prevention & Early Intervention FY 2022-23 Evaluation Report

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Appendix IV: Innovation FY 2023-24 Evaluation Reports

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Appendix V: Public Comments Received During 30-Day Public Review Period

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[Appendix VI: Presentation for Public Hearing on draft FY23 MHSA Annual Update on May 30, 2024](#)

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[Appendix VIII: Monterey County Behavioral Health Commission Meeting Minutes from April 28, 2022](#)

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