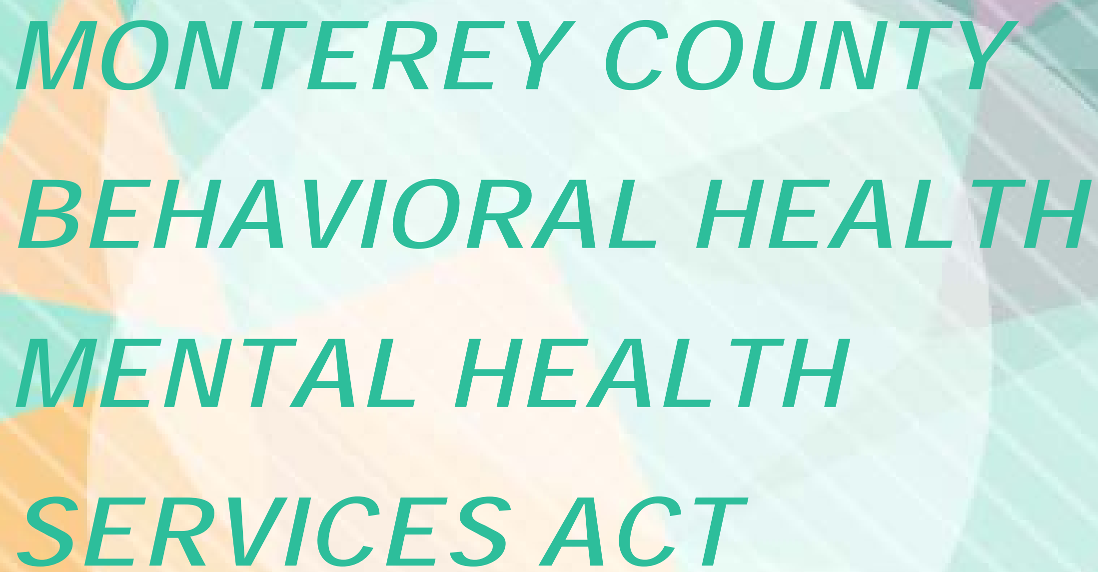
MONTEREY COUNTY BEHAVIORAL HEALTH MENTAL HEALTH SERVICES ACT



FY18-20

FINAL

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DIRECTOR'S LETTER

AUGUST 2017

Welcome to Monterey County 's "FY 18-20 Mental Health Services Act (MHSA) 3-Year Program Plan and Budget."

This MHSA Plan was built using an extensive community feedback process to engage with underserved communities in new ways. As you will see in the following pages, we used data to identify the underserved zip codes in Monterey County. With the assistance of our partners, we surveyed residents of those communities to learn about their service needs and preferences. We also conducted fourteen focus groups involving youth, parents, seniors, clients, peer advocates, those experiencing homelessness and others, often in collaboration with our providers and other partners. Throughout our planning process, we attempted to engage with the community in more meaningful ways, because if we continue with "business as usual", the inequities in our system will persist. This MHSA Plan also builds upon the "Governing for Racial Equities" initiative, which has been prioritized by the Health Department and endorsed by the Monterey County Board of Supervisors.

In Monterey County, we have a large safety net population, with 168,000 currently enrolled in Medi-Cal, and an estimated 40,000 to 70,000 undocumented residents. The Behavioral Health Bureau's mandate is to serve this safety net population. 75% of the safety net population is Latino, yet only 54% of individuals receiving services from Monterey County Behavioral Health and our extensive network of contract providers, identify as Latino. Simply stated, we are currently underserving the Latino population by 21%. These may just seem like numbers, yet what happens to our most vulnerable residents when the safety net provider is not equitably distributing the services? By definition, if the safety net fails to meet the needs of the Latinos in Monterey County, there aren't any providers below the safety net to meet the needs of these residents. And when the safety net fails, there can be significant impacts on individuals, families, and the communities in which they live.

Monterey County Behavioral Health's goal is to increase services to the Latino population by seven percent (7%) in three (3) years. To reach this goal, we have prioritized new MHSA Innovation projects to help us identify and implement innovative strategies to more effectively engage the Latino communities in Monterey County. We have also worked closely with the Mental Health Commission to review how each MHSA-funded program is addressing health equity, and to make recommendations to help us reach our equity goals. We will continue prioritizing services to the South County region as well as in Salinas, where the highest concentration of Latinos resides.

The Country's economic forecast, especially in terms of federal health care reform and the potential impacts on local healthcare funding, remain uncertain as we present this draft MHSA Plan for your review and comment. However, whatever changes are made in Washington, D.C. to the Affordable Care Act, our mandate to serve the safety net population will remain.

Please join me in our efforts to build an equitable system of care for Monterey County.

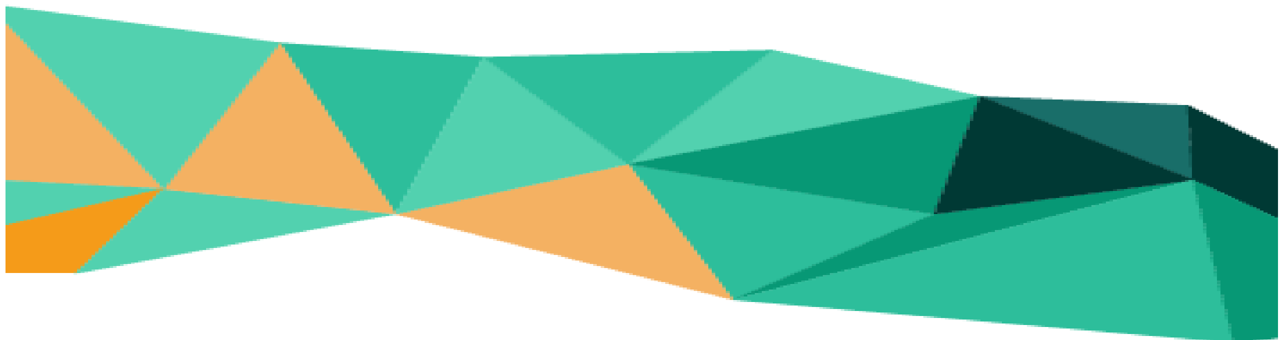
AMIE MILLER, MFT, PSY.D.
BEHAVIORAL HEALTH DIRECTOR

INTRODUCTION

PURPOSE OF THE 3-YEAR PLAN

This FY18-20 MHSA 3-Year Program and Expenditure Plan for Monterey County has been created to satisfy funding requirements set forth by Welfare and Institution Code (WIC) 5847 and authorized by the California Mental Health Service Oversight and Accountability Commission. The intended purpose of this document is to provide residents, stakeholders and service providers with an overview of planned MHSA funded activities in Monterey County over FY18-20. Additionally, this 3-year planning effort offers Monterey County Behavioral Health (MCBH) and its community the opportunity to reassess our accomplishments, failures, community needs and goals in the context of the current social, economic and political landscape.

This Plan introduces a new direction for MHSA funded activities in Monterey County, and is dedicated to making our local mental health system more responsive, impactful, efficient and resilient. The number of programs supported by MHSA funds has grown dramatically since its inception in 2005. As this growth has been beneficial for developing broader infrastructure for mental health services in Monterey County, this FY18-20 planning period now presents an opportunity to redirect and focus MHSA investments to better conform to the needs of our communities. The plan put forward in this document is to consolidate MHSA programming efforts in Monterey County, to enhance those services proven to be successful and adopt new programs for resolving current challenges.

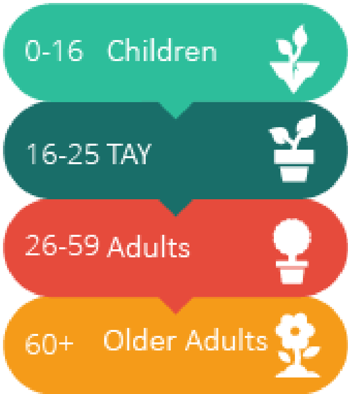


MENTAL HEALTH SERVICES ACT

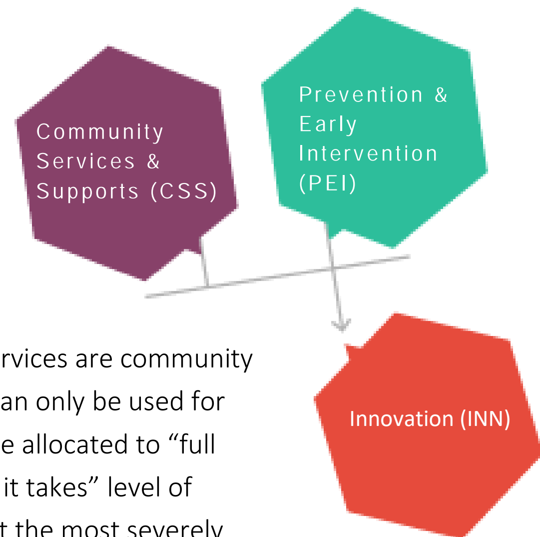
BACKGROUND

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

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



MHSA FUNDING COMPONENTS



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

PREVENTION & EARLY INTERVENTION (PEI) – Twenty-percent (20%) of MHSA funds received by counties must be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one program focused on delivering services for each of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and discrimination reduction, 4) Recognizing early signs of mental illness, and 5) Promoting greater access and linkage to treatment. Suicide prevention programs also fit within the PEI component. All programs must employ strategies for promoting access and linkage to treatment, improving timely access to services for underserved populations, and utilizing non-stigmatizing and non-discriminatory practices. Counties must serve all ages in one or more programs funded by the PEI component. At least fifty-one percent (51%) of PEI funds must be allocated for serving individuals who are 25 years old or younger. Programs that serve parents, caregivers or family members with the goal of addressing children and youth at risk of or with early onset of a mental illness can be counted as serving children and youth.

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

WORKFORCE EDUCATION & TRAINING (WET)

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

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

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

Recent Changes to the MHSA

In 2016, the MHSOAC issued regulatory changes regarding the intent and reporting requirements of PEI Programs. Explained in the PEI section above, these new regulations mandate there be at least one PEI program to serve five new service goals, and three new strategies to be employed in all PEI programs. In addition to tracking outcomes on effectiveness of services, there are also new reporting requirements to capture the demographics of persons served, including age, race, ethnicity, primary language, sexual orientation and gender identification, and disability. The regulations also include a specific focus to "prevent mental illness from becoming severe and disabling" for all PEI programs.

Also, in 2016, the State of California approved the "No Place Like Home" (NPLH) legislative initiative to develop permanent supportive housing for chronically homeless individuals who need mental health and/or co-occurring substance abuse services. NPLH is funded by a diversion of $2 billion of MHSA funds from the annual amount accumulated by the State. These diverted funds are to be re-allocated based on county population beginning in FY 19. Monterey County is estimated to receive $3.3 million to create permanent housing for chronically homeless persons with mental illness. Additional funding for services and supports for those individuals placed in the new permanent housing will need to be identified from other sources than the NPLH initiative.

MONTEREY COUNTY DEMOGRAPHICS

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur, as well as its fertile Salinas Valley that is dubbed the "Salad Bowl of the World." With a total population of 428,441, and land mass area of 3,281 square miles, much of Monterey County is sparsely populated and rural, with most development being clustered at the northern end of the Salinas Valley and toward Monterey Peninsula at the coast. The City of Salinas is the county seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California and the agricultural sector supplies most jobs in the county. Government and Tourism are the second and third largest sectors of the county economy, respectively, with Post-Secondary Education and Specialized Business Services in the technology sector expected to show the highest rates of growth in coming years. Monterey County also carries a military presence, as it is home to three Army bases, a Coast Guard Station, the Defense Language Institute and Naval Postgraduate School.[1]

GENDER & AGE

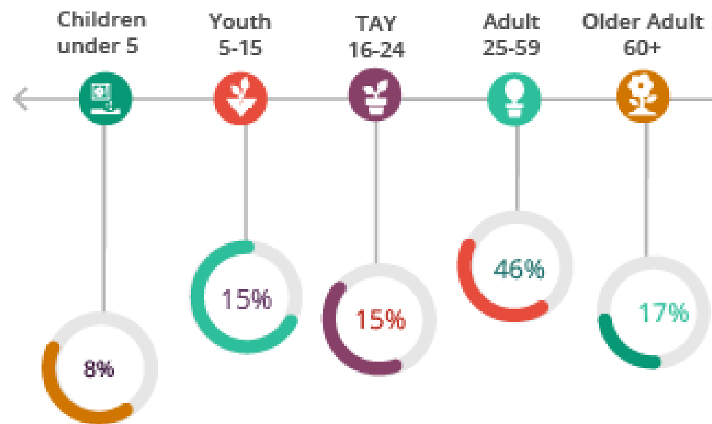


FIGURE 1 GENDER AND AGE DEMOGRAPHIC

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

[1] Unless otherwise noted, all demographic data is sourced from US Census FactFinder: https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

Ethnicity, Race & Language

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

FIGURE 2: POPULATION DISTRIBUTION BY ETHNICITY

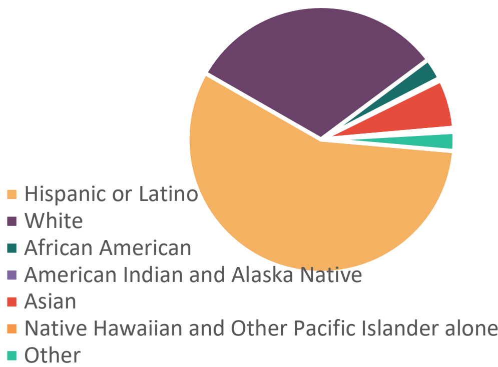


FIGURE 3: LANGUAGE AT HOME

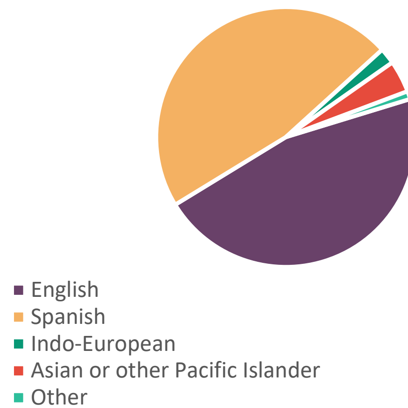


FIGURE 4: MEDI-CAL POPULATION DISTRIBUTION BY ETHNICITY

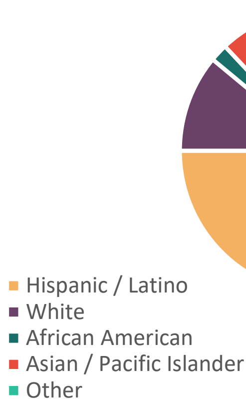
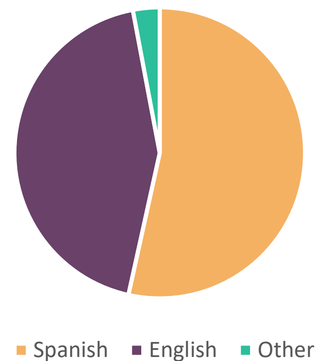


FIGURE 5: PREFERRED LANGUAGE OF MEDI-CAL POPULATION



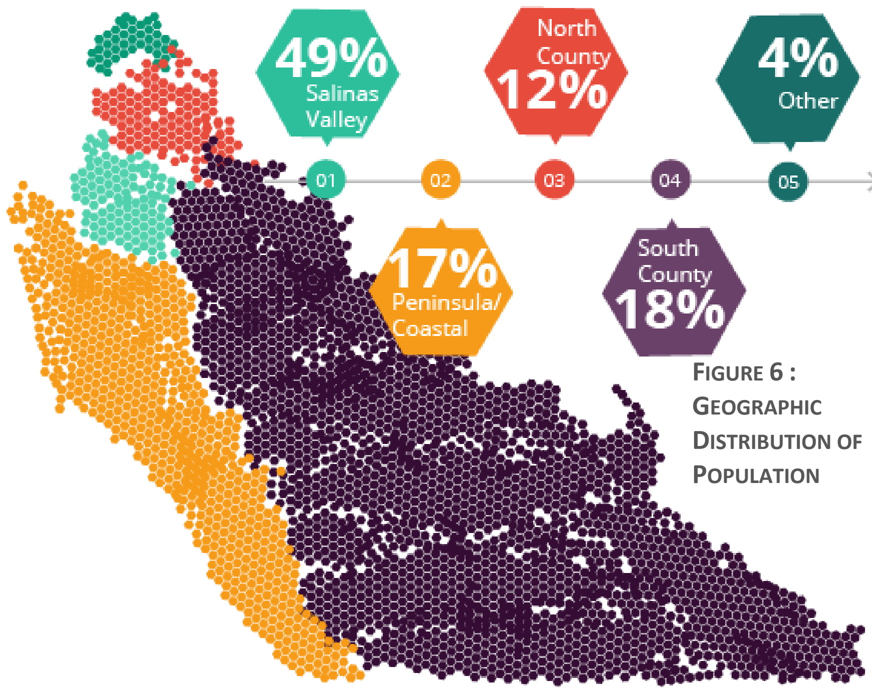


FIGURE 6 : GEOGRAPHIC DISTRIBUTION OF POPULATION

GEOGRAPHIC DISTRIBUTION

Monterey County has four geographic regions: The Salinas Valley, the Coastal Region, North County and South County. The Salinas Valley region is comprised of the City of Salinas and immediately adjacent towns. The Coastal Region encompasses all cities on the coast from Marina to Big Sur, and includes Carmel Valley. North County is made up of the small, rural and/or agricultural towns and districts north of Salinas. South County is the expansive area of Monterey County south of Salinas. The South County region consists of several larger cities with populations above 15 and 30 thousand people, as well as several remote, sparsely populated rural districts. Figure 4 illustrates the distribution of Medi-Cal beneficiaries across these geographic regions. As the City of Salinas is by far the most populous area of the county, its region has a corresponding majority of beneficiaries. Alternatively, the combined cities of the Coastal Region that total a population size close to that of Salinas has a proportionally low number of Medi-Cal beneficiaries. The relatively small North County region has an equal proportion of beneficiaries, while about 1 in 5 Medi-Cal beneficiaries in Monterey County are found in the expansive South County region. As the “safety net” mental health care provider, being aware of the geographic distribution of Monterey County’s highest-needs populations is critical for effective planning and service delivery.

INCOME, HOUSING & POVERTY

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

[2] Applied Survey Research. 2015 Monterey County Point-In-Time Homeless Census & Survey. Watsonville CA

MCBH SYSTEM ORGANIZATION & STRATEGIC FRAMEWORK

The Monterey County Behavioral Health Bureau (MCBH) is a division within the Monterey County Health Department (MCHD). As such, MCBH works in congruence with the strategic goals and operations of MCHD, at the direction of the Monterey County Board of Supervisors. The MHSA funds a significant portion of the programs and administrative activities implemented by MCBH, specifically those operating in alignment with MHSA funding component guidelines. MHSA funds constitute 17% of MCBH annual revenues and MHSA funds support, at least partially, 71% of the programs currently implemented by MCBH. MCBH programs operating outside the scope and purview of the MHSA include the provision of additional mental health treatment services, inpatient hospital services, support for Institutions for Mental Disease (IMD) and Skilled Nursing Facilities (SNF), out-of-home placements, administration of integrated care and crisis response programs, Critical Incident Stress Management partnerships with law enforcement, and provision of substance use prevention and substance use disorder (SUD) treatment programs. Non-MHSA funding for MCBH administration and other services is received from the Monterey County General Fund which fulfills the State's Maintenance of Effort requirement for the distribution of Realignment funds and other categorical revenue sources specific to mental health and SUD services. MCBH also receives federal Community Mental Health Block Grant and Projects for Assistance in Transition from Homelessness funds and recently was awarded a state Proposition 47 grant for the "No Zip Code Left Behind" initiative. This $6 million grant will fund new SUD treatment services in King City as well as a centrally located sobering center, job training, case management and other services.

MCBH Systems of Care

The MCBH organization consists of three distinct systems of care. These are the Adult System of Care (ASOC), the Children's System of Care (CSOC), and Access to Services (ACCESS), which is open and available to all age groups. MCBH also contracts with community service providers to administer programs in each of the systems of care.

As the label implies, ACCESS services function as entry points into the behavioral health system. ACCESS programs serve both children and adults, and feature walk-in clinics in three regions of the county to provide assessment, early intervention and referral services. ACCESS clinics are in Marina, Salinas, Soledad and King City, with staff also providing services on a limited basis in Castroville. ACCESS also has a toll-free line available for speaking with a Social Worker during business hours. After-hours calls are answered by Crisis Intervention Specialists. Welcome and Orientation groups are held at each Regional site several times a week. The groups offer education about services, and brief assessments to refer individuals and families to the appropriate services. Services provided in ACCESS after an assessment may include up to 6 months of brief therapy, medication support, and case management. ACCESS serves primarily Medi-Cal beneficiaries; if a County resident is not currently a Medi-Cal beneficiary and is seeking services, they are referred to a member of the ACCESS team who will help identify their needs and connect them to benefits

or other community resources.

In August 2008, Behavioral Health created a crisis support team within ACCESS. The team consists of specially trained Behavioral Health staff who are available to individuals, first responders, organizations and employers in the community to facilitate debriefings following a critical or traumatic incident such as learning about the sudden death of a co-worker, or witnessing a tragic event. Behavioral Health staff assist people to work through the initial stages of grief and provide self- care tips and resources. As expressed by a member of the Behavioral Health Crisis Team: "WE HELP INDIVIDUALS WORK THROUGH ALL THE EMOTIONS THEY ARE FEELING: ANGER, SADNESS AND FEAR, AND WE HELP THEM RESTORE A SENSE OF CONTROL. AS NECESSARY, WE CONNECT INDIVIDUALS WITH RESOURCES FOR CONTINUED CARE AND SERVICES."

CSOC and ASOC services support prevention and early intervention efforts, however, most the services are focused on providing more intensive intervention and treatment. CSOC serves both Children and TAY. ASOC primarily serves adults and older adults, although TAY may also qualify for ASOC services. The intensive services provided in these systems of care include individual, family and group therapy, medication support and case management. Services are provided to children and youth with severe emotional disturbances and to adults and older adults who have a chronic and persistent mental illness. This includes individuals diagnosed with schizophrenia, bipolar disorder, and atypical psychosis. A 24-hour crisis team is located at Natividad Medical Center's Emergency Department. Assessment for acute care, including inpatient psychiatric services when indicated, is available. Services at all sites are delivered by staff who are licensed behavioral health professionals. Staff are both multi-lingual and multi-cultural. Languages served include Spanish, Polish, American Sign, Tagalog, and Portuguese. MCBH also contracts with service providers that complement CSOC and ASOC services in providing crisis residential services, supported housing, employment, education, and dual diagnosis treatment.

MCBH Strategic Plan

Over the course of FY13-14, MCBH conducted a thorough community planning process to develop the Monterey County Behavioral Health Strategic Plan. This community planning process engaged numerous community members and service providers. All systems of service delivery, ranging from prevention and early intervention, to treatment and aftercare, were examined. Facilitators worked with participants to identify and prioritize key areas of improvement and continued support. In total, 2,667 IDEAS and recommendations were collected from participants and used to formulate recommendations for system and program improvement detailed in the Strategic Plan document.
(http://www.co.monterey.ca.us/government/departments-a-h/health/behavioral-health/behavioral-health-strategic-plan). The Strategic Plan, which was reviewed and approved by stakeholders and the Mental Health Commission, continues to offer meaningful guidance. To make best use of this document and the community planning efforts that went it to its development, MCBH is continually seizing opportunities to deliver on its strategic, community-informed goals. MCBH recognizes this FY18-20 MHSA 3-Year Program and Expenditure Plan as a significant opportunity to reframe the structure of MHSA programs and funding allocations to further advance the

strategic goals for the delivery of mental health services for Monterey County residents. Specifically, beginning with this FY18-20 Plan, MHSA PEI and CSS programs are categorized according to the community-identified strategic plan service populations, within their respective MCBH System of Care. This program framework will enable more focused delivery and accountability of services to the appropriate populations. These populations include:

STRATEGIC SERVICE POPULATION	SYSTEM OF CARE
0-5 EARLY CHILDHOOD INTERVENTION	CSOC
ADOPTION PRESERVATION	CSOC
STUDENT MENTAL HEALTH	CSOC
CHILDREN INVOLVED IN SOCIAL SERVICES	CSOC
CHILDREN AT RISK OF PLACEMENT	CSOC
TRANSITION AGE YOUTH	CSOC
JUVENILE JUSTICE	CSOC
ADULT SERVICES	ASOC
HOMELESS	ASOC
ADULTS INVOLVED IN THE CRIMINAL JUSTICE SYSTEM	ASOC
RESIDENTIAL PLACEMENT / SUPPORTED HOUSING	ASOC
DUAL DIAGNOSIS	ASOC
ACCESS SERVICES	ACCESS
CRISIS & HOSPITALIZATION*	ACCESS
SUBSTANCE USE DISORDER PREVENTION AND TREATMENT*	ACCESS

*Note: Crisis & Hospitalization and Substance Use Disorder Prevention and Treatment are not funded by the MHSA.

Figure 7: Strategic Populations and System of Care

In addition to aligning the MHSA program planning efforts with MCBH strategic service populations, our FY18-20 MHSA 3-Year Program and Expenditure Plan also takes into consideration the following key themes of interest among Monterey County stakeholders:

OUTREACH EDUCATION AND PROMOTION OF SERVICES, SPECIFICALLY ABOUT THE AVAILABILITY OF SERVICES AND TO ADDRESS STIGMA.

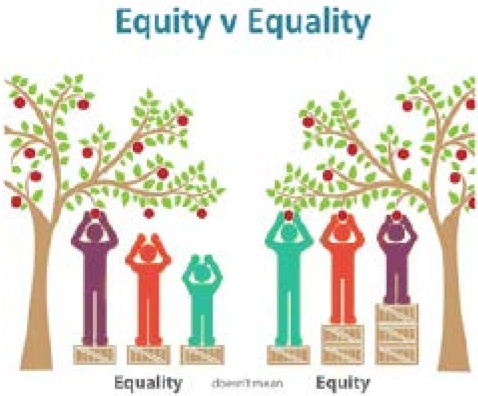
SERVICE IMPROVEMENT AND EXPANSION FOR PREVENTION AND RECOVERY SERVICES, FAMILY SUPPORTS, SUPPORTED HOUSING, AND ALCOHOL AND OTHER DRUG TREATMENT SERVICES.

ACCESS AND SYSTEM NAVIGATION, PARTICULARLY RELATED TO TIMELINESS OF SERVICES, TRANSPORTATION, REGIONAL HEALTH EQUITY, AND ENGAGEMENT WITH HIGH NEEDS POPULATIONS.

STRIVING FOR HEALTH EQUITY

The Monterey County Health Department (MCHD) is the 2017 recipient of The California Endowment's 2017 Arnold X. Perkins Award for Outstanding Health Equity Practice. This prestigious honor was awarded in recognition of the Health Department's effort to ensure that all citizens, regardless of their health status, ability, race, gender, sexual orientation, socio-economic status and geographical location, have the capacity to obtain the same positive health outcomes. Monterey County strives to provide *equitable - not equal - access*. Equal access emphasizes process and involves providing the same opportunities and mechanism for all citizens to receive health care, independent of need; equitable access involves outcomes and involves making sure that all citizens have the same ability to achieve wellbeing and healthful outcomes, even if this means providing different levels of opportunity or different mechanisms of promoting health. (Please see the figure below for a graphical representation of this concept.)

Notable components of MCHD's health equity efforts are the Health Equity Scholar Academy (HESA), developed in 2014, and the County's participation in the Government Alliance on Race and Equity (GARE) network, which started in 2016. HESA's aim is to provide a space to discuss root causes of racial health equities, specifically examining social determinants that impact racial and ethnic community's health outcomes. HESA class structure is based on dyad learning and, therefore, provides a space where Monterey County staff can actively engage in difficult and meaningful conversations about racial equity in a safe and respectful manner. Participants learn about how these concepts effect local Monterey County resident and how to best address differing needs to ensure quality service provision. Since its inception, 82 individuals, from all seven bureaus of the Health Department, have participated in the Academy. Of those participants, 21% were from the Behavioral Health Bureau.



GARE is a national network of government employees working to achieve racial equity and advance opportunities for all. GARE participants engage in a 12-month training process where they learn strategies and tools to help identify and remediate racial inequities that impact the citizens of their jurisdictions. Two of the 7-member Monterey County GARE Committee are Health Department employees; one of these employees is the MCBH Training Manager.

MCBH is focused on improving racial and regional health equity for Monterey County citizens. To ensure the appropriate service levels are available and provided, MCBH looks to our local Medi-Cal beneficiary demographics (also referred to as the safety net population) as the benchmark for how services are designed, marketed and provided. Using this gauge, the parity point to achieve health equity occurs when the demographics of clients served by MCBH, along with the value of services provided, match the demographics of the Medi-Cal beneficiary population.

When viewing the ethnic breakdown of Medi-Cal beneficiaries in Monterey County next to the data on clients served by MCBH and local service providers, it is apparent the Hispanic/Latino citizens are significantly underserved. Also, they are receiving a disproportionality low value of services per clients than other ethnicities. This disparity is also reflected in the languages in which services are provided. The data characterizes a disproportionate amount of services not reaching the Spanish speaking, Hispanic/Latino communities most in need.

FIGURE 8: SERVICES BY ETHNICITY

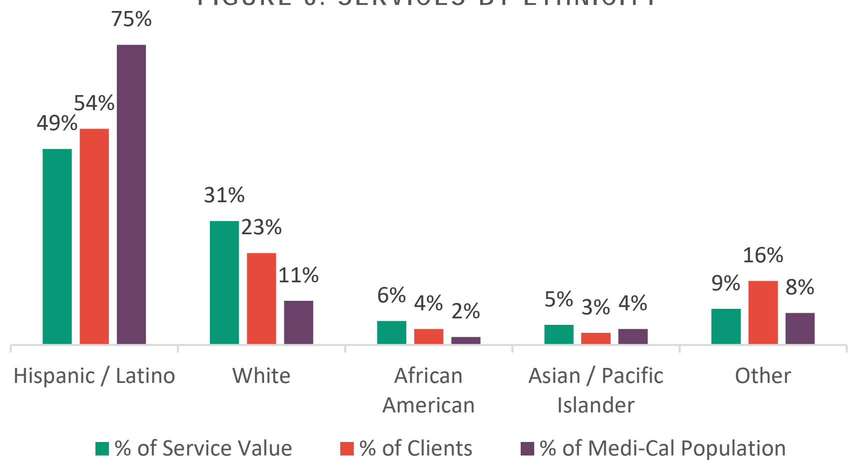
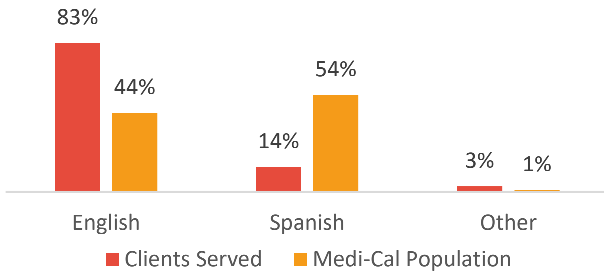


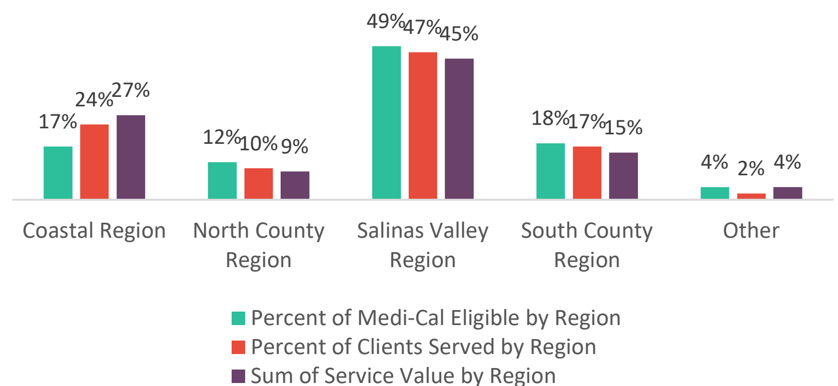
FIGURE 9: SERVICES BY LANGUAGE



MCBH has taken many steps to remedy inequity, including developing two new outpatient clinics in South County and directing new funding opportunities for use in South County, for example the Proposition 47 funded initiative "No Zip Code Left Behind", which will expand substance use disorder treatment services in South County.

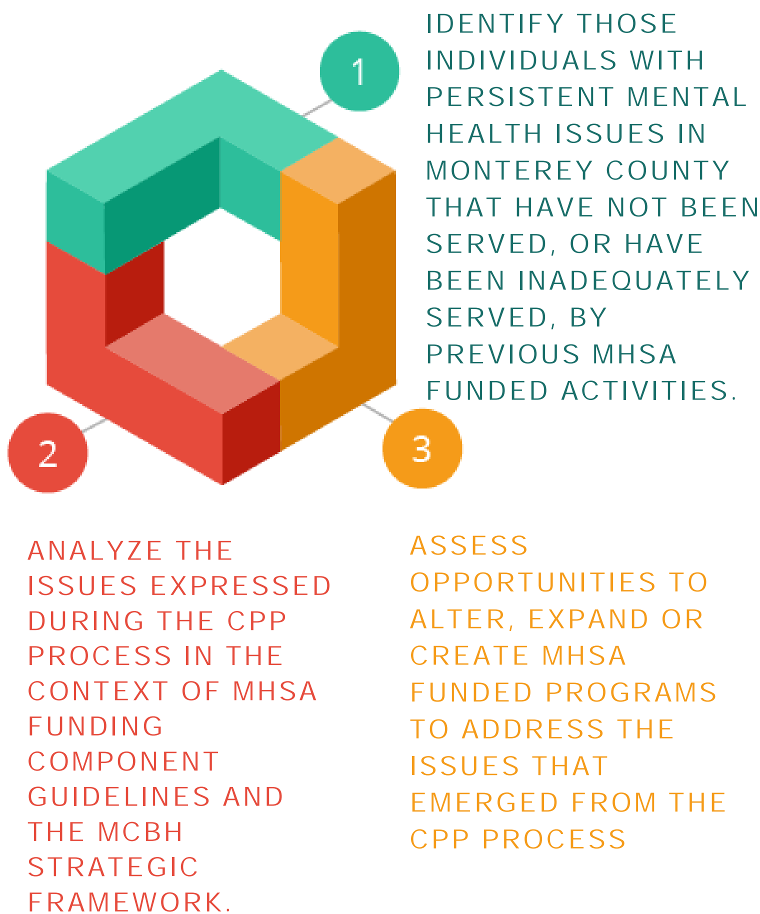
The data also illustrates the mismatch in service value delivered across the 4 regions of Monterey County. The value of services delivered per client in the Coastal Region is significantly higher than the cost of services per client in Salinas Valley, North County and South County Regions. Historically, South County has been chronically underserved with a lack of available resources. To achieve health equity in Monterey County, more resources need to be dedicated to serving the South County Region.

FIGURE 10: SERVICES BY REGION



COMMUNITY PROGRAM PLANNING (CPP) PROCESS

Monterey County Behavioral Health engaged the public, our stakeholders, staff and community service providers in the MHSA Community Program Planning (CPP) Process starting in June 2016. From the outset, the planning process was designed to hear from residents across the cultural, ethnic and geographic landscape of the county to inform the Monterey County FY18-20 MHSA 3-Year Program & Expenditure Plan. The CPP process was implemented with the following three (3) goals in mind:



The MHSA CPP process was then carried out in three (3) phases. In the first phase, focus groups were conducted across the County. In the second phase, one-on-one surveys were administered in strategically significant zip code areas. The third phase is to receive public comment on this FY18-20 MHSA 3-Year Program and Expenditure Plan over the required 30-day public review and comment period. Additionally, it is very important to highlight the work and dedication of the Monterey County Mental Health Commission and the Monterey County MHSA Evaluation Ad Hoc Committee. The Commissioners and Committee members have supported and guided the MCBH throughout this process – from start to finish - to evaluate and enhance our local MHSA program planning with a community-driven perspective.

MONTEREY COUNTY MENTAL HEALTH COMMISSION'S MHSA EVALUATION AD HOC COMMITTEE

At the request of the Mental Health Commission Chair at the June 30, 2016 meeting, Commission members volunteered to be appointed to the MHSA Evaluation Ad Hoc Subcommittee to work with MCBH staff and give the Commission's input for the 2017 MHSA Plan Annual Update. This input also forms the foundation for this MHSA 3-Year Program and Expenditure Plan covering FY 17-18 through FY 19-20. Between September 2016 and June 2017, ten (10) meetings were convened, typically immediately preceding the regular Mental Health Commission meeting. Over the course of the ten months, Behavioral Health Director Amie Miller and staff presented the following for the Commission members consideration:

1. A "Proposal: How We Will Describe Programs for the Upcoming FY18-20 MHSA 3-Year Program & Expenditure Plan." The Commission members shared their suggestions for what kinds of information and what formats would be useful in the upcoming MHSA Plan document;
2. A proposed structure that could be used to rank programs according to criteria such as addressing disparities, reaching the underserved and providing equitable services. The Commission members also discussed ways to go out into the community and engage in a dialogue about unmet needs;
3. A document showing the "continuum" of MHSA funded services;
4. A revised draft of the proposed MHSA Program Review/Evaluation structure (See Appendix I for "MHSA Program Review to Support the 3-Year Plan Development" and corresponding "MHSA Program Evaluation Structure"). The Commission provided feedback on the proposed structure and how it could be presented to the general public;
5. Preliminary data from the Underserved Communities (by Zip Code) Survey, conducted by the Center for Community Advocacy, the Health Department's enLACE program staff, and the PEI Coordinator, in the zip code areas where there are high concentrations of Latino residents who are not yet engaged in the community mental health system.

CPP PROCESS PHASE 1: FOCUS GROUPS

Between February and June 2017, staff conducted a total of 13 one-hour planning sessions using the MHSA focus group guide (See Appendix II). Seven groups were conducted in English and six were conducted in Spanish. These feedback sessions were advertised and conducted with the support of several local stakeholder groups and community partners, to whom MCBH expresses its gratitude and appreciation. These local organizations included The EpiCenter, enLACE, Skittles Group at Main St. Middle School, Promotores and Youth For Change with the Center for Community Advocacy, The Alliance on Aging, the Secure Families Group, the Recovery Task Force, Partners for Peace Youth Group, Voice of the Voiceless, and the Chinatown Learning Center Collaborative, administered by Interim, Inc. with California State University Monterey Bay. Planning sessions were open to all community members interested in

participating, and were held in King City, Soledad, Salinas, Castroville and the Peninsula, to provide access to residents in each of the 4 regions of Monterey County. Demographics represented in these meetings included MCBH consumers and their families, Latino youth, women and families, LGBTQ teens and adults, older adults, homeless and System Impacted Adults. In total, 232 individuals participated in this phase of the CPP process.

FOCUS GROUP	DATE	CITY & REGION	POPULATION	NUMBER OF PARTICIPANTS
The Epicenter	2/12/2017	Salinas	LGBTQ teens and adults	25
enLACE	2/14/2017	King City, South County	Latino women	50
Skittles Support Group at Main St. Middle School	2/15/2017	Soledad, South County	LGBTQ teens	40
enLACE	2/23/2017	Castroville, North County	Latino families	15
Promotores, CCA	3/7/2017	Salinas	Latino Health Promoters	11
Secure Families Group	3/7/2017	Salinas	MCBH consumers	5
Recovery Task Force	3/16/2017	Salinas	Consumers	15
The Alliance on Aging	3/23/2017	Salinas	Older Adults	9
The Alliance on Aging	4/4/2017	Peninsula	Older Adults	15
Partners for Peace Youth Group	4/5/2017	Salinas	Latino Youth	20
Voice of the Voiceless	4/19/2017	Salinas	System Impacted Adults	10
Youth for Change, CCA	4/19/2017	Salinas	Latino Youth	10
Chinatown Learning Center, Interim Inc.	6/13/2017	Salinas	Homeless Adults	7
				Total 232

FIGURE 11 CPP PROCESS FOCUS GROUPS

COMMUNITY FEEDBACK FROM FOCUS GROUPS

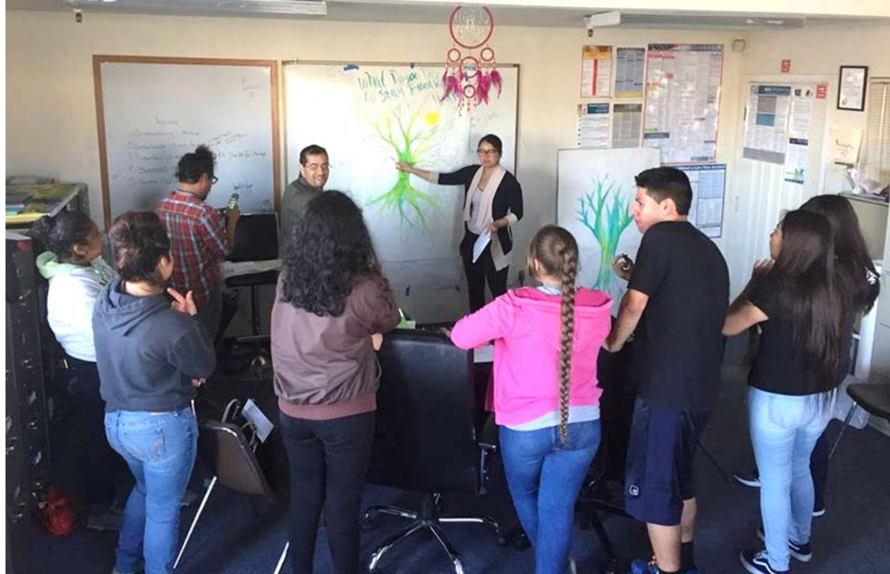
The focus groups were successful in eliciting feedback on barriers and challenges faced by Monterey County residents when attempting to access mental health services. Participants also provided constructive insights to improve access and quality of care. To begin with, various roadblocks were noted by those participants who have tried to navigate the public mental health system. Of those who engaged with the system, some felt that more could be done to make the environment and experience be more welcoming. Focus Group participants offered insight on where and how they might feel more comfortable receiving services, and how they would like to see more investment in community outreach, stigma reduction and prevention.

PANEL DISCUSSION ON HOW LATINOS BUILD RESILIENCY AND HEAL FROM TRAUMA AT THE ALISAL FAMILY RESOURCE CENTER

REMOVE BARRIERS TO IMPROVE SYSTEM NAVIGATION

System navigation can be negatively impacted by inadequate signage and feelings of being overwhelmed. One participant stated,

"NATIVIDAD HOSPITAL IS HARD AND CONFUSING TO NAVIGATE. IT DOES NOT HAVE SIGNAGE INDICATING WHERE YOU CAN ACCESS MENTAL HEALTH SERVICES THERE. I GOT LOST THE FIRST TIME I WAS THERE. IT WOULD BE BENEFICIAL TO HAVE SIGNAGE AND A GUIDE OR SOMEONE WELCOMING YOU AND ORIENTING YOU TO MENTAL HEALTH SERVICES."



CONVERSATION ABOUT MENTAL HEALTH WITH YOUTH AT THE ALISAL CENTER FOR THE FINE ARTS IN SALINAS

A few other participants saw value in investing in navigators, saying "we need to invest in peer navigation programs. It would be great to have someone welcome, orient, and give information on resources to new patients."

Consumers of mental health services also cited the need for their social workers, psychologists, and other mental health service providers to be aware of community mental health services and supports and other non-mental health resources, in order to support their ability to acquire referrals and find their way to appropriate services. Clients would like to be connected to community resources that they might need in addition to therapy and medication. One client stated, "I was connected to a social worker when I was homeless. I needed housing and she wanted to give me therapy. I really had to push her to get what I really needed. They [social workers] need to be better at connecting clients to resources and knowing what the resources are." Other participants felt that "patients have no sense of direction and don't know what to do" and **"it is important to have social workers understand what is going on in our county: for example, resources and how to access them."**

CREATE MORE WELCOMING ENVIRONMENTS & IMPROVE CUSTOMER SERVICE

Some participants who have utilized services felt there was room for improvement in making services and clinics feel more welcoming and inclusive. Participants shared that the way they are treated and the physical environment matter when they access mental health services. Participants mentioned that when they are not treated with respect and concern, they are unlikely to come back for services and will likely influence and discourage other people from using services. One person remarked, "How does the crisis team work? I tried to connect a community member to them and called them first to ask how it works. They explained how it works to me and I told them that I was going to refer someone to them. When my referral called, they were so rude to them and told them, 'I already explained to the other person who called how it works. Didn't they explain to you? You should call the police."

Groups put forward solutions for improving levels of customer service. Recommendations included trainings on customer service for staff answering phones. Other creative solutions were to give mental health clinics "art, soothing music, plants, signage, something that makes you feel comfortable and welcomed" and "create new ways to communicate and reach out to peers and increase peer participation in the waiting rooms." LGBTQ participants shared that having a poster/sign that lets the LGBTQ community know they are welcomed can send the message that the office is a safe space. However, they added that having a sign is not enough and that trainings for the staff to understand the LGBTQ community can help create a safe space.

BE MORE CULTURALLY RESPONSIVE

In addition to wanting more welcoming physical environments and experiences with staff, other feedback requested culturally responsive material and providers. Participants expressed the need to have access to services in Spanish and with providers that understand the Latino culture and can connect with their clients on a personal basis. One individual shared, "I'm now in treatment and receiving medication only for my depression. I need and have requested counseling/therapy but the person that has called me speaks English only. The medication by itself is not helping; what has really helped me get better is participating in CCA (Center for Community Advocacy). CCA actively engages us and when I started to engage in other things in my community, I started to get better." Another individual stated, and "we tried to use the Critical Incident Stress Management team and it took a long time to find someone who spoke Spanish."

INVEST IN PREVENTION WITH DIVERSE SUPPORT NETWORKS AT THE COMMUNITY LEVEL

Community members emphasized the importance of prevention and having access to the right conditions in their neighborhoods to support their mental health. Participants underscored the importance of intervening early before people develop signs and symptoms of a mental illness and before it becomes serious. Some of the participants suggested activities that would support their mental health and their wellbeing which are not traditional mental health services.

As much as group participants felt clinical environments could be improved, there was more frequent mention of the need for services being more embedded within the community. Participants felt that locating services in community settings where people naturally gather is desirable because there are lower levels of stigma there than at a mental health clinic. One participant shared, "something that has helped me a lot is when the physicians from Natividad Medical Center come to the community and facilitate conversations on how to deal with stress, anxiety, depression. It's important and we need to talk about mental health."

Providing services at locations that are accessible for community members also helps remove the barrier of transportation to get to services, especially for older adults and people who do not own a car. "We come to this group because we like it. We talk, sometimes we are worried about something and we let it out here, we laugh, and we release the stress. Most of us don't drive anymore so it's convenient that the support group happens here where we live." Another felt that "our mental health needs are related to our ability to be connected to people. Our inability to drive increases our isolation and plays with our emotional state and increases our risk for depression over our sense of isolation and dependency from others." Yet another said "we have challenges getting [to this group]. I'm fortunate that I can walk to the group but others come from Salinas or Soledad and get rides here. I feel strongly that there is a great need in the Hispanic community that is not being met. They do not have the services like the Blind and Visually Impaired Center available in their community."

"Our mental health needs are related to our ability to be connected to people. Our inability to drive increases our isolation and plays with our emotional state and increases our risk for depression over our sense of isolation and dependency from others."

Support groups were a popular strategy identified in the Focus Groups to get mental health service messaging and treatments more embedded in the community. One individual said, "More free platicas/dialogues and support groups are needed on a regular basis at schools and the community. It would be great if MCBH develops relationships with the community engagement coordinators at schools and other community settings to provide these dialogues and support groups. These dialogues and circles of support create camaraderie, trust, and are beneficial to people's healing and personal growth." Adult participants shared, "What would really help us are yoga, Zumba, dance, and nutrition classes during times that are convenient when we work, after 6pm." Another said,

"People are going through difficult situations on their own. Support groups and counseling could help give some relief to the community. When they are available, promote/market them to the community."

"People are going through difficult situations on their own. Support groups and counseling could help give some relief to the community. When they are available, promote/market them to the community." Youth participants shared that what can keep them emotionally healthy and prevent mental illness is engaging in things like "sports, skating, riding their bike and having access to parks and safe spaces such as game rooms, trampoline space, art rooms, skate parks." They also expressed that having a support system and "being with their homies" is protective.

The Focus Groups also revealed the level of stress that violence and gangs in the community is placing on individuals and families. Community-level support groups would help combat levels of stress, anxiety and isolation. A feeling of unsafety in their neighborhoods was a common theme among the participants in King City, Castroville, and East Salinas. Participants described feeling unsafe as one of the barriers that discourages them to walk outside, use parks, and becoming active in their neighborhoods. A youth participant from East Salinas said, "I feel that in general you can't go out here in Salinas, even if we have the resources because we do not feel safe. There is a recreational place close to my house but I honestly do not go because I do not feel safe." A Castroville participant backed this up by saying, "We're concerned about the violence in this community. There are frequent shootings. We think it's gang-related. People say that it's true that Castroville is a "pueblo chico, infierno grande", [meaning] "small town, big hell." Another in King City said, "we're really worried about the violence in this community. There is a shooting almost every other day. We hear the gunshots everywhere. We think it's gang-related."

HELP REDUCE STIGMA, PROVIDE EDUCATION ABOUT MENTAL HEALTH AND SERVICES AVAILABLE IN THE COMMUNITY

The stigma associated with mental health was frequently cited by community members as preventing them from accessing mental health services. Participants emphasized the importance of education and outreach as a strategy to decrease stigma and increase awareness of the supports and treatments available for mental illness. "There is still stigma associated with mental health. We've noticed that when we use the word "counselor" instead of "psychologist" more people are interested in using the services. People think that psychologists are for the severe mentally ill," stated one participant. When asked "why do they think people don't seek help for mental health issues?" youth participants responded that "the rejection of the idea about having a mental health issue"; "not being able to accept it or denying it"; "cultural stigma and not wanting people to think that I'm crazy"; and "not knowing where to go for help" are some of the reasons preventing them from accessing mental health services. Older adult participants cited stigma as one of the biggest barriers to seeking mental health services. "People have shame or pride. They say that they're not sick, that they're healthy but they moan or lament themselves too much." They cited shame as the main reason why some older adults do not use mental health services and the support group available to them at their housing complex.

> "We need parenting classes about how to communicate with our teenage sons and daughters. We are worried about them."

The comments from participants suggest that more education on mental health as part of a person's overall health and wellbeing is needed to destigmatize and normalize it. The public also needs education on what

services are available and how they can access them. As one participant observed, "It's important to keep funding outreach. I think there are more people who are having trouble finding someone to talk with, I found help through a church. There is a lot of homelessness and people who don't know who to go to." That said, cost of services is also a concern, reflected by this statement: "We need free or low cost activities such as art classes, sports, and other recreational activities to keep the youth from this community engaged. We don't have a YMCA, a Boys & Girls Club, etc. The City of King City offers some sports but they are not free and they are not affordable for a family who must pay for more than one youth. There are families that have up to four children."

CONCLUDING THOUGHTS

Monterey County Behavioral Health has declared its unwavering commitment to increase services to Latinos. Findings from these Focus Groups can help us understand some of the barriers, perceptions, and experiences that prevent or encourage the Latino community to use mental health services. These Latino community members offered practical solutions that would improve their experience accessing mental health services and recommended that services become more welcoming, more culturally responsive, located in community settings more readily accessible, and that services shift towards outreach, education, and prevention. Feedback gathered from the Focus Groups have helped inform the funding strategy for this FY18-20 MHSA 3-Year Program and Expenditure Plan to increase the utilization of Behavioral Health Services to underserved Latinos who are eligible but are not currently accessing mental health services.

CPP PROCESS PHASE 2: UNDERSERVED COMMUNITIES (BY ZIP CODE) SURVEY

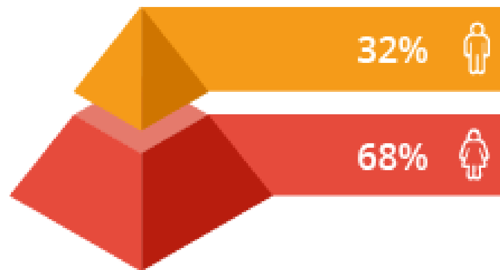
Another component of the CPP process for this FY18-20 MHSA 3-Year Program and Expenditure Plan was the administration of a survey in underserved communities where a majority of Latinos reside. In our continual effort to improve and expand services to Latino residents and achieve our health equity goals in Monterey County, MCBH administered a survey in the 10 county zip code areas with the greatest factor of high Latino residents and low service penetration rates. The goal of the survey was to uncover how access and quality of services can be improved in ways that would generate greater engagement of these underserved communities. The survey (Appendix III) was intended for the public "out in the real world," provided in both English and Spanish languages, and used culturally appropriate and non-stigmatizing language and instructions. All survey administrators were Spanish-speaking or bi-lingual. The survey did not request any personal or medical information. Surveys were administered at churches, markets, schools and even door-to-door in the more rural communities. Surveys were administered by MCBH staff, as well as our community partners, the Center for Community Advocacy and enLACE. The zip code areas surveyed and the number of respondents from those locations are listed in Figure 12. A total of 214 individuals responded to the survey.

Zip Code	Number of Respondents
95012	11
95076	11
93905	80
93912	10
93915	12
93925	11
93926	25
93927	8
93930	8
93960	38
Total Number of Respondents	*214*

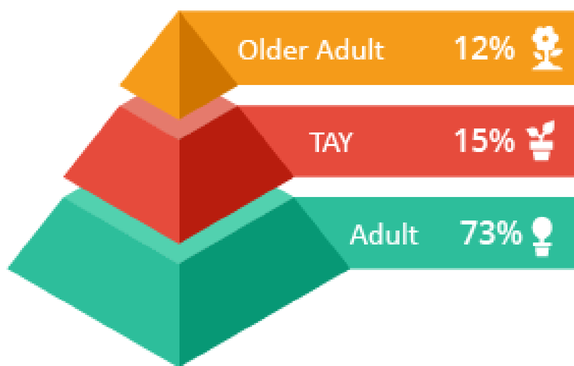
FIGURE 12 SURVEYED ZIP CODES

The administration of this survey was successful in reaching the population of focus, as practically 100% of respondents were Latino. The single non-Latino respondent identified as Asian. Eighty-percent (80%) of respondents used the Spanish language, while 4% used indigenous languages and 16% used English. MCBH bi-lingual staff translated the open-ended responses written in Spanish and indigenous languages. Additionally, the majority of respondents were female (68%) and between the age of 25 and 59. Older Adult and TAY populations equally comprised the remaining age demographics of respondents, and no youth under the age of 15 participated in the survey.

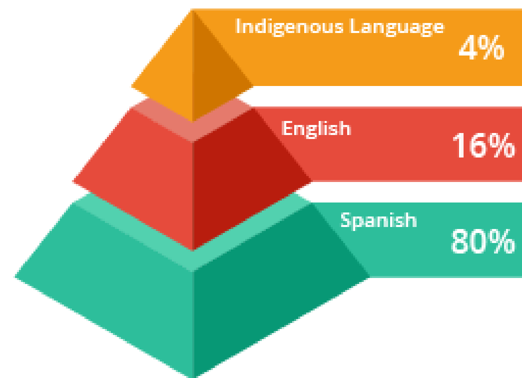
SURVEY RESPONDENTS BY GENDER



SURVEY RESPONDENTS BY AGE



LANGUAGE OF SURVEY RESPONDENTS

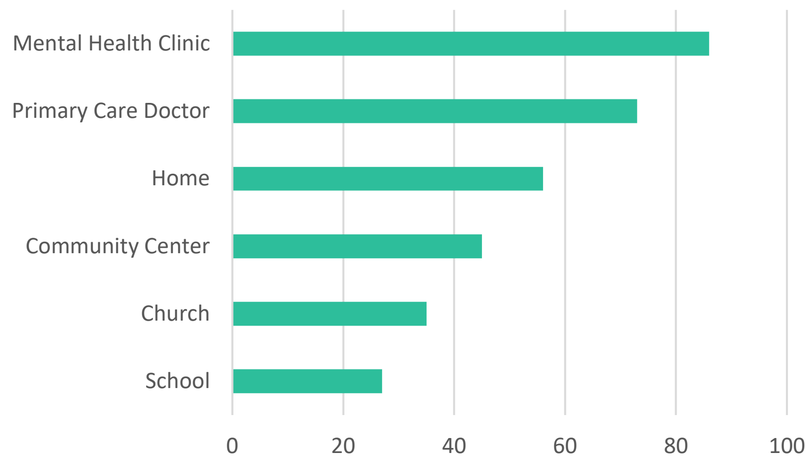


COMMUNITY FEEDBACK FROM SURVEYS

The first question asked respondents to select, from of list of locations, where they would feel most comfortable receiving services if they had a mental health or alcohol/drug concern. Multiple selections were allowed, and the data displayed in Figure 13 reflected the frequency of the selections per location.

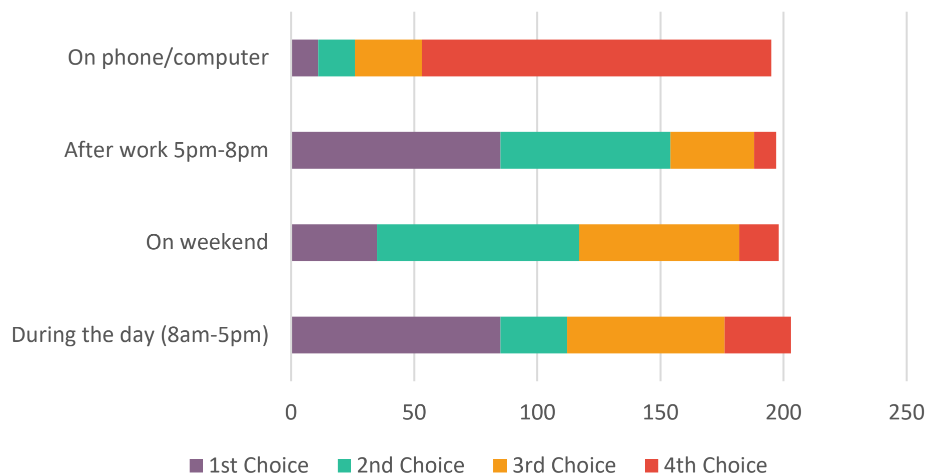
The most frequent selection of comfortable places to receive services was at a Mental Health Clinic. This came as a surprise to MCBH staff, as the open-ended responses in this survey indicated a level of stigma associated with Mental Health Clinics. Primary Care Doctor facilities were close behind as the second-most preferred location for receiving services. It was perceived by MCBH, through review of open-ended survey remarks, that co-located facilities would be convenient as well as have a level of trust and confidentiality respondents associate with primary care doctors. Receiving services at Home was the third most preferable service location, likely due to the inherent convenience and privacy. Community Centers were identified as more preferable than Church or School as a service location. Several open-ended remarks expressed very favorable opinions of community centers (including libraries) as service locations due to the frequent visits to these locations with their children. Upon review of open-ended comments, it appeared stigma associated with seeking and receiving mental health services may explain Church and School being the least popular choices. It total, these responses support MCBH objectives to address stigma and increase the accessibility of services in Mental Health Clinics and co-located health facilities.

FIGURE 13: WHERE WOULD YOU FEEL MOST COMFORTABLE RECEIVING SERVICES?



The second survey question asked the respondent to rank their preference in service availability timeframes. Responses to this ranking question can be found in Figure 14. Respondents were asked to rank the four options in order, with a score of 1 being the most preferred appointment timeframe and 4 being the least preferred. After work (5pm-8pm) and during the day (8am-5pm) were equally preferred as the most favored service appointment times; however, after work hours remained the more preferred choice overall. Receiving services over the phone or computer was by far the least preferred option, as the majority of respondents ranked it last. Receiving services on the weekend was more frequently the 2nd or 3rd choice, indicating that it is not the most ideal timeframe, but may still offer a level of convenience for working individuals.

FIGURE 14: PREFERENCE OF SERVICE APPOINTMENT



The third and final question of this survey allowed for open-ended input on how respondents believed MCBH could better serve them, their families and communities. A total of 181 comments were received. MCBH staff analyzed this qualitative data for themes related to community needs and recommendations for service improvement. The frequency of themes appearing in responses were then tallied for quantitative assessment.

ACCESSIBILITY OF SERVICES, expressed in various forms, was the most predominant topic addressed in the survey responses. Half of all comments received addressed some aspect of "accessibility of services", meaning they were unaware of services, could not physically access services or navigate the system, or did not think services were appropriate for them. Over a quarter of all respondents expressed an interest in learning more about what defines mental health issues and what services are available. This interest was expressed in questions like "Where are services located and who can be referred to services?" and many requests for workshops and sessions on mental health to be conducted in their community, churches, libraries and schools. A few respondents requested more education and training so they may volunteer as a type of system navigator in their community. Many comments requesting for more information expressed an immediate need, most frequently citing issues with drugs or alcohol.

A LACK OF TRANSPORTATION was the second more frequent point of feedback. Proximity to services presents a major challenge to individuals who cannot drive, despite MCBH and other community providers having clinic locations in the larger towns of each region. One in ten respondents requested free transportation or bus vouchers to access services, while another ten percent (10%) requested services be integrated a more dispersed network of community facilities like libraries, schools and community centers. Several others asked for services to be integrated with physical health care providers for greater convenience.

NOT FEELING WELCOMED TO ACCESS SERVICES was another overarching theme related to accessibility. More specifically, about ten percent (10%) of Spanish speaking individuals were unaware of or did not think sufficient Spanish language services were available. A few respondents noted illegal immigration status and therefore would not pursue services, while a few other requested services be brought to the fields for the migrant farmworker population. Confusion or concern over costs and insurance, or lack thereof, was another reason that fifteen percent (15%) of respondents would not pursue treatment services. Eight percent (8%) of responses indicated stigma associated with mental illness as a prohibitive factor as well.

Recommendations and requests for various services or service enhancements were also provided by respondents. The occurrence of feedback on prevention related topics and treatment focused topics was evenly split. Most interest in services for children was focused parenting education and family supports. Many respondents noted the challenges of relating to their children or grandchildren, and the difficulty of communicating with them about drugs, gangs, divorce and the disconnection they feel with their children being so engaged with their phones and technology. Those interested in services for adults most frequently cited anxiety and depression as ailments and the most frequently requested services were community- and physically-oriented prevention activities like group Zumba, yoga and sports in local parks. Drug and alcohol abuse was also a frequently cited concern, with seventeen percent (17%) of respondents wanting assistance with prevention or treatment services for drug or alcohol abuse.

CPP Process Phase 3: 30-Day Public Review and Comment Period

In support of the CPP process and in compliance with MHSA regulations, a 30-day public review and comment period is being conducted beginning Wednesday, August 23 through Wednesday, September 21, 2017 to invite input and feedback on this draft FY18-20 MHSA 3-Year Program and Expenditure Plan. A copy of the draft plan document, in English and Spanish, will be posted on the MCBH website (MTYHD.org). Copies will be available for reviewing in hard copy format at the MCBH Administrative Offices located at 1270 Natividad Road in Salinas, at MCBH clinics, and at Monterey County Library locations throughout the County. An announcement of the 30-day public review and comment period will be made via press release and email to community stakeholders, and posted on Face Book and Twitter.

Following the 30-day review and comment period, on September 28, 2017, the Mental Health Commission will conduct a Public Hearing on this draft FY18-20 MHSA 3-Year Program and Expenditure Plan, receive a Summary of Public Comments submitted (which will appear as Appendix IV in the final version of the Plan document), and make a recommendation for approval and adoption by the Monterey County Board of Supervisors.

WHAT DID WE DO: REVIEW OF FY15/16 MHSA PROGRAMS

PREVENTION & EARLY INTERVENTION

CHILDREN'S SYSTEM OF CARE – PREVENTION PROGRAMS

EPICENTER	
MHSA Component	PEI - Prevention
MCBH Strategic Plan Service Area:	TAY
MHSA Age Group:	TAY (16-25)
Priority Population:	Monterey County Transition Age Youth "TAY" (ages 16 to 25) who are currently transitioning from the various systems of care in Monterey County (Child Welfare System, Mental Health System and Probation System), and other at-risk youth as defined by The Epicenter.
Service Provider:	The Epicenter
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	456
Cost Per Client Served in FY16:	$191

PROGRAM DESCRIPTION

The Epicenter serves underserved TAY populations in Monterey County, including current/former Foster Youth, LGBTQ Youth, and other "systems of care" youth by connecting them to community resources in four (4) major pillars (Education, Employment, Housing/Living Stability and Health and Wellness). The Center provides drop-in appointments, a variety of experiential learning opportunities such as workshops, and special events, along with referrals and access to a variety of services that support independent living skills, including peer support, information and referral, food, computer access, job boards, resourcesand connections to a multitude of co-located services that youth may not access otherwise. The Epicenter also provides comprehensive case management to identify, establish and work toward the achievement of a Life Plan for youth who are disengaged from services, are homeless, or are experiencing significant challenges to independence. A youth leadership team has also been developed to provide leadership and feedback related to better serving individuals who identify as LGBTQ.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Epicenter is to increase youths' independent living skills and knowledge so they may reach self-sufficiency. Program outcomes and youth participants' progress in the domains of Education, Employment, Housing/Living Stability and Health and Wellness are assessed and tracked by Epicenter staff and are monitored using the Efforts to Outcomes data system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Epicenter served 456 clients, which exceeds the contracted amount of 250 youth by 206. Of clients served in FY16, 62% were Latino. This figure represents a modest contribution towards meeting our

health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement. Regarding regional equity goals in South County, this program provided support groups but does not have a physical location where services can be accessed on a regular basis.

While the Epicenter is located in Salinas, there has been a concerted effort to provide LGBTQ supports in South County. Over the past 3 year MHSA Plan period, the program provided presentations to South County middle and high schools reaching 34 youth of which 85% were Latino. The services that the Epicenter is providing to LGBTQ youth and the training that is being provided to the community to raise awareness and increase sensitivity regarding LGBTQ issues represents a strong impact in decreasing health disparities to individuals who identify as LGBTQ.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 24% of the total budget of $358,000. Other funding includes grants, private donations and Monterey County Department of Social Services dollars. This program is demonstrating positive contribution towards meeting the health equity goals of Monterey County, specifically in providing services for the LGBTQ population.

CHILDREN'S SYSTEM OF CARE – EARLY INTERVENTION PROGRAMS

PROGRAM NAME: KINSHIP CENTER SOUTH COUNTY CLINIC	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Early Childhood Intervention
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Children or youth in or transitioning to permanent placements, ages birth to 21, with moderate to severe emotional and/or behavioral disturbance.
Service Provider:	Kinship Center / Seneca
Service Location:	King City
Languages served:	English and Spanish
Number of Clients Served in FY16:	61
Cost Per Client Served in FY16:	$7,077

PROGRAM DESCRIPTION

The South County (King City) Clinic operated by the Kinship Center provides outpatient mental health services to eligible children and their families in the southern portion of Monterey County. The services are focused on promoting the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family functioning, abuse, neglect, domestic violence, parental incarceration and parental substance abuse. Mental health services refer to those individual, family or group therapies and interventions that are designed to reduce the incidence and risk of mental health disabilities, and improve and maintain functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. These services are also intended to reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of-state facilities, or placement in a juvenile justice facility.

Kinship Center staff use their expertise in permanency, child development, attachment and trauma to provide effective mental health treatment and support the well-being of the entire family. Significant work is done with caregivers in collateral parenting sessions to help caregivers understand the unique needs of children who have been exposed to trauma and multiple transitions, and to develop successful interventions to support these children.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goals of this program are to 1) reduce the child's mental health symptoms, improve the child's overall functioning, and address specific permancy, loss, and trauma issues that impact the mental health functioning of the child and the family; and 2) increase parent/caregiver awareness and skills to support childrens healthy development. Progress towards achieving the above goals are assessed by clinical case managers, with health outcomes and key events monitored using the Avatar electronic health record system and administering pre and post tests. Additional evaluation methodology to be addressed by the

program within this 3 year plan period shall include utilizing the CANS and The Parenting Stress Index (or comprable standardized parenting assessment outcome tool to be decided in coordination with the County).

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the South County Clinic in King City served 61 clients. Of clients served, 91% were Latino and 100% were from South County. When combined, these figures represent a very positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures being above the goal of 75% Latino engagement and regional equity figures being above the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 45% of the total program budget. The program also leverages Medi-Cal, and 92% of those individuals served were Medi-Cal beneficiaries. This program provides services to children and young adults which are directly in line with the MCBH Strategic Plan.

PROGRAM NAME: MCSTART 0-5 & EXPANSION	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Early Childhood Intervention
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Infants or children, ages 0 to 5 years of age with severe social and emotional developmental delays or disturbances caused by early childhood trauma and/or exposure to alcohol and other drugs. Children ages 6-11 years of age with open child welfare case of documented history of child abuse or neglect.
Service Provider:	Door to Hope
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	522
Cost Per Client Served in FY16:	$3,826

PROGRAM DESCRIPTION

MCSTART is a collaborative early intervention program with Door to Hope as the lead agency. The program provides services for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, dyadic, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services. To ensure these high-risk children are physically healthy and mentally stable, treatment services provided through McStart include health assessment, case management and linkage, rehabilitation, therapy, and other collateral treatment. The physical health components of the program allow for a comprehensive health approach to care however, these specific services are not part of the mental health program service array. Mental health services refer to those individual, family or group therapies and interventions that are designed to reduce the risk and incidence of mental health disabilities and improve and maintain functioning.

PROGRAM GOALS AND EVALUATION METHODOLOGY

Goals of the MCSTART program include improvement of the child's development and health, reduced mental health symptoms, increased school readiness, improved family functioning, and the reduced possibility of future residential care, out-of-the-home placement, and/or hospitalization. Outcomes related to development, enhanced self-regulation, and learning are currently tracked through the Ages and Stages Questionnaire. Additional evaluation methodology to be addressed by the program within this 3 year MHSA plan period shall include utilizing the CANS and a standardized trauma symptom measure (the specific outcome tool to be decided in coordination with the County) to evaluate mental health services outcomes. This program uses the Avatar electronic medical record system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the MCSTART 0-5 & Expansion served 522 clients. Of clients served, 54% of were Latino and 15% were from South County. Latino services represent a modest contribution toward meeting our health equity goals in Monterey County, with a racial equity goal of 75% Latino engagement. The services provided to South County residents represent a moderate contribution toward meeting our regional equity goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 47% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. The MCSTART program has demonstrated the ability to provide mental health services that are billable to Medi-Cal; however, an internal Quality Assurance audit found potential audit exceptions. Moving forward, this program must consistently demonstrate the capacity to provide adequate documentation in compliance with Medi-Cal billing requirements for specialty mental health services.

PROGRAM NAME: PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Student Mental Health
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Monterey County children and their families attending schools in the North Monterey County area (Pajaro/Las Lomas) area who are Medi-Cal eligible and who require mental health services
Service Provider:	Pajaro Valley Prevention and Student Assistance
Service Location:	Watsonville/Castroville
Languages served:	English and Spanish
Number of Clients Served in FY16:	117
Cost Per Client Served in FY16:	$2,444

PROGRAM DESCRIPTION

Pajaro Valley Prevention and Student Assistance (PVPSA) serves Monterey County children and their families attending schools in the North Monterey County area (Pajaro/Las Lomas) who are Medi-Cal eligible and require mental health services. This student counseling program provides access to services for an unserved and often underserved population that resides in the most northern region of Monterey County. PVPSA is the only Medi-Cal certified mental health provider in this geographic area. A dedicated PVPSA office is found in each school served and the mental health counselor participates as a key member of the school team. The mental health counselor provides a family therapy approach to services and engages caregivers/parents as needed to ensure progress in their respective treatment goals. Due to the geographic location of these communities and limited public transportation, there may be transporation barriers to accessing psychiatric services for children who may require them. PVPSA hired a bilingual/bicultural case management specialist to support counselors with providing transportation and linkage to support services as needed.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the MHSA funded PVPSA school counseling program is to provide children with developing coping skills in order to manage their impairment(s) and be able to function in day-to-day life and overall academic performance. Based on the current PEI logic model for the program, the CANS is to be utilized by PVPSA clincial staff to evaluate client progress and program outcomes. Additional evalation methodology to be addressed by the program within this 3 year MHSA plan period shall include utilizing the CANS-EI to measure and monitor outcomes. Records are maintained using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Pajaro Valley Prevention and Student Assistance served 117 clients. Of clients served, 95% of were Latino. This program is specifically designed to provide services in the Pajaro region of Monterey

County and therefore, by design, would not provide services within the South County region. The program is doing an excellent job at serving the Latino population, with racial equity figures exceeding the goal of 75% Latino engagement.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 66% of the total program budget. PVPSA also expanded the program's capacity to provide 100% Medi-Cal reimbursable services by adding benefits eligibility assistance to its array of services. This program has demonstrated a strong positive contribution towards meeting the racial health equity goals of Monterey County.

PROGRAM NAME: SCHOOL BASED COUNSELING	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Student Mental Health
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Monterey County school age children who suffer from trauma and related issues due exposure to domestic and other violence
Service Provider:	Harmony at Home
Service Location:	Alisal Union School District, Salinas Elementary School District and Salinas Union High School District
Languages served:	English
Number of Clients Served in FY16:	393
Cost Per Client Served in FY16:	$2,010

PROGRAM DESCRIPTION

Harmony At Home's "Sticks & Stones" School-Based Counseling Program is a prevention program for children exposed to violence and trauma in Monterey County. Domestic violence that occurs in families of school age children leads to unhealthy psychological development of children. This program offers 10-week group counseling sessions in selected schools in the Alisal Union , Salinas Elementary t and Salinas Union High School Districts, in collaboration with Monterey County Office of Education, MCBH and other community partners. Additional program activities include outreach and engagement activities conducted with community groups and organizations to further promote the program and availability of services. These activities will lead to partnerships that will increase referrals and participation of families or parents/caregivers of children who have experienced trauma as a result of witnessing domestic or community violence. This program also provides clinical supervision for up to four (4) CSU Monterey Bay Master of Social Work (MSW) program student interns. These student interns provide counseling in schools to children and families/caregivers, providing an enhanced level of services. This activity also provides student interns with real world experience providing clinical services in underserved communities.

PROGRAM GOALS AND EVALUATION METHODOLOGY

Goals of this program include providing short-term intervention focusing on reducing stigma surrounding domestic violence, mental illness and those who access mental health services, while also improving child and family functioning. Additional evalation methodology to be addressed by the program within the 3 year MHSA plan period shall include utilizing the CANS-EI to measure and monitor outcomes. The program does not currently utilize the Avatar electronic health records system .

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Sticks & Stones School Based Counseling program served 393 clients. Of clients served 90% of were Latino and none were from South County. Although the demographic data shows the Program

has exceeded the goal of 75% Latino engagement, regional equity data is well below the goal of 20% engagement of South County residents, as the partner school districts are located solely in Salinas.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 12% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources.

PROGRAM NAME: ARCHER CHILD ADVOCACY CENTER	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Involved in Social Services
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Sexually exploited and abused children are the focus of this program
Service Provider:	MCBH
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	101
Cost Per Client Served in FY16:	$87

PROGRAM DESCRIPTION

The Archer Child Advocacy Center, a program of Natividad Medical Center (NMC) Pediatrics, was established to provide a child-friendly central location for forensic interviews where there are allegations of child sexual exploitation and abuse. Children's Behavioral Health (CBH) provides mental health risk and treatment needs assessment, crisis stabilization, psychoeducation, linkage or provision of mental health treatment services as needed. The therapist can also provide mental health psychoeducation to the non-offending parent of a suspected child victim to ensure that the mental health needs of the child are addressed after the forensic interview.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The CBH Archer Child Advocacy Center program's goals are to increase early detection/identification of mental health needs for victims of child sexual abuse and linkages to services; increase help-seeking and utilization of services by children who have received forensic interviews due to allegations of child abuse; reduction of risk symptoms and improved recovery for children after sexual exploitation experiences and participation in forensic interviews regarding those events. Evaluation of program goals will be conducted through review of administrative data including number of clients screened, number of referrals made, and number of service engagements. Additionally, clients that do receive mental health treatment through MCBH as part of this program will have outcome data assessed through the CANS and the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Archer Child Advocacy Center served 101 clients. Of clients served, 67% of were Latino and 11% were from South County. However, when evaluating equity in this program it is important to consider that the individuals served are limited to those referred to the Center for services.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 63% of the total program budget. This program is also funded through several community partners including NMC, Department of Social Services, and the Rape Crisis Center.

PROGRAM NAME: KINSHIP CENTER D'ARRIGO CHILDREN'S CLINIC	
MHSA Component – Service Category	PEI – Early Intervention
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Children and families touched by adoption, foster care, relative caregiving or legal guardianship
Service Provider:	Kinship Center
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	184
Cost Per Client Served in FY16:	$7,525

PROGRAM DESCRIPTION

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

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the D'Arrigo Children's Clinic is to provide outpatient mental health services to eligible children and their families in order to improve the child's overall functioning, support the child's parent/caregiver, improve the family's well-being, and address specific permanency issues that impact the life of the child and his or her family. Outcomes associated with this program include improvement in the child's functioning within his/her family, school, peer group and community, support and empowerment of the child's parent(s)/caregiver(s) by providing skills and strategies to provide continuity of care, and a reduction in the volume and level of parental stress as demonstrated by pre and post-tests.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the D'Arrigo Children's Clinic served 184 clients. Of clients served, 68% of were Latino and 34% were from South County. Taken together, this program has made positive contributions towards health equity goals as it's approaching the goal of 75% Latino engagement and regional equity figures have exceeded the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 11% of the total program budget. The D'Arrigo Children's Center has done well to leverage MHSA funds with Medi-Cal billing and other sources.

PROGRAM NAME: KINSHIP CENTER TRAUMA SERVICES PROGRAM	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Young children exposed to trauma
Service Provider:	Kinship Center
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	data included in D'Arrigo Children's Clinic
Cost Per Client Served in FY16:	same as above

PROGRAM DESCRIPTION

Kinship Center's Trauma Services Program provides outpatient mental health services to eligible children 0-5 and their families. Mental health services refer to those individual, family or group therapies and interventions that are designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, future independent living and enhanced self-sufficiency. The focus of the program is resolving trauma experiences for children, the impact of trauma on a child and his/her family, and the impact of trauma on children being raised by a relative caregiver. Such services help to reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of–home facilities, or placement in a juvenile justice facility.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The primary goals of this Trauma Services Program are to improve the child's overall functioning, improve the family's well-being and reduce familial stress by addressing specific trauma issues that impact the life of the child and his or her family as wel as develop parental skills using evidence informed reflective parenting. Intended outcomes are improved measures of functioning of the child within their family, pre-school, peer group and community, as well as a reductionin the volume and level of parental stress as demonstrated by pre and post-tests.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Trauma Services Program data was included in the D'Arrigo Children's Clinic program. Of clients served, 68% of were Latino and 34% were from South County. Taken together, this program has made positive contributions towards health equity goals as it's approaching the goal of 75% Latino engagement and regional equity figures have exceeded the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 8% of the total program budget. The Trauma Services Program has done well to leverage MHSA funds with Medi-Cal billing and other sources.

PROGRAM NAME: PREVENTION AND RECOVERY IN EARLY PSYCHOSIS (PREP)	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	TAY
MHSA Age Group:	TAY (16-25)
Priority Population:	Monterey County residents ages 14-35 experiencing early onset (within 5 years) of psychotic symptoms
Service Provider:	Family Service Agency of San Francisco dba Felton Institute
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	54
Cost Per Client Served in FY16:	$9,259

PROGRAM DESCRIPTION

The Prevention and Recovery in Early Psychosis (PREP) Monterey program provides an integrated package of evidence-based treatments designed for remission of early psychosis among individuals age 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder. There is strong evidence for this array of treatments in promoting positive outcomes for people struggling with early psychosis, and collectively they address the impact of psychosis in multiple areas of functioning. The core services include individual psychotherapy (Cognitive Behavioral Therapy for Psychosis - CBTp), strength-based case management, algorithm based medication management, Multifamily Groups (MFG), and educational and vocational support. PREP is the primary coordinated specialty care program for early psychosis in the County of Monterey. In 2013, PREP began providing services in Monterey County funded by the Center for Medicare and Medicaid Services (CMS). After the Federal Grant ended in June 2015, PREP was able to sustain the program with MHSA and Medi-Cal billing.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The program aims to improve the mental health and level of functioning for individuals who have experienced onset of psychosis within the past five years. Individual mental health outcomes, family enagement and key events like psychiatric hospitalizations, crisis/Emergency Department visits, finding employment and housing are assessed and tracked by a case manager. The PREP program has a robust evaluation component and includes cost savings projections based upon decreased hospitalization utilization and unplanned mental health services for clients who served in the program. The program does not currently utilize the Avatar electronic health record system to track health outcomes and key treatment elements. PREP has been requested to participate in Avatar documentation and it will remain an evaluation methodology improvement request during this 3 year MHSA plan period.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, PREP served 54 clients. Of clients served, 57% of were Latino and 20% were from South County. Though located in Salinas, this program has done well to serve clients who reside in South County.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, the total contract amount for the PREP program was $500,000 of which $250,000 was funded under MHSA PEI and $250,000 was to be generated from Medi-Cal billing. In FY16, the PREP program provided a total of $393,810 in services. Difficulty of recruiting and retaining staff likely contributed to this underutilization of the annual contract funds.

MCBH values the ability of programs to leverage resources and secure sustainable funding sources. The PREP program has demonstrated the ability to provide mental health services that are billable to Medi-Cal, however an internal Quality Assurance audit found potential audit exceptions. The contractor was made aware of the audit concerns and has instituted a plan of correction. Moving forward, this program must consistently demonstrate the capacity to provide adequate documentation in compliance with Medi-Cal billing requirements for specialty mental health services. Within this 3-Year MHSA plan period, seeking alternative and complimentary funding sources will remain an objective of this program and the SAMHSA Federal Block grant funds for First Episode Psychosis treatment should be explored.

PROGRAM NAME: SEASIDE YOUTH DIVERSION PROGRAM	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Youth from Seaside middle schools and high schools, 10-17, make up this target population
Service Provider:	MCBH
Service Location:	Seaside
Languages served:	English/Spanish
Number of Clients Served in FY16:	18
Cost Per Client Served in FY16:	$1,420

PROGRAM DESCRIPTION

The Seaside Youth Diversion Program is a collaborative partnership between Seaside Police Department, Monterey County Probation, and MCBH. This program receives referrals from the Seaside Police Department in collaboration with the Monterey County Probation Department who identify first time offenders and/or youth, in the Seaside area, that are demonstrating first signs of emotional/behavioral issues that are affecting their education, family, and/or social well being. The purpose of the Seaside Youth Diversion Program is an attempt to identify and treat the underlying mental health issues that may lead to more complex problems within the community and contribute to the youths' later involvement in the Juvenile Justice System. This program originally began as a pilot project to address the lack of prevention resources to the children, adolescents and transition age youth in the Seaside/Penninsula region of the County. Over the years, this program has become a successful service that has continued to be sustained through MHSA funds, Medi-Cal billing and grant funds.

PROGRAM GOALS AND EVALUATION METHODOLOGY

Goals of this program include ongoing coordination of community resources, promoting healthy family environments, and reducing recidivism of criminal activity, by addressing emotional and psychological needs of youth through the provision of mental health prevention and early intervention services. Mental health outcomes are monitored and evaluated by the CANS (Child Adolescent Needs and Strengths) Assessment Tool, as well as the Avatar Electronic Health Record Discharge Disposition Data. Key events such as arrests and incarcerations are monitored by Monterey County Probation.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Seaside Youth Diversion Program served 18 clients. Of clients served, 72% of were Latino. Given that 43% of all Seaside residents are Latino, this presents an opportunity for a dialogue with the collaborative partnership regarding the contributing factors to what appears to be an overrepresentation of Latino youth referred to the Program. The Youth Diversion Program is centrally located, serving youth residing in the City of Seaside and nearby Peninsula communities; therefore, an overall goal of 20%

engagement of South County residents does not apply to this program.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 63% of the total program budget. Additionally, specialty mental health services provided to eligible clients are billed to Medi-Cal. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA plan period, seeking alternative and complimentary funding sources will remain an objective of this program.

In FY16, the Seaside Youth Diversion Program served 18 clients, which is only 72% of our annual goal of total clients to be served. The plan to reach our goal of treating 25 youth per year includes working together with our collaborative partners in clarifying the referral pathway to which referrals are to be maintained.

PROGRAM NAME: SILVER STAR RESOURCE CENTER	
MHSA Component – Service Category	PEI – Early Intervention
MCBH Strategic Plan Service Area:	Involved in Juvenile Justice
MHSA Age Group:	Children & Youth (6-15) Transition Age Youth (16-21)
Priority Population:	Any youth at risk or with truancy issues can be served by Silver Star Resource Center
Service Provider:	MCBH
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	37
Cost Per Client Served in FY16:	$2,880

PROGRAM DESCRIPTION

Silver Star Resource Center is a multi agency collaborative of prevention and early intervention services. This collaborative includes: MCBH, Monterey County Probation, Monterey County Office of Education, the District Attorney's Office, the Office of Employment Training and community agencies such as Community Human Services, , and Partners for Peace, all co-located in order to make resources easier to access for youth and families. Behavioral Health services, at Silver Star Resource Center, are used to identify first time offenders and/or youth, throughout Monterey County, that are demonstrating first signs of emotional/behavioral issues that are affecting their education, family, and/or social well being. The purpose of the program is to identify and treat the underlying mental health issues that may lead to more complex problems within the community and contribute to the youths' later involvement in the Juvenile Justice System.

PROGRAM GOALS AND EVALUATION METHODOLOGY

Goals of this program include ongoing coordination of community resources, promoting healthy family environments, and reducing recidivism of criminal activity, by addressing emotional and psychological needs of youth through the provision of mental health prevention and early intervention services. Mental health outcomes are monitored and evaluated by the CANS (Child Adolenscent Needs and Strengths) Assessment Tool, as well as the Avatar Electronic Health Record Discharge Disposition. Key events such as arrests and incarcerations are monitored by Monterey County Probation.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, MCBH served 37 clients at the Silver Star Resource Center. Of clients served, 86% of were Latino and 5% were from South County. Although the demographic data shows the Program has well exceeded the goal of 75% Latino engagement, regional equity data is well below the goal of 20% engagement of South County residents, likely due to the Program being located in Salinas.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 33% of the total program budget. Additionally, specialty mental health services provided to eligible clients are billed to Medi-Cal.

PROGRAM NAME: CHILD ADVOCATE PROGRAM	
MHSA Component – Service Category	PEI – Early Intervention
MCBH Strategic Plan Service Area:	N/A
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Families with children age 5 and under in which one or both parents are under the supervision of the Probation Department who have been exposed to violence, toxic stress or involvement with criminal justice.
Service Provider:	Monterey County Probation
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	308
Cost Per Client Served in FY16:	$473

PROGRAM DESCRIPTION

The Child Advocate Program was created to intervene in the cycle of family violence, knowing that children exposed to violence in the home are less likely to be socially and emotionally ready for school. Additionally, this program exists to help children cope with toxic stress in the household. Toxic stress in children is defined as living with physical abuse, emotional abuse, neglect, exposure to violence, severe maternal depression, household chaos and prolonged economic hardship. Toxic stress is shown to cause damage to vital brain development that will largely determine a child's physical, mental and emotional health into adulthood. The Program is staffed by one (1) full-time Probation Officer and two (2) Child Advocates who provide case management and linkage to community resources to the children and family members of those adults who are under the supervision of the Probation Department due to a criminal conviction.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Child Advocate Program is to assist parents in becoming capable and nurturing caretakers. The program strives to help families create healthier, stable home environments that enhance the health and safety of young children. Measurable outcomes to assess the above goals include improved individual and family functioning, improved school achievement and reduced criminal offenses.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Child Advocate Program served 308 clients. Of clients served, 87% of were Latino. Data on the residence of clients served is not available. Although this program served a high number of Latinos, children and families are referred to this Program, through the Probation Department, due to parental involvement in the criminal justice system.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 44% of the total program budget. Although this program makes referrals to mental health services as needed and works to improve overall family functioning, the use of MHSA funds to support Probation Department staff is not aligned with MHSA principles. In FY17, MCBH

identified other funds to transfer to the Probation Department to sustain the services, while other potential sources of funds are examined for future years.

ADULT SYSTEM OF CARE – PREVENTION PROGRAMS

PROGRAM NAME: SENIOR COMPANION PROGRAM	
MHSA Component – Service Category	PEI – Prevention
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Older Adult (60+)
Priority Population:	MCBH Clients with Psychiatric Disabilities residing in South County
Service Provider:	Seniors Council of Santa Cruz & San Benito Counties
Service Location:	South County
Languages served:	English and Spanish
Number of Clients Served in FY16:	9
Cost Per Client Served in FY16:	$24,544

PROGRAM DESCRIPTION

The Seniors Council Senior Companion Program serves Santa Cruz, San Benito, Monterey and Santa Clara Counties. The Program recruits, trains and places Senior Companions to work with clients who are homebound, live alone, with chronic disabilities, whose caregiver needs respite from their responsibilities, with mental health issues and may also be visually or hearing impaired. Senior Companions volunteer an average of 20 hours per week and assists clients to maintain independent living and achieve the highest quality of life possible. The Senior Companion Program provides a minimum of 1,900 hours of service to MCBH clients assigned to the Senior Companion Program by the South County Behavioral Health Services Manager.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Senior Companion Program is to assist older adult MCBH clients in avoiding hospitalization by providing companionship services to increase or maintain socialization activities and follow-through with the goals in their mental health treatment plan. During FY16, there were no formal evaluations conducted, however, anecdotal information indicates that these services are effectively providing the intended supports to MCBH clients served by the program.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Senior Companion Program served 9 clients. Of clients served, 100% of were Latino and 100% were from South County. These figures represent a very positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement and regional equity figures exceeding the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 10% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources.

PROGRAM NAME: SENIOR PEER COUNSELING PROGRAM/FORTALECIENDO EL BIENESTAR	
MHSA Component – Service Category	PEI – Prevention
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Older Adult (60+)
Priority Population:	Adults 55+ suffering from depression, anxiety and adjustment disorders
Service Provider:	Alliance on Aging
Service Location:	Salinas, Soledad, Greenfield and King City
Languages served:	English and Spanish
Number of Clients Served in FY16:	106 received individual counseling. 179 received group counseling154 participated in lecture series
Cost Per Client Served in FY16:	$547

PROGRAM DESCRIPTION

The Senior Peer Counseling Program (SPC) provides no-cost mental health intervention and emotional support to older adults suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Peer Counselors, trained and supervised by mental health professionals, provide short-term one-on-one counseling that may be home-based, office-based, or at long term-care facilities. Volunteers and staff facilitate support groups that foster emotional support, encouragement, self-empowerment and connection to others.

Since 2008-09, with funding from the MHSA, the SPC was expanded to include bi-lingual/bicultural program services. Bilingual/bicultural volunteers were trained to provide counseling and support groups to unserved Latino older adults, mainly in Salinas. Wellness lectures were introduced throughout Salinas and South County, with an emphasis on issues related to Latino adults.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goals of the Senior Peer Counseling program are as follows: a) Provide Information, referrals and consultation; b) Provide individual and group counseling; c) Maintain an active roster of trained Volunteer Peer Counselors; and d) Provide Wellness lectures to increase the knowledge of mental health issues and available community resources

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Peer Counseling/Fortaleciendo el Bienestar (FeB) program served 438 clients. Of clients served, 56% of were Latino and 31% were from South County. When combined, these figures represent opportunities for program improvements to increase Latino engagement, especially South County residents, as racial equity figures are below the goal of 75% Latino engagement and regional equity figures are below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16 MHSA funds accounted for 100% of the total program budget. Within this 3-Year MHSA plan period, seeking alternative and complimentary funding sources to augment existing revenues would better position this program to meet the growing population of older adults in Monterey County. In the areas of service delivery improvement, the following are the recommendations for this 3-Year MHSA plan period: 1) Continue to make expanded efforts to recruit and retain Latino volunteers; 2) Continue to make efforts to reach out to facilities in the South County to recruit volunteers; and 3) Continue to make efforts to reach out to South County locations to offer the FeB health education series at one or more sites.

PROGRAM NAME: SUCCESS OVER STIGMA	
MHSA Component – Service Category	PEI - Stigma and Discrimination Reduction
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Adult (26-59)
Priority Population:	Communitywide Education
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English
Number of Presentations in FY16:	42 (Success over Stigma), 48 (Hope & Recovery)
Cost Per Presentation in FY16:	$1,114

PROGRAM DESCRIPTION

The "Success Over Stigma" (SOS) program promotes consumer involvement in advocating for public policies that support and empower people with psychiatric disabilities. The program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. SOS provides peer consultation to service providers, including increasing peer involvement in developing and strengthening mental health services both locally and at the state level. Lastly, consumers learn how to better advocate for themselves by providing reciprocal peer support and advocacy in their community. This initiative gives clients the opportunity to share their behavioral health experience and impact policy regarding their services.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to directly confront stigma surrounding mental health issues by supporting those with serious mental illness in self-efficacy and exposing the community to a mental health consumer's experience. More specifically, this program is intended on reducing mental health stigma by providing educational opportunities/presentations in the community and in-patient units. Additionally, Success Over Stigma seeks to generate consumer/peer participation and consultation in policy and advocacy committees.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

Success Over Stigma reached 2,000 audience members with their 42 presentations. The 48 Hope and Recovery presentations conducted on in-patient psychiatric units saw 326 attendees. Service demographic data to assess the program's impact on health equity is not available for FY16. Moving forward, Success Over Stigma (SOS) will: a) track where presentations are being held throughout the county and report on those results; b) will increase the number of presentations held in South County; c) track the number of Latino and/or Spanish-speaking individuals attend the presentations or participate in the programs; and d) continue to increase the participation of Latino and/or Spanish-speaking individuals over the course of the next 3 year MHSA Plan period.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. In addition, the following are noted as areas for improvement: 1) Facilitate a monthly Advocacy Workshop in South County; 2) Develop at least two (2) new South County speakers; and 3) Facilitate at least six (6) presentations to South County organizations/faith based communities.

PROGRAM NAME: NAMI FAMILY SELF-HELP SUPPORT & ADVOCACY	
MHSA Component – Service Category	PEI
MCBH Strategic Plan Service Area:	Outreach for Early Signs
MHSA Age Group:	Adult (26-59)
Priority Population:	Family and Friends of People with Mental Illness
Service Provider:	National Alliance on Mental Illness Monterey County
Service Location:	Salinas, Coastal, South County
Languages served:	English and Spanish
Number of Clients Served in FY16:	110
Cost Per Client Served in FY16:	$1,513

PROGRAM DESCRIPTION

This program supports and advocates on behalf of consumers, families, and friends of people with severe mental illness. NAMI's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve clients' quality of life.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goals of NAMI's services to the community are as follows: 1) Provide phone, email or in-person support to family members, caregivers, and clients who are frequently in distress and in need of information; 2) Provide public presentations in Salinas and in South County with an emphasis on care to consumers and families; 3) Provide outreach services in South County and in Monterey, assuring improved response to callers and walk-in consumers seeking assistance; 4) Facilitate "Family to Family" and/or "Familia a Familia" education courses for family members and care providers of adults living with mental illness; 5) Facilitate "Provider Education" presentations to mental health professionals to encourage sensitivity in regards to mental illness; 6) Facilitate monthly "NAMI Connection Recovery Support Group" program for adults with a mental illness and family members; and 7) Coordinate with, assist and supplement existing programs in Monterey County that currently offer mental-health service programs to youth and seniors five times a year.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the NAMI's Self-Help Support & Advocacy Program served 1,436 individuals, and 53% were Latino. This figure indicates a need to increase outreach in the Latino Community, as this racial equity figure is well below the goal of 75% Latino engagement.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources this program is recommended, as well as the following areas for improving service delivery and contributing to our health equity goals: 1) Continue to work on increasing presence in East Salinas and South County; 2) Increase the number of Programs offered

in South County; and 3) Continue to provide at least two (2) days per week of services in South County.

PROGRAM NAME: FAMILY SUPPORT GROUPS	
MHSA Component – Service Category	PEI
MCBH Strategic Plan Service Area:	Early Intervention
MHSA Age Group:	Adult (26-59), Older Adult (60+)
Priority Population:	The group is specifically for ages 18+ and welcomes all population groups
Service Provider:	MCBH
Service Location:	Marina, Salinas, King City and Soledad
Languages served:	English and Spanish
Number of Clients Served in FY16:	70
Cost Per Client Served in FY16:	$1,602

PROGRAM DESCRIPTION

The Family Support Groups program was developed in response to families in the community who were seeking additional support when mental illness is affecting their family's functioning and quality of life. Families benefit from receiving psycho-education regarding mental illness symptoms and behaviors as well as an understanding of the resources available to their loved one, as well as to the family members. We know that the people we serve do better when their families are involved with a developed understanding of mental health and wellness as well as holding a strength-based approach to the process of recovery. The MHSA asserts the importance of incorporating the family perspective in the services provided. The groups are facilitated by MCBH staff two evenings per month for duration of 90 minutes per session in each region of Monterey County.

PROGRAM GOALS AND EVALUATION METHODOLOGY

By providing support to family members and significant others, participants of the Family Support Groups are more equipped to provide additional support and resources, contributing to the ultimate goal of enhancing their loved one's quality of life. The goal is to educate, provide support, and connect family members to resources with the ultimate outcome of less utilization of emergency services and law enforcement resources. In addition, and more importantly when people with mental health challenges connect with their core gifts, (educational interests, work interests, fun activities, hobbies, and goals for a better life in the community) they have much better outcomes and are much happier overall.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Family Support Groups program served 70 clients. There are no demographic data available for FY 16 to assess the program's contribution towards meeting our health equity goals in Monterey County.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. The following strategies will be

implemented in FY18 to improve service delivery and assess the program's ability to achieve our health equity goals: 1) increase the number of Family Support Groups held County-wide from currently two groups each month in Marina to a total of six groups held each month in Marina, Salinas, Soledad and King City; 2) Provide at least one Spanish-speaking group every month; and 3) Collect data on the number of family members that are attending as well as obtain some key demographic data.

PROGRAM NAME: PEER SUPORT - WELLNESS NAVIGATION	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Adult (26-59)
Priority Population:	The population to be served are adults with mental health challenges as referred by MCBH
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	51
Cost Per Client Served in FY16:	$4,047

PROGRAM DESCRIPTION

Interim, Inc. provides Wellness Navigators (WNs) for MCBHB's Adult Services Clinics. WNs, stationed at each Adult Services clinic, are responsible for welcoming clients into the clinic while the client is waiting to meet with his/her psychiatrist or case coordinator. The WNs help support completion of intake screening tools, and help clients understand the services available to them. They discuss services that suit each client's recovery needs and help connect him/her to community based resources that new clients need support in accessing. The WNs also follow up with a visit or phone call to continue linking clients to services.

The Peer Partners for Health is a voluntary training and peer support program focusing on clients who are either in the crisis residential program at Manzanita and/or the Natividad Medical Center in-patient unit to help them with their transition into the community after they are discharged. This program was requested by consumers through Recovery Task Force and the project plan was developed in collaboration with MCBH.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to utilize the assistance of a peer WN to connect consumers to community based follow up services in a culturally sensitive manner. The program also aims to decrease frequency of mental health crises by increasing support in clinics to include symptom management skills training, education on mental health and connecting clients to community resources. WN's services are provided for the client/consumer or family member in-person or over the phone for up to three months. WNs are provided a list of measurable tasks to work on with the referred consumer/family member by MCBHB Case Coordinators, and Mental Health inpatient unit staff. This peer support initiative plays an important role in the County's efforts to promote mental health recovery, peer advocacy, and peer leadership. It will increase resilience, wellness and self-management of health and behavioral health; through this support, consumers will be more equipped to transition back to society.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Peer Support & Peer Partners for Health program served 51 clients. Of clients served, 39% of

were Latino.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. The following strategies will be implemented in FY18 to improve service delivery and assess the program's ability to achieve our health equity goals: 1) 50% of consumers/clients will be referred to and obtain services from at least two community resource providers as a result of WN linkage. WN will document results daily on spreadsheet; 2) 75% of consumers who have had at least 8 contacts with a WN will report maintained or improved recovery. These results will be measured by survey results from the Recovery Assessment Scale (RAS); 3) Consumers will be asked to complete a "Consumer Satisfaction Survey" at exit; 4) WNs will track the types of resources provided to peers; e.g. Employment, education, recovery groups, transportation training, etc.; 5) WN will document in progress notes and in a form specifying linkages to specific services such as SEES, OMNI, AA/NA or with the development of a WRAP Plan; 6) WN will learn how to document in Avatar and bill for appropriate level of billable services; and 7) Demographic data of clients served, including their region of residence, will be compiled and reviewed to assess program's ability to make a positive contribution to our health equity goals in Monterey County.

ADULT SYSTEM OF CARE – EARLY INTERVENTION PROGRAMS

PROGRAM NAME: OMNI RESOURCE CENTER	
MHSA Component – Service Category	PEI - Early Intervention
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Adult (26-59)
Priority Population:	The Center is open to all mental health consumers ages 18 and older
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	752
Cost Per Client Served in FY16:	$669

PROGRAM DESCRIPTION

OMNI's mission is to increase mental health wellness of individuals and the community by providing wellness awareness and innovative programs. The Center is a peer and family member operated facility. The Center serves to assist members in pursuing personal and social growth through self-help, socialization, and peer support groups. Additionally, the Center offers skill-building activities and tools to those who choose to become leaders among their peers to take an active role in the wellness and recovery movement through various initiatives. The Center works to help individuals find a meaningful role in their community, to gain self-empowerment, to learn advocacy and leadership skills, and to educate the public on mental health and recovery. OMNI facilitates a monthly Recovery Task Force to offer feedback to MCBH, providing the consumer perspective, needs and concerns. OMNI also offers weekly "After Hours", a program specifically serving Transition Age Youth and young adults between the ages of 18 -30.

PROGRAM GOALS & EVALUATION METHODOLOGY

The goal of this program is to create an inclusive environment where mutual support and resources are available to clients on their pathway to mental health wellness and recovery.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the OMNI Resource Center served 752 adults from throughout Monterey County, with 45% being Latino and 5% reporting they reside in South County.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. The following strategies will be implemented in FY18 to improve service delivery and assess the program's ability to achieve our health equity goals: 1) Provide Services to over 500 unduplicated consumers that will expand their knowledge of wellness and recovery; 2) 85% of consumers who attend the OMNI Center at least 10 times or more per year will report that they maintained or improved their mental health recovery. This will be measured by

pre- and post- self-survey results using the Recovery Assessment Scale (RAS); 3) 85% of consumers will report satisfaction with the quality of services provided. Measured by client self-report via annual "Consumer Satisfaction" survey instrument; 4) The Center will collaborate with MCBH and other community partners to increase outreach in those areas identified in the Underserved Communities (by Zip Code) Survey in an effort to increase Latino participation at the Center.

CHINATOWN COMMUNITY LEARNING CENTER - CSUMB COLLABORATIVE	
MHSA Component – Service Category	PEI - Access and Linkage to Treatment
MCBH Strategic Plan Service Area:	Homeless
MHSA Age Group:	Adult (26-59)
Priority Population:	The population to be served is homeless adults in Chinatown Salinas
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	475
Cost Per Client Served in FY16:	$308

PROGRAM DESCRIPTION

Interim continues to sub-contract this service to California State University at Monterey Bay (CSUMB) and provides oversight for CSUMB's Chinatown Community Learning Center (CCLC) initiative. The purpose of the collaboration is to enable CSUMB to continue to offer qualified Master of Social Work (MSW) interns the opportunity to provide support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas and surrounding areas, many of whom are also struggling with mental health and addiction issues . The Community Learning Center is a resource center, and the staff provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities. Interim provides guidance on setting and meeting goals as well as monitors contract outcomes.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Chinatown Community Learning Center (CCLC) served 475 clients. CSUMB interns provided 64 hours per week of social work services to CCLC participants. Interns were onsite in Chinatown to offer supportive case management and related services to assist clients with health, mental health, employment, social security, nutrition and housing assistance. Demographic data of clients served by CCLC is not available for FY16.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources this program is recommended, as well as the following areas for improving service delivery and contribute to our health equity goals: Four (4) MSW Interns will provide services in the Chinatown Community Learning Center for four (4) days per week, serving a minimum of twenty-five (25) unduplicated homeless clients per month, providing the following services: a) facilitate two (2) groups per week employing a mental health and/or substance use disorder evidence based practice, skill building or Interim curriculum with clients; b) assist two (2) clients per month toward completion of supporting documentation necessary to begin the SSI application process; c) assist

clients in applying for General Assistance and/or Medi-Cal or other health benefits and/or Food Stamps for at least two (2) individuals with mental illness per month; d) assist 1-2 clients achieve housing and/or employment; e)provide the necessary case management and/or situational crisis counseling services to the clients on their case load; and f) provide clients with transportation to needed services whenever necessary and within the allowable guidelines of the University policy.

ACCESS – PREVENTION PROGRAMS

PROGRAM NAME: MULTI-LINGUAL PARENT EDUCATION PARTNERSHIP	
MHSA Component – Service Category	PEI - Prevention
MCBH Strategic Plan Service Area:	Early Childhood Intervention
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Spanish speaking parents with young children
Service Provider:	Community Human Services
Service Location:	Marina, Salinas, Soledad, King City
Languages served:	English and Spanish
Number of Clients Served in FY16:	745
Cost Per Client Served in FY16:	$143

PROGRAM DESCRIPTION

The Multi-Lingual Parent Education Partnership, with Community Human Services as the lead agency, offers "Triple P", an 8 to 10 week evidence-based curriculum for parents of children ages 2 through 12 with emotional/behavioral challenges. The program also aims to increase capacity for culturally and linguistically appropriate parent education opportunities in targeted areas of Monterey County by recruiting and training additional parent educators in this evidenced-based curriculum to ensure that the program will have capacity to serve English and Spanish-speaking families in Salinas, Seaside, South County and North County.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to increase parenting skills, particularly for Spanish-speaking parents. The main outcome measured will be the number of parents demonstrating more effective parenting skills and confidence as measured by the selected curriculum's evaluation.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Multi-Lingual Parent Education Partnership served 745 clients. Of clients served, 86% of were Latino. There was no data available on number of South County clients, although there were seven (7) "Triple P" groups held in South County. This figure represents a positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement and our regional equity goals being addressed by holding multiple activities in the South County region.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA fund accounted for 16% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources is an objective of this program. Perhaps funding options are available through Community Foundation and/or Medi-Cal Administrative Activities funding.

Increased efforts on collecting regional demographic data will be implemented as well.

PROGRAM NAME: SUICIDE PREVENTION	
MHSA Component – Service Category	PEI – Suicide Prevention
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	All Ages
Priority Population:	All persons at-risk of suicide
Service Provider:	Family Service Agency of the Central Coast
Service Location:	Santa Cruz (willing to travel)
Languages served:	English and Spanish, Language Line
Number of Clients Served in FY16:	5,828
Cost Per Client Served in FY16:	$38

PROGRAM DESCRIPTION

Suicide Prevention Service (SPS) is a program of Family Service Agency of the Central Coast and has been serving Monterey, Santa Cruz, and San Benito residents since 1967. The program's primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. SPS uses an integrated method of service delivery includes a 24/7/365 free, multilingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide.

Nearly everyone is touched by suicide at least once in their lifetime. In 2014, Monterey County experienced 57 suicides; the youngest was 15 and the oldest was 96. SPS staff regularly participates in local needs assessments to contribute and learn from discussions on priorities. The Monterey County Community Health Assessment (2013) reviews of mental health indicators affirm the need for continued suicide prevention and intervention activities. Local data showed there was a significant increase in suicide among residents age 45-64, especially males, and that suicide rates for females more than doubled from 1999-2001 to 2008-2010.

MHSA funds enabled SPS to successfully adapt their program to align with nationally recognized standards for best practices and to become accredited through the American Association of Suicidology. MHSA funding has allowed SPS to diversify the range of activities offered to support residents of Monterey, Santa Cruz, and San Benito counties. Outreach personnel are now trained to offer a variety of new training programs, including ASIST, SafeTalk, and Mental Health First Aid, amongst others.

PROGRAM GOALS AND EVALUATION METHODOLOGY

Suicide Prevention Service's primary service goal is to meet the growing need of suicide crisis response of the tri-county community and provide the highest level of service delivery possible, while maintaining accreditation through the American Association of Suicidology. The program seeks to provide the community with information about suicide, dispel myths, lower stigma by normalizing thoughts and feelings, and offer tri-county residents local resources, such as our 24-hr suicide crisis line, as an alternative to suicidal behavior.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Suicide Prevention provided presentations to 5,828 residents; 62% of service recipients were

Latino and 6% were from South County. When combined, these figures represent a modest contribution towards meeting our health equity goals in Monterey County, with racial equity figures being close to the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 75% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources is an objective of this program, such as exploring potential of funding from the Community Foundation and other local charitable organizations.

PROGRAM NAME: PROMOTORES MENTAL HEALTH PROGRAM	
MHSA Component – Service Category	PEI - Outreach for Early Signs
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	Latino Communities
Service Provider:	Central Coast Citizenship Project
Service Location:	Countywide
Languages served:	Spanish
Number of Clients Served in FY16:	4,170
Cost Per Client Served in FY16:	$20.42

PROGRAM DESCRIPTION

The Promotores Mental Health Program was created exclusively by MHSA funding to address the issue of Latinos not adequately accessing mental health services in Monterey County. This program seeks to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services, with the aid of Promotores de Salud ("Promotores"). Promotores are individuals who provide health education and support to community members and are typically from the community they serve. As a result of this existent relationship, they are particularly effective at reaching Latinos and other unserved and underserved individuals and families. The Promotores help address the multiple barriers to accessing services, such as those related to transportation, availability, culture, language and stigma. Promotores address both physical and mental health issues and in coming from a health and civil rights perspective, they assist their community to address additional issues as well. The intent of this project is to use a service delivery model that meets the cultural, linguistic and individual needs of the population of focus. A list of activities and goals has been developed and are articulated in the Quantitative Quarterly Activities and Qualitative Quarterly Report forms.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Promotores program is to improve mental health awareness and access to services for the unserved Latino population of Monterey County by implementing a sustainable outreach and access model that has been integrated into the service delivery model of MCBH. This program supports the recruitment and training of Promotores, who are bi-cultural paraprofessionals, who facilitate access to mental health services and provide advocacy for unserved Spanish speaking adults, children, and families. The Promotores provide community presentations in the following areas: Salinas, North County Pajaro, Las Lomas, Castroville, and Seaside/Marina area. Through one-on-one encounters, Promotores also refer individuals and families to appropriate non-mental health resources and services as are deemed necessary. The expected outcomes of this program include increased rates of access to services, a reduction in stigma, and improved mental health outcomes and functioning. Progress towards achieving these goals is monitored and assessed through the use quarterly reports. Once an individual engages in services, their progress is monitored by the Avatar electronic medical record system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Promotores Mental Health Program served 4,170 participants; 76% of were Latino and 32% were from South County. When combined, these figures represent a very positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement and regional equity figures being above the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget, although the agency received grant funding which supports the remaining majority (90%) of their annual budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. The agency has a licensed therapist on staff, and Medi-Cal certification may be feasible to support and/or expand these therapeutic services. A California Endowment grant may also be a possible source to enhance/expand this program.

PROGRAM NAME: LATINO COMMUNITY PARTNERSHIP	
MHSA Component – Service Category	PEI - Outreach for Early Signs
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	Latino communities
Service Provider:	Center for Community Advocacy
Service Location:	Salinas (willing to travel)
Languages served:	Spanish
Number of Clients Served in FY16:	1,814
Cost Per Client Served in FY16:	$52

PROGRAM DESCRIPTION

The Latino Community Partnership is a peer-to-peer approach to address the stigma that farmworkers often face when seeking behavioral health services. This program delivers behavioral health education to this population and generates referrals to counselling services on behalf of Latinos who would otherwise remain unserved. The Center for Community Advocacy (CCA) trains farmworker leaders to provide behavioral health presentations to their peers, educating them on mental health issues and referring those who need services to MCBH.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The intended outcomes of this program is a lessening of stigma among the farmworker community, increased numbers of referrals and access, and improved mental health outcomes among those seeking services. CCA has a holistic approach and conducts outreach to families including youth and adults. CCA also provides the community with information about how to improve physical health, mental health and how to access other community supports. Progress towards achieving the above goals are assessed by using data collection of clients reached and by client self-report.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Latino Community Partnership served 1,814 individuals, referring 23 clients to MCBH. Of participants served, 100% of were Latino and 9% were from South County. When combined, these figures represent a positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement, although regional equity figures are well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. The agency could explore supplemental funding from the local Agricultural community as well as the California Endowment.

ACCESS – EARLY INTERVENTION PROGRAMS

PROGRAM NAME: AFRICAN AMERICAN COMMUNITY PARTNERSHIP	
MHSA Component – Service Category	PEI – Early Intervention
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	African Americans and underserved racial/ethnic communities
Service Provider:	The Village Project
Service Location:	Seaside
Languages served:	English
Number of Clients Served in FY16:	88
Cost Per Client Served in FY16:	$5,420

PROGRAM DESCRIPTION

The Village Project, Inc. was the product of many years of advocacy for fairness and equity in terms of African Americans and other underserved groups by behavioral health systems locally and beyond. In 2005, during a series of focus groups conducted throughout Monterey County for the initial 3-Year MHSA community program planning process, African American participants clearly stated they and other African Americans would come to therapy if there was a place where they felt comfortable that appreciated their culture, understood how best to work with them and demonstrated a strong appreciation of who they are as a people. As a result of these focus groups, in collaboration with MCBH , The Village Project, Inc. was founded and opened its doors in May 2008. The agency was created to provide therapeutic services for people of all age groups and a variety of diagnoses, primarily to African Americans. However, it has also provided services to Latinos, Asian/Pacific Islanders, children who are Bi-Racial and Tri-Racial, as well as Caucasian children and families.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the African American Community Partnership is keep youth and adults from becoming involved in the juvenile justice and criminal justice systems, as well as prevent the need for emergency room/crisis unit visits and hospitalizations. The program provides tools to enable clients in taking charge of their lives, to prevent mental illness and other psychological/emotional issues from becoming severe and disabling. Progress towards achieving the above goals are assessed by using Avatar data, as well as a review of client charts towards progress goals and through client self-report. This program uses the Avatar electronic medical record system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the African American Community Partnership served 88 clients. Of clients served, 29% of were Latino and 2% were from South County. With racial equity figures below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents, the

African American Community Partnership, by definition, is contributing to other health equity goals in Monterey County.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a limited contribution towards meeting our health equity goals in Monterey County, there is an expressed need to address these inequities as part of this program's activities moving forward.

PROGRAM NAME: COMMUNITY PARTNERSHIP-LGBTQ COUNSELING	
MHSA Component – Service Category	PEI – Early Intervention
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	LGTBQ
Service Provider:	Community Human Services
Service Location:	Salinas and Monterey
Languages served:	English and Spanish
Number of Clients Served in FY16:	21
Cost Per Client Served in FY16:	$641

PROGRAM DESCRIPTION

The Community Partnership - LGBTQ Counseling program provides outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for LGBTQ individuals and their significant others. In 2005, during a series of focus groups conducted throughout Monterey County for the initial 3-Year MHSA community program planning process, this population advocatedfor specific services to address the significant mental health challenges related to LGBTQ issues. Counseling services are provided in culturally and linguistically competent settings. Additionally, this program provides specialized trainings to staff, community providers and the therapist community on LGBTQ issues in relation to mental health. Public outreach at community-based events is also an element of this program.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The program aims to improve mental and emotional health of individuals, and have a positive effect on health outcomes. Assessments of client outcomes utilizes a matrix evaluation tool specific to measuring mental health improvements in LGBTQ individuals. This program uses the Avatar electronic medical record system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Community Partnership - LGBTQ Counseling program served 21 clients. Of clients served, 59% of were Latino and none were from South County. When combined, these figures represent a limited contribution towards meeting our health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement and regional equity figures being far below the goal of 20% engagement of South County residents. The reason for limited impact is due to small number (19) of clients served over the course of one year.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 64% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a limited contribution towards meeting the health equity goals of Monterey, there

is an expressed need to address these inequities as part of this program moving forward.

PROGRAM NAME: 2-1-1 TELEPHONE REFERRAL SYSTEM	
MHSA Component – Service Category	PEI – Access and Linkage to Treatment
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	All Ages
Priority Population:	All of Monterey County
Service Provider:	United Way of Monterey County
Service Location:	Accessed by county-wide by phone
Languages served:	Primarily English and Spanish, with accommodations available for the deaf and 170 other languages.
Number of Clients Served in FY16:	15,660
Cost Per Call in FY16:	$1.66

PROGRAM DESCRIPTION

2-1-1 Monterey County (MC) was launched February 2009 as a program of United Way Monterey County. 2-1-1 is a phone number but also a system for connecting people quickly and efficiently to social and health services they are seeking. The phone is the most common method of contact but resource information is also available via a website. The service is available 24/7 in 170 languages. There are a multitude of caller needs and 2-1-1 services attempts to provide resources to meet those needs based on what is available in the community. Callers reach a Call Specialist who has been highly trained, certified to assist, and be proactive in meeting their needs. Based on the nature of the conversation between caller and the Call Specialists, appropriate programs are brought to the attention of the caller. For example, the program has been pro-active in promoting certain programs such as CalFresh, Covered CA, and Bridging the Digital Divide among other initiatives. Additionally, 2-1-1 is used during times of natural or manmade disasters as a "go-to" number for anyone in the public to use to acquire the latest official information and as a feedback loop from the public to County officials.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The program aims to provide high quality referrals to benefit callers and meet their needs. Outcomes measures to track the efficacy of this program include data on caller demographics and needs, referral services offered, and caller satisfaction. Data reports, included caller satisfaction survey responses, are provided to MCBH on a quarterly basis.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the 2-1-1 served 15,660 callers. Of callers served, 55% of were Latino and 31% were Spanish speaking. Data is currently unavailable for South County, however 2-1-1 did establish a separate resource listing specifically for South County. As this service is accessed by phone and supports numerous languages, it is considered very helpful in meeting MCBH's health equity goals.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 64% of the total program budget. MCBH values the ability of programs

to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a limited contribution towards meeting the health equity goals of Monterey, there is an expressed need to address these inequities as part of this program moving forward.

PROGRAM NAME: VETERAN'S REINTEGRATION TRANSITION PROGRAM	
MHSA Component – Service Category	PEI – Access and Linkage to Treatment
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	Veteran's
Service Provider:	Monterey County Office of Military & Veterans Affairs
Service Location:	Monterey and Salinas (willing to travel)
Languages served:	English
Number of Clients Served in FY16:	693
Cost Per Client Served in FY16:	$23

PROGRAM DESCRIPTION

Over 2 million U.S. military men and women who served in major combat operations are returning to private life. Many were exposed to combat stress and suffered injuries both visible and invisible. Their experiences produce emotional challenges, and for some, they exhibit long-lasting behaviors such as isolation, self-medication, alcohol, and other drug abuse, sometimes leading to criminal behavior. Best practices demonstrate that early mental health intervention and focused treatment can help these individuals and their families fully recover and lead quality and productive lives. Children are particularly impacted by the emotional challenges facing their families; therefore, early intervention and treatment can prevent permanent scars. Monterey County also has a large population of veterans and their dependents from the Vietnam Conflict who can also benefit from the services provided by the Veterans Reintegration Transition Program (VRTP). These veterans receive the support and services not provided to them when they were initially released from service. These veterans also assist the VRTP by serving as mentors for our returning service members, providing their experience and guidance. Vietnam veterans continue to make up much of homeless veterans in the community, followed by an increase of more recent conflict veterans, including female veterans. VRTP is committed to search out those who are in shelters, on the street, or in local correctional facilities to render assistance with mental health, healthcare and social service referrals.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The main goal of the VRTP is to 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 seeks to streamline the process of transitioning service members, veterans and their eligible dependents to healthcare, mental health services, education, employment and other community based services. Assisting those transitioning service members, veterans and their dependents who are eligible for Veterans Administration (VA) Healthcare to connect with the VA helps to preserve the local safety net funds for those unserved and underserved populations who are not eligible for VA benefits.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Veterans Reintegration Transition Program served 693 clients. Of clients served, 27% of were Latino and none were from South County. When combined, these figures represent a lack of contribution

towards meeting our health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in making contributions towards meeting the health equity goals of Monterey, there is an expressed need to address these inequities as part of this program.

Community Services and Supports

CHILDREN'S SYSTEM OF CARE - FULL SERVICE PARTNERSHIPS

PROGRAM NAME: FAMILY REUNIFICATION PARTNERSHIP	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Families with high needs, numerous barriers and challenges that are impacting their potential success within the reunification process are the specialty focus of this program.
Service Provider:	MCBH
Service Location:	Based in Salinas with the ability to meet at clients' homes
Languages served:	English and Spanish
Number of Clients Served in FY16:	45
Cost Per Client Served in FY16:	$11,420

PROGRAM DESCRIPTION

The Family Reunification Partnership (FRP) is a unique and innovative program model that truly integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSS) social workers into one cohesive program to help families in the reunification process. This program, conducted through MCBH, was developed out of the high need for support and services that many families required for successful reunification and follows the Department of Health Care Services Pathways to Mental Health Services Core Practice Model and the California Continuum of Care Reform approach. Additionally, the program design integrates critical mental health services into the coordinated approach to service delivery. This team approach is designed to improve coordination and collaboration among child welfare, mental health and other formal and informal supports, and more effectively serve those children and families involved with the child welfare system. Three FCS/DSS social workers work with three clinicians from CBH, paired in teams of two for each FRP family, they share a caseload and jointly provide an array of services to their families. They jointly share responsibility for case planning, provision of intensive therapeutic and support services, case monitoring, family team leadership, decision-making, and managing and leading orientation and other psycho-education groups.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Family Reunification Partnership program is to address the high intensity mental health needs of the children and families for improved individual and family functioning. Specific outcomes pursued to achieve this goal include decreased symptom acuity as measured by reduction in CANS needs scores, improved family functioning and relationships as measured by increased ratings in CANS family

strengths items, and achievement of set treatment goals. Progress towards achieving the above goals are assessed by case coordinators, with CANS outcomes monitored using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Family Reunification Partnership served 45 clients. Of clients served, 64% of were Latino and 11% were from South County. Individuals served through this program are specific to children in foster care and involved in Juvenile Dependency court proceedings and therefore may not mirror the health equity goals for general mental health services delivery, i.e. 75% Latino and 20% South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 48% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. This program is jointly funded through DSS, allowing for shared fiscal investment in this innovative program which provides critical services to high needs families in our community.

PROGRAM NAME: TAY AVANZA	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	TAY
MHSA Age Group:	TAY (16-25)
Priority Population:	Youth age 16-25 with Moderate to Severe Mental Health issues including co-occurring Substance Abuse disorders and their family members
Service Provider:	MCBH
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	227
Cost Per Client Served in FY16:	$7,534

PROGRAM DESCRIPTION

The TAY Avanza program provides mental health treatment and peer mentoring to youth and young adults ages 16 through 25 who have significant mental health disorders by providing comprehensive case management, therapy, groups and opportunities for positive social interactions. Avanza was originally developed by MCBH with a Federal System of Care Grant that allowed Monterey County to create developmentally appropriate mental health services for young adults. After the federal Grant ended, MCBH has sustained and grown the program with MHSA funds and Medi-Cal billing. In the 2014 MCBH Strategic Plan, the community provided feedback that they wanted continued and expanded supports for young adults with mental health disorders. Desired services included vocational training and assistance in gaining employment, as well as substance abuse treatment and family support. To address this community feedback, the TAY Avanza program provides linkages to community resources that assist youth in accessing vocational training, employment assistance as well as educational opportunities. The TAY Avanza program provides out-patient dual diagnosis treatment for youth with co-occurring substance abuse and mental health conditions and links youth with more severe co-occuring conditions to community resources that offer a higher level of care. Psycho-education and support is also provided to family members as they are an important part of a young adult's support system and are critical in their success. To complement mental health services provided by staff, this program hired two (2) former clients as youth mentors to further engage young adults in the program and provide peer mentoring.

PROGRAM GOALS AND EVALUATION METHODOLOGY

In this program, goals are tailored to each youth, with a general focus on a stable, successful transition into adulthood. Individual goals can range from achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental health challenges. Individual mental health outcomes and key events like finding employment and housing are assessed and tracked by a case manager, and monitored using the Avatar electronic mental health records system. A more robust evalaution component should be developed to report out on progress of clients in decreasing mental health symptoms and increasing functioning in key life domains of employment and/or

education, living stability/housing and social/community interactions. Psychometric measures are administered at the beginning of treatment for all clients and upon discharge, in addition to CANS/ANSA domains.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the TAY Avanza Full Service Partnership served 227 clients. Of clients served, 70% were Latino and 32% were from South County. When combined, these figures represent an excellent example of meeting our health equity goals in Monterey County, with racial equity figures approaching the goal of 75% Latino engagement and regional equity figures being above the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 31% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. As this program demonstrated a positive contribution towards meeting the health equity goals of Monterey, there is an on-going awareness of the need to continue to address these inequities as part of this program moving forward.

PROGRAM NAME: INTEGRATED CO-OCCURING TREATMENT	
MHSA Component – Service Category	CSS - FSP
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	TAY (16-25)
Priority Population:	Youth between the ages of 12 and 17 or 18 and 25, with a significant substance use disorder and a co-occurring mental health disorder)
Service Provider:	Door to Hope
Service Location:	Based in Salinas with the ability to meet at clients' homes and other community settings within Monterey County
Languages served:	English and Spanish
Number of Clients Served in FY16:	98 (8 Full Service Partnership/90 System Development)
Cost Per Client Served in FY16:	$8,013

PROGRAM DESCRIPTION

Integrated Co-Occurring Treatment (ICT) is a collaborative effort between Door to Hope, Monterey County Probation and Monterey County Behavioral Health (MCBH). ICT was implemented in 2008 and identified as the most effective approach to treating adolescents with co-occurring substance use and mental health disorders. Door to Hope began providing ICT to youth between the ages of 12-17 and in 2015, the program expanded to meet the needs of Transition Aged Youth ages 18-25. ICT is an intensive community-based program which provides an evidence based practice in a strength based, home visitation model. ICT services often begin with home, school and/or community visits by staff, and continue throughout the treatment process. MCBH provides psychiatric medication management in conjunction with ICT. Treatment is intensive and highly flexible, including evenings and weekends when required.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goals of ICT are to improve the overall functioning of youth and their family and reduce the need for residential care. Individual mental health and family functioning outcomes are monitored and assessed using the Ohio Rating Scale,which can be administered to a parent, teacher and/or service provider, as well as the Avatar Electronic Health Records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, ICT served 98 clients. Of clients served, 88% of were Latino and 22% were from South County. When combined, these figures represent a positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement and regional equity figures also exceeding the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 50% of the total program budget. Specialty mental health services are

billed through Medi-Cal for all eligible clients. Within this 3-Year MHSA Plan period, evaluating the possibility of leveraging Drug Medi-Cal funding may be an alternative funding source for the ICT program. Throughout the years, ICT has provided services to include youth who are ordered into the Juvenile Drug Court Program. The Drug Court treatment program is generally provided through Monterey County Behavioral Health. A strategy for improving service delivery may include the centralization of services and clarifying clients best suited for ICT vs. Behavioral Health programs to avoid duplication of services and confusion among the providers and families being served.

PROGRAM NAME: JUVENILE MENTAL HEALTH COURT	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	Children & Youth (0-15), TAY (16-25)
Priority Population:	Youth ages 11 - 18 with a mental/co-occurring illness and substance abuse disorder other than a primary substance use disorder or developmental disorder, in detention at the Monterey County Juvenile Hall or have a filing of a delinquency petition.
Service Provider:	MCBH
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	23 (19 Full Service Partnership/4 System Development)
Cost Per Client Served in FY16:	$25,782

PROGRAM DESCRIPTION

The Collaborative Action Linking Adolescents (CALA) program is a comprehensive Full Service Partnership (FSP) juvenile mental health court project that was developed by Monterey County Probation, District Attorney, Public Defender, Behavioral Health, and the Superior Court of California. The program began in FY08 with grant funds from the State Mentally Ill Offender Crime Reduction project. When the grant funds expired, the county collaborative has continued to combine resources to maintain the operation of the CALA program. The CALA program provides intensive mental health services and case management to youth and their families, in collaboration with a Probation Officer (PO) supervising these youths.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The primary goal of the CALA program is to reduce incarcerations of youth with mental illness and/or co-occurring disorders. Ancillary goals of CALA FSP activities are to improve individual and family functioning, reduce risk behaviors associated with violence and substance abuse, improve emotional well-being and resilience/coping skills and less youth being removed from their home or community. Outcomes pursued by CALA supportive services are monitored by a case manager and the Avatar electronic medical records system. Clients are screened with the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2).

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, CALA served 23 clients. Of clients served, 68% of were Latino and 5% were from South County. The CALA program treats clients engaged with the juvenile justice system, therefore demographics of clients are established by circumstances outside the influence of CALA program activities and demographic data does not directly pertain to MCBH health equity goals. However, this demographic data may be used for planning purposes of future Prevention programs.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 65% of the total program budget. MHSA funds are an appropriate source of funding for services provided by CALA, as this program is in direct alignment with the MCBH Strategic Plan and serves the safety net population.

PROGRAM NAME: INCARCERATION 2 SUCCESS	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	TAY (ages 16-25)
Priority Population:	Males ages 16-22 on probation or part of the Juvenile Justice System through MCBH
Service Provider:	Peacock Acres, Inc.
Service Location:	Salinas
Languages served:	English
Number of Clients Served in FY16:	7
Cost Per Client Served in FY16:	$54,687

PROGRAM DESCRIPTION

The Incarceration to Success (I2S) Program is a collaborative partnership between MCBH, Monterey County Probation Department and Peacock Acres. I2S provides transitional housing for male Transition Age Youth who are exiting the Monterey County Youth Center as well as other youth involved with Juvenile Probation and MCBH who are unable to return home, for various circumstances, and are in need of stable housing with independent living coaching. In I2S, youth are taught independent living skills, job skills and case management services that are able to support their mental health needs and increase their ability to live independently while reducing the risk of recidivism and increase mental health stability. I2S also guides youth by using intensive case management services, groups, and working as part of the therapeutic treatment team and collaboration with county agencies to assist these young adults in their transition into adulthood. By doing this, they are allowing the youth to engage in healthy community activities, teaching them how to build healthy relationships to allow youth to practice their learned prosocial skills in the community. Through this Full-Service Partnership, no party is unilaterally making decisions for eligibilty into the program. I2S, Probation and Behavioral Health meet bi-monthly to discuss current residents, address concerns, and develop a plan of action to assist the youth in becoming a productive, positive member of the community. In addition to the bi-monthly meetings, all partners meet with the treatment team and the youth and their family as deemed most appropriate in meeting the youth's needs.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is successful transition by youth into independent living, free of criminal offenses with increased mental health stability and improved overall functioning in the community. Individual mental health outcomes and key events like finding employment, housing, and re-offenses are assessed and tracked by a case manager, therapist and probation officer (as deemed appropriate), the CANS (Child and Adolescent Needs and Strengths) tool, and monitored using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Incarceration to Success (I2S) program served 7 clients. Of clients served, 86% of were Latino and none were from South County. Although the racial equity figure exceeded the goal of 75% Latino engagement, the regional equity figure is well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 70% of the total program budget. Specialty mental health services are billed through Medi-Cal for all eligible clients. This program fits within the MCBH Strategic Plan initiatives, as it focuses on providing services to both Transition Age Youth as well as Youth involved in the Juvenile Justice System. Within this 3-Year MHSA Plan period, strategies for growth and improved service delivery include ongoing collaboration between and within the partnering agencies to address youth and program needs, progress, goals, and plans of action for successful independent community living. Examples may include, increased partnership participation in the youth's Life Conference as well as developing a discharge plan upon entry into the program. A more cohesive partnership that addresses timelines and expectations would assist the youth in having a clear understanding of reasonable expectations and program guidelines.

CHILDREN'S SYSTEM OF CARE – GENERAL SYSTEM DEVELOPMENT

PROGRAM NAME: ADOPTION PRESERVATION	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	Adoption Preservation
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Any pre- and post-adoption family that is caring for children aged 0-17 in Monterey County.
Service Provider:	Kinship Center / Seneca
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	3
Cost Per Client Served in FY16:	$17,645

PROGRAM DESCRIPTION

The Adoption Preservation program was formed to address the on-going needs of post-adoptive families. Research has shown that adoption disruptions can be prevented through the utilization of a continuum of adoption related services that include case management, therapeutic care, and skills acquisition training. In this program, children and youth who are at acute risk for disruption in home or school placement, or loss of community access to extra-curricular activities, will receive a team based, coordinated approach that will include a Child & Family Therapist and Family Support Counselor, and access to psychiatric, psychological assessment and occupational therapy services as needed. Parents are referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention. To ensure that services are known in underserved regions of Monterey County, program representatives routinely participate in local resource events that are held in predominately Spanish Speaking agricultural communities. They also engage in targeted outreach in schools, libraries, WIC offices, and YMCA's in underrepresented areas throughout the county.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Adoption Preservation Program is to strengthen families and increase their level of attachment, efficacy, feelings of safety and psychological well-being to increase the permanency of adoption placements and thereby reduce the substantial costs associated with caring for children in the foster care system. By stabilizing these family placements, the program also intends to help reduce the negative outcomes associated with children who grow up predominately in foster care, including: poverty, teen pregnancy, juvenile delinquency, and lack of educational attainment. The mental health treatment component addresses the underlyingissues such as loss, abuse, truama, disrupted attachment, mood dysregulation, anc social skills deficits that foster children are often impacted by. These mental health issues, when untreated, frequently lead to disrupted adoptions as a result of the significant stresses on the family. Goals of this program include: reduction in symptoms, improved client and family functioning, increased positive social engagement, and improved educational achievement. Progress towards achieving

the above goals are assessed by case managers, through treatment and outcome assessment tools such as the Child Behavior Checklist, Youth Self Report, Parental Stress Index, and the CANS and then are monitored and recorded using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Adoption Preservation program served 3 clients. Of clients served, 100% of were Latino and 33% were from South County. When combined, these figures represent a strong contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement and regional equity figures exceeding the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 9% of total program budget. Within this 3-Year MHSA Plan period, the program will address capacity to provide more timely response to County requests for reporting of service data, outcome data, and other reporting and invoicing as required by the County.

PROGRAM NAME: SECURE FAMILIES/FAMILIAS SEGURAS	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Children 0-5 and their parent / caregivers.
Service Provider:	MCBH
Service Location:	Castroville, Seaside, Salinas and King City
Languages served:	English and Spanish
Number of Clients Served in FY16:	151
Cost Per Client Served in FY16:	$3,818

PROGRAM DESCRIPTION

MCBH has partnered with the community and First 5 to provide specialized mental health services for young children age 0-5 and their families over the past 10 years. In large part due to First 5 community education efforts and an increased awareness in the mental health profession , MCBH has sustained and grown our service array to meet the needs of young children and their families. In the past, our collaborative program was called “School Readiness” and has evolved into our Secure Families/Familias Seguras Program.

The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services for children ages 0-5 and their caregivers/family members that supports both the positive emotional and cognitive development in children and increases caregiver capacity to address their children’s social/emotional needs. Clients served in the program come from vulnerable families who have experienced trauma, poverty and disenfranchisement. Services include Dyadic Therapy (parent/caregiver and child), Parent-Child Interaction Therapy, Circle of Security Groups, Child Parent Psychotherapy (CPP), Developmental and Social-Emotional Screenings and case management to link families with community based resources to support optimal child development and family functioning.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to decrease mental health symptoms, increase ability of children to regulate emotions, increase parental understanding of their children’s needs, and parental ability to respond to those needs. Progress towards achieving the above goals are assessed by using clinicain observation and caregiver/family member report. This program uses Avatar for electronic health record monitoring. The program is currently evaluating Family Outcome measures that would better track client and family member progress in treatment.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Secure Families program served 151 clients. Of clients served, 80% of were Latino and 30% were from South County. When combined, these figures represent a strong contribution towards meeting our health equity goals in Monterey County, with racial equity figures being above the goal of 75% Latino engagement and regional equity figures meeting the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 48% of total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a positive contribution towards meeting the health equity goals of Monterey, there is an on-going awareness of the need to continue to address these inequities as part of this program.

PROGRAM NAME: FAMILY PRESERVATION	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Any minor child that is at risk for placement in publicly funded care and is from a monolingual Spanish speaking family is eligible for this program.
Service Provider:	MCBH
Service Location:	Salinas (with the ability to meet at clients' homes)
Languages served:	Spanish
Number of Clients Served in FY16:	1
Cost Per Client Served in FY16:	$115,057

PROGRAM DESCRIPTION

The Family Preservation program is an intensive, short-term, in-home crisis intervention and family education program for monolingual Spanish-speaking families in Monterey County. The program is designed to prevent out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly-funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. This program is designed to defuse the immediate crisis, stabilize the environment, and assist families in developing more effective parenting skills and coping abilities. Through in-home mental health intervention and psycho-education, this program enables parents to meet the high needs of their children, build safer and more secure relationships within their family, and create a long term support system. This program enoucrages families to remain together, even in high intensity situations, as the focus is on educating and empowering families to meet the needs of their children.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Family Preservation program is to prevent out-of-home placement. Specific outcomes pursued to achieve this goal include improved family functioning and relationships, along with improved mental health and well being at the individual level. Progress towards achieving the above goals are assessed by case managers, with health activities and outcomes monitored using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Family Preservation program served 1 Latino child and his/her family from South County. The impact of service delivery is inadequate, however, the program design and specific services provided are identical to the Home Partners program provided through MCBH and the population being served is the same.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 36% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA plan period, it is recommended that this program be combined with the Home Partners program (see below), allowing for greater service delivery to both the Latino and South County populations of Monterey County. Home Partners program have bi-lingual Spanish/English service delivery capacity and with the additional funding from this program could increase program capacity by an additional 60%.

PROGRAM NAME: HOME PARTNERS	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Families where there is imminent risk of the child being placed in out of home care are the focus of this program.
Service Provider:	MCBH
Service Location:	Based in Salinas with the ability to meet at clients' homes
Languages served:	English and Spanish
Number of Clients Served in FY16:	16
Cost Per Client Served in FY16:	$8,629

PROGRAM DESCRIPTION

The Home Partners Program is an intensive, short-term, in-home crisis intervention and family education program. The program is designed to prevent out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. The Home Partners program is designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The principal characteristics of this program include interventions at the crisis point, treatment in the client's environment, 24/7 therapist availability and highly individualized treatment. Services are provided intensively and as needed, typically over a four to six (4-6) week period. These services support parents/caregivers to meet the high mental health needs of their children; strengthening safe relationships within their family leading to a long-term support system.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of Home Partners program is to sufficiently address imminent mental health needs to improve child functioning and prevent out-of-home placement. Specific outcomes pursued to achieve this goal include decreased symptom acuity as measured by reduction in CANS scores, improved family functioning and relationships as measured by increased ratings in family strengths in the CANS, and achievement of individualized treatment goals. Progress towards achieving the above goals are assessed by assigned clinicians, with CANS outcomes monitored using the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Home Partners program served 16 clients; 56% of were Latino and 13% were from South County. However, clients referred to the program are those Monterey County residents that are at highest risk for removal from their home environments and therefore the demographics of clients requiring this intensive service may not mirror overall health equity goals.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 48% of the total program budget. The program also leverages Medi-Cal billing for eligible clients. Within this 3 year MHSA Plan period, the program will address the service delivery system to enable an increased number of families that can be served by the program by 40%. Additionally, it is recommended that this program be combined with the Family Preservation program (see above).

PROGRAM NAME: SANTA LUCIA RESIDENTIAL PROGRAM FOR ADOLESCENT FEMALES	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	Adolescent females age 13-18 who are wards of the court and require residential care with a significant substance use and co-occurring mental healthdisorder
Service Provider:	Door to Hope
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	16
Cost Per Client Served in FY16:	$32,730

PROGRAM DESCRIPTION

The focus of the Santa Lucia Residential Program is to identify, assess, and treat adolescent females who exhibit significant levels of psychiatric, emotional/behavioral, co-occurring mental health and substance abuse needs and are unable to maintain in any other type of living situation. In this program, Door to Hope provides intensive mental health services, in conjunction with MCBH's psychiatric medication management as deemed clinically appropriate, to eligible adolescent females and their families. Individual, family, or group therapies and interventions designed to reduce mental health disabilities, and improve and maintain functioning consistent with the goals of learning, development, independent living and enhance self-sufficiency and family functioning are provided. The Santa Lucia Residential Program is the only female, adolescent residential facility in Monterey County and without their services, there would be a significant void; these youth would be placed out of county, increasing barriers to family services. Treatment addresses such critical needs as serious emotional disturbance, behavioral dyscontrol, sexual exploitation, multiple foster care and/or residential placements, gang issues, community violence, substance abuse, complex and acute traumas, and populations whose cultural differences have historically excluded them from traditional mental health services. Door to Hope meets with MCBH in monthly collaborative meetings to address psychiatric care, clinical concerns and progress. Through this collaborative effort, we can ensure the mental health, family and substance use needs are being met and assist the youth in returning home with their families or to a transitional housing program where they are able to implement their learned prosocial and adaptive skills and increase the likelihood of becoming a productive member of the community, reduce the risk of recidivism and reduce additional, long term involvement with the Justice System.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to provide mental health and substance use disorder services while decreasing the risk of long term involvement with the juvenile justice system and out-of-home placements. Outcomes pursued by this program include a youth's improved overall functioning, a reduction in acute behavioral

symptoms, improvement in family well-being and functioning, and reduced involvement in the juvenile justice system while returning the youth to their family or long term independent living in the community. Individual mental health and family functioning outcomes are monitored and assessed using the Ohio Rating Scale,which can be administered to a parent, teacher and/or service provider, as well as the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Santa Lucia Residential Program For Adolescent Females served 16 clients. Of clients served, 81% of were Latino and 6% were from South County. When combined, these figures represent a positive contribution towards meeting our health equity goals in Monterey County, with racial equity figures exceeding the goal of 75% Latino engagement, however, the regional equity figure is well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 49% of the total program budget. Specialty mental health services are billed through Medi-Cal for all eligible clients. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. It should be noted that youth for this program are selected by need and placement fit. Within this 3-Year MHSA Plan period, under the new CCR (Continuum Care Reform) legislation, Santa Lucia Residential Program will need to pursue certification and licensure as a Short Term Residential Therapeutic Program (STRTP), which will require some program changes and service delivery development. Additionally, services will shift to meet the highest level of clinical needs, to the most severe population.

PROGRAM NAME: NUEVA ESPERANZA	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	At Risk of Placement
MHSA Age Group:	Children & Youth (0-15), Adult (18+)
Priority Population:	Women over the age of 18, with a significant substance abuse disorder and co-occurring mental health disorder, who are pregnant or have custody of a child under the age of 5.
Service Provider:	Door to Hope
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	47
Cost Per Client Served in FY16:	$12,807

PROGRAM DESCRIPTION

Nueva Esperanza is a program operated by Door to Hope that serves pregnant or parenting women over the age of 18 who are experiencing problems with alcohol and/or other drugs of sufficient severity necessitating the need for residential care for themselves and their young children. In July of 2011, Nueva Esperanza modified its primary mission and service delivery system to provide an expanded constellation of mental health services to better meet the needs of the women and the children it serves. Historically, all of the women admitted to Nueva Esperanza have co-occurring mental health disorders (such as bi-polar, mood, and trauma disorders). Door to Hope and Nueva Esperanza meet the needs of this population through the provision of integrated mental health and substance abuse disorder treatment. These services are provided in a warm and comfortable drug-free, non-smoking environment. The facility provides private rooms for each individual family to promote cohesion and autonomy. Each resident is viewed as a unique individual and each family is seen from a strength-based approach. Due to the comprehensive nature of behavioral health disorders, Nueva Esperanza makes available a complete range of medical, psychological, recovery, dyadic, parenting, and other social services on either a programmatic, consultative, or referral basis.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to increase each woman's readiness and ability to change, to treat chronic mental health and substance abuse disorders, and educate these pregnant women and mothers of young children on the effects of alcohol, drug, and/or trauma exposure on the unborn or young. Individual mental health and family functioning outcomes are assessed by a case manager and monitored using the Avatar electronic mental health records system. During this 3 year MHSA Plan period, specific outcome assessment measures should be identified to evaluate the impact of services on the identified program goals.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Nueva Esperanza program served 47 clients. Of clients served, 64% of were Latino and 4% were from South County. The racial equity figures represent a modest contribution towards meeting our health equity goals in Monterey County by achieving close to the goal of 75% Latino engagement, while regional equity figures are well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 18% of total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources and the program has demonstrated the ability to provide mental health services that were billed to Medi-Cal, however an internal Quality Assurance audit found potential audit exceptions. Moving forward, this program must consistently demonstrate the capacity to provide adequate documentation in compliance with Medi-Cal billing requirements for specialty mental health services. Within this 3-Year MHSA Plan period, seeking alternative and/or complimentary funding sources will remain an objective of this program and the Drug Medi-Cal service delivery system as a funding option should be explored.

ADULT SYSTEM OF CARE - FULL SERVICE PARTNERSHIPS

PROGRAM NAME: INTEGRATED CARE/OLDER ADULT FSP	
MHSA Component – Service Category	CSS - FSP
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	Older Adult (60+)
Priority Population:	Older Adults with SMI
Service Provider:	MCBH
Service Location:	Marina
Languages served:	English and Spanish
Number of Clients Served in FY16:	16
Cost Per Client Served in FY16:	$8,247

PROGRAM DESCRIPTION

The Integrated Care/Older Adult Full Service Partnership (FSP) provides intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. The FSP provides wrap-around services which enables the case coordinator to have a smaller caseload to provide mental health services and case management with the assistance of a dedicated team. By establishing the FSP, this has improved the quality of life for older adults by preventing out of county and locked placements which is a high cost to the County. These intensive services have also helped reduce unplanned emergency services and admissions to inpatient psychiatric hospitals, which enhances the quality of life for older adults.

PROGRAM GOALS AND EVALUATION METHODOLOGY

This specialty program has a goal of reducing psychiatric hospitalizations and maintaining the client in their living environment. This allows the client to live in the least restrictive level of care and enhances their quality of life. The anticipated outcome is to assist clients with obtaining psychiatric stability as evidenced by a reduction of psychiatric hospitalizations or use of mental health crisis resources.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Integrated Care/Older Adult FSP served 16 clients. Of clients served, 94% of were White and 6% were from South County. These figures represent the need for a systematic review of the referral mechanisms used to enroll clients in this Program, as the client demographic data indicates the program is falling short of meeting both our health equity goals in Monterey County, i.e. 75% Latino engagement and 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program.

PROGRAM NAME: MENTAL HEALTH COURT - CREATING NEW CHOICES	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	Adult Services
MHSA Age Group:	TAY (18-25) Adult (26-59) Older Adult (60+)
Priority Population:	Adults with serious mental illness (schizophrenia, schizoaffective disorder or bi-polar disorder) who have an arrest or a violation of probation on an existing probation grant. Misdemeanor or non-serious, non-violent felony charges only.
Service Provider:	MCBH
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	34
Average Service value per Client Served:	$18,146

PROGRAM DESCRIPTION

Creating New Choices (CNC) was originally launched with funds from the Mentally Ill Offender Criminal Reduction Grant and then enhanced with MHSA funding. These funds allowed for development of Mental Health Treatment Court to serve the mental health needs of adults with severe mental illness who encounter the criminal justice system. CNC is a collaborative effort between the Superior Court, MCBH, Probation Department, District Attorney's Office, Public Defender's Office and the Sheriff's Office and is aimed at reducing the repetitive cycle of arrest and incarceration for defendants who have serious mental disorders by providing intensive case management, psychiatric care, probation supervision and therapeutic mental health court services. A full-time Probation Officer is co-located with MCBH staff and coordinates client supervision and treatment activities through regular contact and case coordination activities with the designated CNC Supervisor and other clinical/case management MCBH staff. As a Full Service Partnership (FSP), the CNC team provides participants with a wide range of services including: individual and group therapy, medication management by a psychiatrist, individualized treatment planning, housing resources, life skills, transportation support, school and/or employment assistance, and 24/7 access to CNC team member for crisis intervention and support. Adult Mental Health Treatment Court hearings with a Therapeutic Court Team, comprised of a Judge, District Attorney and Public Defender along with Probation and CNC staff, are an integral part of the treatment program. CNC clients have regular court hearings to review their progress in treatment including program participation, recovery work, personal accountability and pro-social behavior.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of CNC is to reduce recidivism and to stabilize the individual in the community by increasing client compliance with Probation supervision and mental health treatment, including medication compliance, as ordered by the Mental Health Treatment Court. Individual mental health outcomes and key events like re-offenses are assessed and tracked by the case manager, and monitored using the Avatar electronic mental

health records system. A successful outcome is a client who completes the CNC program by graduating from Mental Health Treatment Court after meeting all the terms and conditions of Probation; has learned coping skills to better manage and understand the symptoms of their mental illness and has stabilized in the community without reoffending or re-incarceration. This client is then transitioned to another team within the Adult System of Care to receive ongoing mental health services.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Creating New Choices program served 34 clients. Of clients served, 35% of were Latino and 3% were from South County. These figures represent the need for a systematic review of the referral mechanisms used to enroll clients in this Program, as the client demographic data indicates the program is falling short of meeting both our health equity goals in Monterey County, i.e. 75% Latino engagement and 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16 MHSA funds accounted for 66% of the total program budget. Monterey County Behavioral Health values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a minimal contribution towards meeting the health equity goals of Monterey County, there is a need to address these inequities as part of this program. A challenge in doing this is the manner in which clients are referred to Mental Health Treatment Court. All involved justice partners (the Judge, District Attorney, Public Defender, Probation and Behavioral Health) must agree on an individual's eligibility for acceptance into the program. To increase the number of referrals to this program, the Behavioral Health Services Manager conducts several presentations to law enforcement agencies throughout the county as well as has presented to the public defender's office to increase knowledge and awareness of the existing Therapeutic Justice Courts including Adult Mental Health Treatment Court. MCBH looks forward to collaborating with the Probation Department to address these concerns over this program's minimal contribution towards meeting the county's health equity goals and the low penetration rate specifically in the South County region. Additional areas for improvement are a) enroll other clients that have current/recent Forensic involvement, as this team is uniquely qualified to work with clients that have experience with the Criminal Justice system; and b) provide the appropriate level of intensity needed by each client referred to this program, to stabilize their mental health challenges and support them in their recovery journey.

PROGRAM NAME: MCHOME	
MHSA Component – Service Category	CSS - FSP
MCBH Strategic Plan Service Area:	Residential Placement / Supported Housing
MHSA Age Group:	Adult (26-59)
Priority Population:	Adults with serious mental illness and/or functioning limitations that substantially interfere with ability to carry out primary aspects of daily living in the community
Service Provider:	Interim Inc.
Service Location:	Marina, CA with countywide outreach Soledad House, Salinas, CA Wesley Oaks, Salinas, CA Sunflower Gardens, Salinas, CA
Languages served:	English and Spanish
Number of Clients Served in FY16:	73
Cost Per Client Served in FY16:	$12,375

PROGRAM DESCRIPTION

The MCHOME Program is a Full-Service Partnership (FSP) initiative. The purpose of the program is to assist adults with mental illness, including those served by the Adult System of Care, and Access, to move off the street into housing and employment and/or on benefits through outreach, assessments, intensive case management services, mental health services, and assistance with daily living skills.

Soledad House serves as transitional housing for MCHOME clients to reside in for no more than one year. This housing operates on the “housing first” model, and may also be used for temporary housing for persons not yet enrolled in the FSP. Soledad House provides a central place and a program identity that fosters positive peer support, and provides consumers with the tools to maintain their housing. Wesley Oaks is an intensive permanent supportive housing program, which provides a FSP level of services to four (4) very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness.

The service array of MCHOME includes intensive case management and mental health services provided in the FSP model, and independent living skills development in order to help residents live self-sufficiently in the community. MCHOME combines these intensive mental health services with shelter/housing support to vulnerable individuals with a psychiatric disability who are homeless or at-risk of homelessness. The program also focuses on helping individuals who are not currently receiving services from the public behavioral healthcare system to obtain psychiatric medications and other needed medical services. The program also works closely with the Department of Social Services to help individuals to enroll in benefits, including Social Security or SSI. Interventions are designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The MCHOME program seeks to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization in residential care homes. Specific goals include reducing the number of homeless mentally ill adults in Monterey County and improving overall functioning of the clients by applying the FSP service approach and providing transitional housing, income or benefits counseling, case coordination and referrals. Client level outcomes, using Key Event Tracking documentation as well as the "Illness Management and Recovery Outcome Survey", are measured and documented in the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the McHome program served 73 clients. Of clients served, 22% of were Latino and 3% were from South County. When combined, these figures represent a lack of contribution towards meeting our health equity goals in Monterey County, with racial equity figures being well below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 60% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program moving forward. Additional areas for improvement include monitoring the following: a) Clients served who had previously been open to ASOC; b) Clients served by MCHOME who are referred to ACCESS or ASOC; c) Clients who are discharged to lower levels of care through the use of the Recovery Needs Level; and d) Clients' progress in their recovery through the use of the Recovery Markers Instrument and the Consumer Recovery Marker.

PROGRAM NAME: LUPINE GARDENS	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	Residential Placement / Supported Housing
MHSA Age Group:	Adult (26-59)
Priority Population:	Adults with serious mental illness
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	22
Cost Per Client Served in FY16:	$14,531

PROGRAM DESCRIPTION

Lupine Gardens is an intensive permanent supportive housing program, which provides a Full Service Partnership (FSP) level of services to 20 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes: intensive case management provided in the FSP model as required by the MHSAct, and assistance with daily living skills i.e., meals, house cleaning, self- administration of medication, and laundry services in order to live independently in the community. Lupine Gardens provides intensive mental health services and permanent supportive housing to vulnerable individuals with a psychiatric disability who are homeless or at-risk of homelessness. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization. The program is designed for individuals who have failed in other placements and who need a high level of support to live in permanent housing. Mental health services are interventions designed to minimize mental disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

PROGRAM GOALS AND EVALUATION METHODOLOGY

This program provides permanent housing with intensive case management and coordination for a vulnerable group of individuals so they may achieve recovery goals in improving their mental health, maintaining housing upon discharge, engaging with a Primary Care Physician, and eliminating psychiatric hospitalization and incarceration. Client level outcomes, using Key Event Tracking documentation as well as the “Illness Management and Recovery Outcome Survey”, are measured and documented in the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Lupine Gardens program served 22 clients. Of clients served, 18% of were Latino and none were from South County. When combined, these figures represent lack of contribution towards meeting our health equity goals in Monterey County, with racial equity figures being well below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South

County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 50% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is a need to address these inequities as part of this program. It is noted, however, that this is a Permanent Supportive Housing program that affords legal protections for clients to remain in the housing program on a permanent basis. Interim cannot initiate the termination of a lease unless the client breaks the lease or unless the client willfully vacates the property. This low level of vacancy affects Interim's ability to support health equity goals. Additional areas for improvement include monitoring the following: a) the number of discharges to lower levels of care via the Recovery Needs Level; b) the recovery of each consumer through the Recovery Marker Inventory and the Consumer Recovery Markers; and c) the number of discharges from Lupine Gardens to a lower level of care over the course of the year.

PROGRAM NAME: SUNFLOWER GARDENS	
MHSA Component – Service Category	CSS – FSP
MCBH Strategic Plan Service Area:	Residential Placement / Supported Housing
MHSA Age Group:	Adult (26-59)
Priority Population:	Adults with serious mental illness
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	31
Cost Per Client Served in FY16:	$8,175

PROGRAM DESCRIPTION

Sunflower Gardens is an intensive permanent and transitional supportive housing program, which provides a Full Service Partnership (FSP) level of services to 23 very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes assessments, evaluation, case coordination, intensive case management provided in the FSP model, assistance in accessing benefits, and assistance with daily living skills in order to help consumers meet the terms of their lease, and live independently in the community. Sunflower Gardens provides case coordination, intensive mental health services and permanent or transitional supportive housing to vulnerable individuals with a serious mental illness who are homeless or at-risk of homelessness.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization in residential care homes, and instead to increase resilience and self-sufficiency. Interventions are designed to minimize functional impairment due to serious mental illness and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency. Specific goals of Sunflower Gardens include maintenance of housing at the facility (or like facility), maintenance or improvement of mental health condition, attaining employment or volunteer work, or attending school, and engaging with a Primary Care Physician. Client level outcomes, using Key Event Tracking documentation as well as the "Illness Management and Recovery Outcome Survey", are measured and documented in the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Sunflower Gardens program served 31 clients. Of clients served, 32% of were Latino and none were from South County. When combined, these figures represent lack of contribution towards meeting our health equity goals in Monterey County, with racial equity figures being well below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 50% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program moving forward. It is noted, however, that this is a Permanent Supportive Housing program that affords legal protections for clients to remain in the housing program on a permanent basis. Interim cannot initiate the termination of a lease unless the client breaks the lease or unless the client willfully vacates the property. This low level of vacancy affects Interim's ability to support health equity goals. Additional areas for improvement include the following: a) Assess for current level of need by performing the Recovery Needs Level Instrument, b) Discharge to lower levels of clinical service measured by the Recovery Needs Level Instrument; and c) Measure quarterly progress in Recovery by the Recovery Markers Inventory and the Consumer Recovery Markers.

PROGRAM NAME: DRAKE HOUSE	
MHSA Component – Service Category	CSS - FSP
MCBH Strategic Plan Service Area:	Residential Placement / Supported Housing
MHSA Age Group:	Older Adult (60+)
Priority Population:	Adults age 60 and above with a serious mental illness and co-occurring physical illness(es)
Service Provider:	Front St., Inc.
Service Location:	Monterey
Languages served:	English
Number of Clients Served in FY16:	25
Cost Per Client Served in FY16:	$52,555

PROGRAM DESCRIPTION

Drake House is a 49-bed residential care facility which was initially implemented through a collaborative effort between Front Street Inc., Monterey County Behavioral Health. This facility was developed in response to a community need to maintain clients in their local environment and therefore, avoid high cost out-of-county placements. Drake House serves between 20 and 25 Monterey County residents who have co-occurring mental health and physical conditions that have been either unserved or underserved in Monterey County. It is a unique facility that has trained mental health clinicians on site in addition to part time nursing and psychiatry serving this over 60 age group. The program assists residents with medication, medical appointments, daily living skills, money management, and structured activities. The program assists clients in decreasing symptoms or behaviors that can result in the utilization of higher levels of care by providing the maximum level of supervision. The array of mental health services provided include: assessment, evaluation, mental health services, plan development, case management, and collateral (family member and other significant others) contacts.

PROGRAM GOALS AND EVALUATION METHODOLOGY

In providing all-inclusive wrap around services in their home community, the Drake House program provides an opportunity for intensive psychiatric and nursing services with the goal of reducing the utilization of ongoing unplanned emergency services to emergency departments, hospitals, mental health units, jails and other high cost facilities. The facility also provides a level of supervision and intensive interaction that is consistent with the clients' needs as outlined in their individualized care plan. The program has also implemented a Wellness/Recovery program to reduce the incidence of co-morbid diseases, such as obesity, diabetes, high blood pressure and substance misuse. Health education and exercise programs are integrated into the overall treatment program.

The goal of this program is to reduce psychiatric hospitalizations and maintain the client at the Drake House program which enhances their quality of life, increases socialization, and allows the clients to live in the least restrictive level of care.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Drake House program served 25 clients. Of clients served, 4% of were Latino and 4% were from South County. When combined, these figures represent a lack of contribution towards meeting our health equity goals in Monterey County, with racial equity figures being well below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 70% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program moving forward.

ADULT SYSTEM OF CARE – GENERAL SYSTEM DEVELOPMENT

PROGRAM NAME: ROCKROSE GARDENS	
MHSA Component – Service Category	CSS
MCBH Strategic Plan Service Area:	Residential Placement / Supported Housing
MHSA Age Group:	Adult (26-59)
Priority Population:	Adults with serious mental illness
Service Provider:	Interim Inc.
Service Location:	Marina
Languages served:	English and Spanish
Number of Clients Served in FY16:	21
Cost Per Client Served in FY16:	$5,481

PROGRAM DESCRIPTION

Rockrose Gardens is a permanent supportive housing program providing housing to 20 very low-income individuals with serious mental illness; nine (9) of these individuals are homeless or at-risk of homelessness. Interim, Inc. provides case management, crisis intervention, and mental health services for residents in accordance with state guidelines established under the rehabilitation option, and in accordance with MHSA funding regulations. Interventions are designed to minimize disability and maximize the restoration or maintenance of functioning consistent with the requirements for learning, development, independent living, and enhancing self-sufficiency.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to assist low income and homeless individuals with serious psychiatric disabilities to maintain safe, affordable, supportive permanent housing. This prevents people from homelessness or institutional placement. Client level outcomes are monitored using the "Illness Management and Recovery Outcome Survey", which are documented in the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Rockrose Gardens program served 21 clients. Of clients served, 14% of were Latino and none were from South County. When combined, these figures represent lack of contribution towards meeting our health equity goals in Monterey County, with racial equity figures being well below the goal of 75% Latino engagement and regional equity figures being well below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY 16, MHSA funds accounted for 50% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this

program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program moving forward. It is noted, however, that this is a Permanent Supportive Housing program that affords legal protections for clients to remain in the housing program on a permanent basis. Interim cannot initiate the termination of a lease unless the client breaks the lease or unless the client willfully vacates the property. This low level of vacancy affects Interim's ability to support health equity goals. Additional areas for improvement include the following: a) Assess current level of need by assessing each client with the Recovery Needs Level instrument; b) Discharge to lower levels of clinical service measured by the Recovery Needs Level Instrument; and c) Measure quarterly progress in Recovery by the Recovery Markers Inventory and the Consumer Recovery Markers.

PROGRAM NAME: DUAL RECOVERY SERVICES	
MHSA Component – Service Category	CSS - System Development
MCBH Strategic Plan Service Area:	Dual Diagnosis Treatment
MHSA Age Group:	Adult (26-59)
Priority Population:	Adults with Co-Occurring serious mental illness and substance abuse disorders
Service Provider:	Interim Inc.
Service Location:	Salinas
Languages served:	English and Spanish
Number of Clients Served in FY16:	105
Cost Per Client Served in FY16:	$5,344

PROGRAM DESCRIPTION

The Dual Recovery Services (DRS) program is an outpatient program for adults with co-occurring serious mental illness and substance use disorders. The program aims to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs. Services include individual and group counseling to help clients develop skills to adjust to community living and/or maintain housing through the evidenced based practice of Motivational Interviewing. Clients develop goals that are focused on increasing daily structure, improving symptom management skills, personal and social functioning, and substance use recovery skills. Individual written service plans are developed for each consumer moving into this phase of community based treatment and help teach consumers how to avoid drug and alcohol use while strengthening healthy social supports using wellness and recovery principles.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of the Dual Recovery Services program is to reduce the relapse rate of clients and increase consumers' successful adjustment to community living after completion of dual recovery residential treatment program. This includesreducing the length of stay at the Bridge House dual recovery residential program. The program works to increase the support to consumers as they move into the next phase of their wellness and recovery treatment in the community, and to promote a clean and sober lifestyle for adults and Transition Age Youth (TAY) in the MCBH Adult & TAY Systems of Care. Client level outcomes are monitored and documented in the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Dual Recovery Services program served 105 clients. Of clients served, 41% of were Latino and 12% were from South County. When combined, these figures represent a very modest contribution towards meeting our health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement and regional equity figures being below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 47% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program moving forward. Additional areas for improvement include the following: a) Review the number of groups per week and the number of participants in each group; and b) Evaluate whether there is capacity to hold groups in Salinas, Marina, King City and/or Soledad.

ACCESS – GENERAL SYSTEM DEVELOPMENT

PROGRAM NAME: COMMUNITY PARTNERSHIIP - HIV/AIDS	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	Individuals and families affected by HIV/AIDS
Service Provider:	Community Human Services
Service Location:	Office locations in Salinas and Marina
Languages served:	English and Spanish
Number of Clients Served in FY16:	4
Cost Per Client Served in FY16:	$663

PROGRAM DESCRIPTION

The Community Partnership - HIV/AIDS provides outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for those with HIV/AIDS and their significant others. In 2005, during a series of focus groups conducted throughout Monterey County for the initial 3-Year MHSA community program planning process, there were requests for specific services to address the significant mental health challenges related to having a diagnosis of HIV/AIDS. Services are provided in culturally and linguistically competent settings.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to improve mental and emotional health. Assessments of client outcomes utlizes a matrix evaluation tool specific to measuring mental health improvements in individuals living with HIV/AIDS. This program uses the Avatar electronic medical records system.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Community Partnership - HIV/AIDS served 4 clients. Of clients served, 55% of were Latino and none were from South County. When combined, these figures represent a very limited contribution towards meeting our health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement and regional equity figures being below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 69% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this

program demonstrated challenges in meeting the health equity goals of Monterey County, there is an expressed need to address these inequities as part of this program.

PROGRAM NAME: RETURN TO WORK BENEFITS COUNSELING	
MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	Adult (26-59)
Priority Population:	All Monterey County residents with a mental health disability, particularly youth and Latinos, as well as the traditionally unserved, underserved and inappropriately served. Services and information is also provided to family and caregivers.
Service Provider:	Central Coast Center for Independent Living
Service Location:	Based in Salinas with the ability to meet at clients' homes
Languages served:	English
Number of Clients Served in FY16:	187
Cost Per Client Served in FY16:	$641

PROGRAM DESCRIPTION

Return to Work Benefits Counseling is a service for adults and youth with mental health disabilities, along with their families and caregivers. The program operates out of the Central Coast Center for Independent Living (CCCIL) office in Salinas and also meets clients in the community throughout the Monterey County region, including South County. The Independent Living Center is a cross-disability, consumer-centered advocacy organization that believes people with disabilities should have the same civil rights, options and control over choices in their own lives as do people without disabilities. All direct service staff and most of the administrative staff are bilingual in Spanish and English. Consumers receive financial and medical benefits counseling, individual advocacy, peer supports, housing assistance, independent living skills training, and assistive technology counseling to enable them to make informed decisions on employment, health care, disability and Social Security benefits. This program also conducts outreach events and provides referral services.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of this program is to increase the number of consumers returning to the workforce and increase the independence of consumers with disabilities by obtaining/retaining employment, financial and medical benefits. CCCIL is particularly interested in increasing the number of youth and latino participants receiving their services. Specific outcome measures tracked by this program include the number and demographics of individuals receiving referrals, types of referrals, and the number of outreach presentations conducted in Monterey County. Progress towards achieving these goals are recorded and assessed by regular reports and meetings with MCBH staff.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Return to Work Benefits Counseling program served 187 clients. Of clients served approximately 60% were Latino and 12% were from South County. When combined, these figures represent a modest contribution towards meeting our health equity goals in Monterey County, with racial equity figures being below the goal of 75% Latino engagement and regional equity figures being below the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 100% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program. As this program demonstrated a modest contribution towards meeting the health equity goals of Monterey County, there is an expressed, need to address these inequities as part of this program. Specifically, CCCIL plans to increase their services to residents of South County by providing services at MCBH's King City clinic one day per week.

PROGRAM NAME: ACCESS OUTPATIENT SERVICES

MHSA Component – Service Category	CSS – System Development
MCBH Strategic Plan Service Area:	ACCESS Services
MHSA Age Group:	All Ages
Priority Population:	All Monterey County residents, particularly the traditionally unserved, underserved and inappropriately served.
Service Provider:	Community Human Services and Monterey County Behavioral Health
Service Location:	Salinas and Marina, Gonzales Service Site via MCBH
Languages served:	English and Spanish
Estimated Annual Number of Clients Served:	574
Estimated Cost Per Client Served:	$1,065

PROGRAM DESCRIPTION

Access Outpatient Services provides mental health counseling program for people of all ages with moderate to severe mental health issues. Community Human Services (CHS) and Monterey County Behavioral Health (MCBH) provide individual and family counseling for a variety of mental and emotional health issues such as depression, anxiety, grief and loss, domestic violence, child abuse, body image, gender identity and dysfunctional family dynamics.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The programs aims to improve mental and emotional health outcomes, improve functioning and improve relationships.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the Access Outpatient Services program served 590 clients. Of clients served, 46% of were Latino and 2% were from South County. Individuals served through this program are limited to those referred by MCBH Access clinical staff and therefore, the ability of this program to attain the health equity goals for mental health services delivery, i.e. 75% Latino and 20% South County residents, is not entirely within the control of CHS.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 84% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. Within this 3-Year MHSA Plan period, seeking alternative and complimentary funding sources will remain an objective of this program.

INNOVATION

PROGRAM NAME: JUVENILE SEX OFFENDER RESPONSE TEAM (JSORT)	
MHSA Component – Service Category	INN
MCBH Strategic Plan Service Area:	Juvenile Justice
MHSA Age Group:	Children & Youth (12-15) Transition Age Youth (16-21) on Juvenile Probation
Priority Population:	Adolescents who have been identified with sexually acting out behaviors contributed by untreated complex mental health issues
Service Provider:	Monterey County Behavioral Health
Service Location:	Salinas
Languages served:	English/Spanish
Number of Clients Served in FY16:	46
Cost Per Client Served in FY16:	$5,738

PROGRAM DESCRIPTION

The Juvenile Sex Offender Response Team (JSORT) is a collaborative partnership between Monterey County Probation and MCBH, providing specialty mental health services to adolescents who have sexually offended. MCBH provides extensive forensic psychosexual assessments to youth who have been referred by Monterey County Probation and the Juvenile Courts for sexually acting out behaviors. During the assessment, the therapist is able to identify and then treat any underlying mental health issues that have contributed to, or are at the root of, any sexually acting out behaviors. Once these mental health issues are identified and it's determined the youth can remain safely in the community, MCBH provides intensive outpatient treatment consisting of individual, group and family therapy, to build the tools needed to establish more adaptive prosocial behaviors, reduce recidivism and become a safe and more productive member of the community. Program clinicians utilize evidence-based practices such as Aggression Replacement Training, Being a Pro: A Prosocial Model for Problem Solving, and Motivational Interviewing. JSORT also meets as a multi-disciplinary team (MDT) that may include: Law Enforcement, Probation, Behavioral Health, Victim Advocacy, Public Defender, Defense Attorney, and the Director of the Child Abuse Prevention Council. The MDT meets monthly to review current cases, providing a "step down" approach to youth returning home from placement by identifying appropriate, community-based safety plans upon return to the home as well as providing therapeutic support and clinical intervention to the youth and family. The MDT also reviews any cases that may be pending the court process.

JSORT began as an MHSA Innovation Project in 2009, meeting a large unmet mental health need in the community. Collaborative efforts with Law Enforcement, the Juvenile Courts and MCBH have been so positive and effective that JSORT is being moved from Innovations to a Full Service Partnership in FY18.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of JSORT is to successfully and safely maintain these youth in the community, improve the overall mental health and emotional functioning of the affected youth and their families, reduce the need for residential care and/or a commitment to the Department of Juvenile Justice, and reduce the risk of re-offending. These outcomes are tracked by the use of the JSOAP-II (Juvenile Sexual Offender Assessment Protocol-II) and CANS (Child and Adolescent Needs and Strengths) Tool. As some of the youth initially began treatment when they were under 18 years old and then completed treatment at 18 years of age or older, there are challenges with evaluating risk in that, the JSOAP-II is only appropriate for youth under the age of 18 years old. Therefore, future efforts to improve these evaluation methods will include implementing risk assessment tools (JSOAP-II, STATIC99 and ERASOR for example) that are useful for adolescents ANDTransition Age Youth (over 18 years old).

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the JSORT program served 46 clients. Of the clients served, 63% were Latino and 13% were from South County. Individuals served through this program are limited to those who commit these specific crimes and therefore may not mirror the health equity goals for general mental health services delivery, i.e. 75% Latino and 20% South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 65% of the total program budget. In addition to the MHSA funds services are billed through Medi-Cal, for all eligible clients. JSORT has increased its involvement in regional and state collaboratives through attendance and participation in the California Coalition of Sexual Offenders (CCOSO) monthly meetings. These meetings allow JSORT improved collaboration with other agencies throughout the state and keep the program updated on the most recent and cutting edge research and treatment strategies in the field.

PROGRAM NAME: POSITIVE BEHAVIORAL INTERVENTION & SUPPORTS (PBIS)	
MHSA Component – Service Category	INN
MCBH Strategic Plan Service Area:	Student Mental Health
MHSA Age Group:	Children & Youth (0-15)
Priority Population:	All school aged children (ages 5 to 18)
Service Provider:	Monterey County Office of Education
Service Location:	This program serves all regions and all 25 school districts
Languages served:	English
Number of Clients Served in FY16:	400
Cost Per Client Served in FY16:	$25

PROGRAM DESCRIPTION

Positive Behavioral Intervention & Supports (PBIS) is a behavioral support system approach for instituting a decision-making framework and leadership team at both the district and school level to establish positive behavioral practices through training, coaching and data evaluation methods for improving behavior outcomes for all students. In FY 10-11, MCBH initiated the first PBIS program for participating school districts within Monterey County. In FY 12-13, MCBH, in partnership with the Monterey County Office of Education (MCOE), began planning the eventual implementation of PBIS throughout the Monterey County education system, resulting in MCOE acting as the lead agency for all PBIS implementations. MCOE began the implementation of PBIS for South Monterey County School Districts in 2015. There is a strong understanding that students do better in all areas of development, including social/emotional, when there is an improvement in school climate. The PBIS program hopes to improve school climate which will reduce the number of students referred for social/emotional problems, particularly anxiety and depressive disorders. MCBH has partnered with all school districts to assist in the training and support of PBIS. This program met the goals of the initial Innovations project in FY 16.

PROGRAM GOALS AND EVALUATION METHODOLOGY

The goal of PBIS is to improve students' quality of life and school success by providing multi-tiered systems of intervention and support focused on improving social/emotional development. Anticipated outcomes for this program include less stigma toward those with mental health issues and those attempting to access services, lower dropout rates, less bullying, higher college enrollment and less substance use. Progress towards achieving the above goals are assessed using the Tiered Fidelity Inventory to measure PBIS fidelity.

SERVICE DATA AND IMPACT ON HEALTH EQUITY

In FY16, the PBIS program served 400 students. Of students served, 90% of were Latino and 100% were from South County. When combined, these figures represent a very strong contribution towards meeting our health equity goals in Monterey County, with racial equity figures being exceeding the goal of 75% Latino engagement and regional equity figures exceeding the goal of 20% engagement of South County residents.

SUSTAINABILITY AND STRATEGIES FOR IMPROVING SERVICE DELIVERY

In FY16, MHSA funds accounted for 50% of the total program budget. MCBH values the ability of programs to leverage resources and secure sustainable funding sources. MCOE's PBIS Coordinator is working with the PBIS regional program in Santa Clara for technical assistance and guidance in developing and implementing a fiscally sustainable model for the PBIS programs in Monterey County. The MCOE PBIS/BH partnership will continue within shared efforts in improving school climate in Monterey County schools, however, funding provided by MCBH will discontinue in FY 18-19.

MOVING FORWARD:
FY18-20 MHSA
PROGRAM PLAN

Prevention

PEI-01: OPEN ACCESS WELLNESS CENTERS

Community feedback has indicated the need for neighborhood based wellness centers where community members can access resources and social support in non-stigmatizing settings. In response to this need, MCBH is dedicating PEI funding to community based organizations to operate wellness centers that will be open to all community members and will focus on providing informaiton, on-site support to address needs and linkages to other entities that provide additional resources. The following two wellness centers have been developed with community input and have been providing much needed supports for our community. The OMNIi Wellness Center provides holistic supports to adult consumers and welcomes all individuals to participate in events and programming. The Epicenter was created to support youth who have experienced adverse life events as well as offer information, socialization and developmentaly appropriate programming for all Monterey County youth ages 16-25. Each center will be tailored to the population served and will be directed by consumers, peers, youth and family members.

PEI-01 PROJECTS/ACTIVITIES/PROGRAMS	
1.1	The OMNI Resource Center provides activities and programs that focus on increasing positive mental health and overall wellness of individuals and the community by providing wellness awareness and innovative programs. The center serves to assist individuals in pursuing personal and social growth through self-help groups, socialization groups, and peer support groups. Additionally, the center offers skills and tools to those who choose to become leaders among their peers to take an active role in the wellness and recovery movement through various initiatives. The center also works to help individuals find a meaningful role in their community, to gain self-empowerment, to learn advocacy and leadership skills.
1.2	The Epicenter is an open, youth led resource center and welcomes all Monterey County Transition Age Youth (TAY) ages 16-25. Focused services and case management are provided to vulnerable TAY populations in Monterey County, including current/former foster youth, LGBTQ youth, and youth who have been involved with public agencies, such as Juvenile Probation and Mental Health. The center provides drop-in appointments, a variety of experiential learning opportunities such as workshops, and special events, along with referrals and access to services that support independent living skills. These include: peer support, information and referrals, food assistance, computer access, job boards and resource connections. The center provides space for community agencies to co-locate staff and services so that youth can have direct connections to needed supports that they may not access otherwise. In addition, the Epicenter fosters youth development and mentors youth to take leadership roles at the center with youth staff directing the majority of program operations. A youth leadership team has also been developed to provide leadership and feedback related to better serving individuals who identify as LGBTQ. Additionally, Epicenter staff and youth volunteers provide support to LGBTQ youth and training to Behavioral Health and to the community.

PEI-02: FAMILY SUPPORT AND EDUCATION

The MHSA asserts the importance of incorporating the family perspective in mental health treatment. Research also supports that individuals with mental health issues do better when their families are involved with a developed understanding of mental health and wellness as well as holding a strength-based approach to the process of recovery. It is also empowering for family members to have increased knowledge and understanding of the community resources available to assist their loved one as well as for the family members.

Community feedback continues to identify the importance of providing psycho-education and parenting classes to parents and caregivers to help them optimize their child's developmental potential and their family's functioning. Additionally, education and support has been requested to address concerning behaviors and issues in children and teens to prevent behaviors from escalating and address early warning signs of mental health issues. PEI funding will support parenting education that addresses known and emerging community needs. Classes will need to be provided regionally with a focus in South County, conducted in Spanish and in English and be culturally appropriate for Latino families.

PEI-02 PROJECTS/ACTIVITIES/PROGRAMS	
2.1	PEI funding covers the Family Support Groups program which was developed by MCBH in response to families in the community who were seeking additional support for themselves. Family Support groups are open to the community; all family members are welcome and they do not have to have a relative currently in treatment with MCBH. Families benefit from being able to receive psycho-education regarding mental illness as well as from the support of other family members who are experiencing similar issues related to caring for a loved one with mental illness.
2.2	The Multi-Lingual Parent Education Partnership offers 8-10 week evidence based parenting programs serving English and Spanish-speaking families in Salinas, Seaside, South County and North County. The program also aims to increase capacity for culturally and linguistically appropriate parent education opportunities in targeted areas of Monterey County by recruiting and training additional parent educators who represent the communtiy.

PEI-03: OUTREACH FOR INCREASED AWARENESS OF EARLY SIGNS OF MENTAL ILLNESS

One of the key themes identified during the strategic planning process and again during recent focus groups and community surveys is the need for increased education to the community on early warning signs of mental illness. Outreach efforts providing education and information on mental health needs to be presented in a culturally responsive manner to assist in decreasing stigma, particularly in the Latino community. PEI funds will support established non-profits that have effective strategies for providing community education on mental health issues.

PEI-03 PROJECTS/ACTIVITIES/PROGRAMS	
3.1	NAMI has been successful in creating a local chapter and has increased capacity to serve Spanish speaking individuals and families and increased direct support to South County demonstrating the commitment to address health disparities. Currently this program provides direct support for individuals with mental illness and their family members and advocates on behalf of consumers, families, and friends of people with mental illness. NAMI's staff and volunteers educate the community regarding the needs and challenges of individuals with mental illness in order to reduce stigma and improve a person's quality of life.
3.2 & 3.3	The Latino Community Partnership & the Promotores Mental Health Program were created exclusively by MHSA funding to address the issue of Latinos not accessing mental health services. This program seeks to educate the Latino community about mental health issues and remove the stigma associated with seeking mental health services with the aid of Promotores de Salud. Promotores are individuals who provide health education and support to community members and are generally from the community they serve. As a result of their relationship with the community they serve, they are particularly effective at reaching Latinos and other unserved and underserved individuals and families. The Promotores can help address the multiple barriers to accessing services, such as those related to transportation, availability, culture, language and stigma. The intended outcomes of this program is a lessening of stigma among the Latino and farmworker communities, increased numbers of referrals to MCBH as well as to other licensed therapists, and improved mental health outcomes among those seeking services.
3.4	PEI funding will also be utilized to support MCBH staff to provide community based psycho-educational workshops when it is indicated to have clinical expertise and advanced knowledge of mental health and related topics. This will be done in partnership with local non-profits, schools, churches and other community based entities to reach community members in natural settings and accessible locations. MCBH staff who have training in evidence based parenting and knowledge in child development can teach parents/caregivers strategies that support children and youth in preventing and overcoming mental health concerns. PEI funding will support MCBH staff to provide workshops and to co-facillitate parenting classes with partners agencies for the community.
3.5	PEI funds are allocated to support the outreach activities of The Village Project, Inc. This organization focuses on providing services for African Americans and other underserved populations. The Village Project, Inc. is an all-encompassing agency in respect to the age groups for which it provides services and has provided therapy for children and youth, adults, seniors,

	families and couples. Goals of this organization are to engage youth and adults in treatment to keep them free of the juvenile justice and criminal justice systems, as well as prevent the need for emergency room/crisis unit visits and hospitalizations. The program provides tools to enable clients in taking charge of their lives, to prevent mental illness or any other psychological/emotional issues from becoming severe and disabling.

PEI-04: STIGMA AND DISCRIMINATION REDUCTION

The stigma associated with mental health was frequently cited by community members as preventing them from using mental health services. Participants from recent focus groups emphasized the importance of education and outreach as a strategy to decrease stigma and increase awareness of the supports and treatments available for mental illness. In addition, local consumer advocacy asserts that the psychiatrically disabled community needs direct recipient representation in order to obtain services and programs that will better serve their needs. The MHSA highlights the importance of clients having the opportunity to share their behavioral health experience and to impact policy regarding behavioral health service delivery.

PEI-04 PROJECTS/ACTIVITIES/PROGRAMS	
4.1	PEI funds will continue to support "Success Over Stigma" (SOS). This program focuses on consumer involvement in planning and executing mental health services and anti-stigma messaging in the community. To address stigma on a systemic level, SOS promotes consumer involvement in advocating for public policies that support and empower people with psychiatric disabilities. SOS also provides peer consultation to service providers, including increasing peer involvement in developing and strengthening mental health services both locally and at the state level. Additionally, consumers learn how to better advocate for themselves by providing reciprocal peer support and advocacy in their community.
4.2	The California Mental Health Services Authority (CalMHSA), was created by the counties in 2010 to administer MHSA PEI projects on a statewide basis. In the initial phases, population-based strategies designed to prevent mental illnesses 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 were developed and implemented through the financial contributions of participating counties. Phase III activities will focus on the implementation of statewide social marketing campaigns and related programs, with an emphasis on reaching Latino communities throughout California. The following are some of the activities to be implemented in Phase III: 1) actively engage communities through social media in Each Mind Matters/SanaMente; Know the Signs/Reconozca Las Senales: Walk In Our Shoes/Ponte En Mis Zapatos and Directing Change; 2) Create new culturally-adapted Spanish-language stigma reduction and/or suicide prevention outreach materials; and 3) Provide mini-grants to local CBOs serving Latino and other diverse communities.

PEI-05: PREVENTION/PEER SERVICES TO OLDER ADULTS

Seniors are often at increased risk for anxiety and depressive disorders due to co-occurring chronic medical conditions, isolation and financial challenges. Older adults (those 65+) in the Monterey county comprise 10% of the population but account for 25% of suicides. PEI funding will continue to support services for seniors as they are a vulnerable population with specialized needs.

PEI-05 PROJECTS/ACTIVITIES/PROGRAMS	
5.1	The Seniors Council Senior Companion Program serves Santa Cruz, San Benito, Monterey and Santa Clara Counties. The program recruits, trains and places Senior Companions to work with homebound clients and clients who live alone, clients with chronic disabilities, clients whose caregiver needs respite from their responsibilities, clients with mental health issues and clients who are visually or hearing impaired. The program works to assist clients served by Senior Companions to maintain independent living and achieve the highest quality of life possible.
5.2	The Senior Peer Counseling Program (SPC) provides no-cost mental health intervention and emotional support to older adults suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. Peer Counselors, trained and supervised by mental health professionals, provide short-term one-on-one counseling that may be home-based, office-based, or at long term-care facilities. Volunteers and staff facilitate support groups that foster emotional support, encouragement, self-empowerment and connection to others. A small but strong core group of eight bi-cultural, bi-lingual Latino Senior Peer Counselor volunteers co-facilitate support groups and provide one-to-one peer counseling in the Salinas area. The group was trained with Spanish language curriculum and works under the supervision of a bi-lingual, bi-cultural clinician with extensive experience serving the Latino community.

PEI-06: SUICIDE PREVENTION

Nearly everyone is touched by suicide at least once in their lifetime. In 2014, Monterey County experienced 57 suicides; the youngest was 15 and the oldest was 96. The Monterey County Community Health Assessment (2013) reviews of mental health indicators affirm the need for continued suicide prevention and intervention activities. Local data showed there was a significant increase in suicide among residents age 45-64, especially males, and that suicide rates for females more than doubled from 1999-2001 to 2008-2010.

PEI-06 PROJECTS/ACTIVITIES/PROGRAMS	
6.1	PEI funding will support Suicide Prevention Service, a program of Family Service Agency of the Central Coast, serving Monterey, Santa Cruz, and San Benito residents since 1967. The primary mission is to identify high-risk individuals, families, and groups and provide them with safe alternatives to suicidal behavior. Their integrated method of service delivery includes a 24/7/365 free, multi-lingual suicide crisis line, educational outreach and training, and bereavement support services for those who have lost a loved one to suicide. Outreach personnel are also trained to offer a variety of training programs for community groups including: ASIST, SafeTalk, and Mental Health First Aid.

EARLY INTERVENTION

PEI-07: ACCESS REGIONAL SERVICES

During recent community focus groups, MCBH collected feedback on barriers and challenges faced by Monterey County residents when accessing mental health treatments services, along with constructive insights on finding resolutions to improve access and quality of care. Participants also offered insight on where and how they might feel more comfortable, and how they see more investment in community outreach, stigma reduction and prevention as top priorities. As there are a range of issues and a variety of needs in our community, PEI funding will be provided to diverse community based organizations who have demonstrated creative strategies to address the challenges and barriers community members have faced when accessing mental health treatment.

PEI-07 PROJECTS/ACTIVITIES/PROGRAMS	
7.1	CSUMB's Chinatown Community Learning Center (CCLC) collaborative offers qualified Master of Social Work (MSW) interns to provide support for the homeless and other marginalized populations in the Chinatown neighborhood of Salinas at the Chinatown Community Learning Center. The CCLC is a resource center with office and classroom space. The Center's staff provides structured learning opportunities, access to social services, and supports the development of micro-enterprise activities that serve the needs of the homeless and marginalized in Chinatown, many of whom are also struggling with mental health and addiction issues.
7.2	The main goal of the Veteran's Reintegration Transition Program (VRTP) is to provide education and awareness to veterans, their dependents and survivors on entitled benefits to include mental health services in the community. Additionally, this program seeks to streamline the process of transitioning service member veterans and their eligible dependents to health care, mental health care, education, employment and other community based services.
7.3	2-1-1 Monterey County was launched February 2009 as a program of United Way Monterey County. 2-1-1 is a phone number, but also a system for connecting people quickly and efficiently to social and health services they are seeking, including mental health treatment and services. The phone is the most common method of contact with resource information also available via website. The service is available 24 hours a day/7 days week in 170 languages. Callers will reach a Call Specialist who has been highly trained, certified to assist, and be proactive in meeting their needs. Based on the nature of the conversation between caller and the Call Specialists, appropriate programs are brought to the attention of the caller. Additionally, 2-1-1 is used during times of natural or manmade disasters as a "go-to" number for anyone in the public to use to acquire the latest official information and as a feedback loop from the public to county officials.

PEI-08: STUDENT MENTAL HEALTH

The following needs were identified by the community during the Behavioral Health strategic planning process: increase prevention services, i.e., early intervention services and support in the schools, increase services to Medi-Cal beneficiaries in the general education population, increase family support and counseling services, increase the provision of group services to efficiently meet the increasing demand for student Mental Health services. MHSA funds support the following two programs that are addressing the above needs.

PEI-08 PROJECTS/ACTIVITIES/PROGRAMS	
8.1	Pajaro Valley Prevention and Student Assistance (PVPSA) serves Monterey County children and their families attending schools in the North Monterey County area (Pajaro/Las Lomas) who are Medi-Cal eligible and require mental health services. The goal of the MHSA funded PVPSA school counseling program is to assist children with developing coping skills to manage their impairment(s) and to function in day-to-day life and overall academic performance. A key component of this program is the placement of mental health counselors at each school site. A dedicated PVPSA office is found in each school served and the mental health counselor participates as a key member of the school team. The mental health counselor provides a family therapy approach to services and engages caregivers/parents to ensure progress in their child's treatment. To address reducing barriers to care, PVPSA has a bi-lingual/bi-cultural case management specialist to support counselors with providing transportation and linkage to support services as needed.
8.2	Harmony At Home's Sticks & Stones School-Based Counseling Program is a prevention program for children exposed to violence and trauma in Monterey County. The program provides short-term intervention focusing on reducing stigma surrounding domestic violence and mental health issues, while also improving child and family functioning. Group counseling is provided by MFT/MSW interns/trainees in selected schools for children who have witnessed domestic violence. Most recent schools served were in Alisal Union School District, Salinas Elementary School District and Salinas Union High School District. Additional program activities include outreach and engagement activities conducted with community groups and organizations to further promote the program and availability of services.

PEI-09: JUVENILE JUSTICE DIVERSION

Behavioral Health staff works with many community based service providers to create a collaborative network to meet the needs of at-risk youth and juveniles involved in the justice system. This network increases public safety, reduces recidivism, and promotes positive youth development. Community feedback from the strategic planning process identified the following priorities to better address the needs of youth who are at risk of becoming involved in the legal system due to unmet mental health needs and exposure to community violence: enhance trauma-informed treatment services, provide crisis services to families of youth homicide victims, increase services to family members and support youth needing help in obtaining employment. MHSA funds the following two community based programs that are addressing the above needs and community priorities.

PEI-09 PROJECTS/ACTIVITIES/PROGRAMS	
9.1	Silver Star Resource Center is a multi-agency collaborative offering gang prevention and out-patient mental health services to at-risk youth prior to their involvement with the Juvenile Justice System. Behavioral health services at Silver Star Resource Center are provided to youth that are demonstrating first signs of emotional/behavioral issues that are affecting their education, family, and/or social well-being. The purpose of the program is an attempt to identify and treat the underlying mental health issues that may lead to more complex problems within the community and contribute to later involvement in the Juvenile Justice System. Goals of this program include: ongoing coordination of community resources, promoting healthy family environments, and reducing recidivism of criminal activity.
9.2	The Seaside Youth Diversion Program is a collaborative partnership between Seaside Police Department, Monterey County Probation, and MCBH in an effort to identify and treat underlying mental health issues in at-risk youth that may lead to more complex problems within the community and contribute to later involvement in the Juvenile Justice System. The MHSA funding supports a half-time Psychiatric Social Worker position used to provide an array of evidence based practices (Aggression Replacement Training, Motivational Interviewing, 7 challenges, Seeking Safety and Matrix) offered through individual, group and family treatment. Goals of this program include: ongoing coordination of community resources, promoting healthy family environments, and reducing recidivism of criminal activity.

PEI-10: PREVENTION AND RECOVERY FOR PSYCHOSIS DISORDERS

Nationally there has been increased recognition of the importance of identifying and treating psychotic disorders. There is a growing body of evidence showing that treatment can be very effective in promoting positive outcomes for people who are experiencing early psychosis and in decreasing the negative impact of untreated psychosis in multiple areas of functioning. MHSA funding supports a local program that has demonstrated effective outcomes in our community, the Prevention and Recovery in Early Psychosis (PREP) program.

PEI-10: PROJECTS/ACTIVITIES/PROGRAMS	
10.1	The PREP Monterey program provides an integrated package of evidence-based treatments designed for remission of early psychosis among individuals age 14-35 who are demonstrating symptoms and functional impairments related to early psychosis and/or diagnosis of Schizophrenia or Schizoaffective Disorder. The core services include individual psychotherapy (Cognitive Behavioral Therapy for Psychosis - CBTp), strength-based case management, algorithm based medication management, Multi-family Groups (MFG), and educational and vocational support. PREP has a robust evaluation component to track mental health outcomes and key events, and includes cost savings projections based upon decreased hospitalization utilization and crisis mental health services for clients who are served in the program.

PEI-11: RESPONSIVE CRISIS INTERVENTIONS

Trauma informed care efforts have highlighted the need for service providers to effectively respond in a sensitive and developmentally appropriate manner to individuals who have been impacted by complex trauma. MHSA funding is supporting a unique program that is in place to support children who have been victims of sexual exploitation and abuse.

Additionally, the need to prevent psychiatric hospitalization and decrease the use of our emergency room and law enforcement for mental health crisis is becoming increasingly critical. The development of a mobile crisis response and stabilization program to stabilize children in mental health crisis, help families develop improved conflict resolution skills, communication skills, and develop plans for managing crisis in the future as well as prevent detention in juvenile facilities due to a mental health crisis is critically needed. When a child is suffering from a severe mental health crisis (suicidality or psychosis) inpatient psychiatric treatment can be an important component of a system of behavioral health care. Yet in many situations community based interventions would be more appropriate and prevent the disruption for children and families which result from hospitalizations.

PEI-11 PROJECTS/ACTIVITIES/PROGRAMS	
11.1	The Archer Child Advocacy Center provides a child-friendly central location for forensic interviews where there are allegations of child sexual exploitation and abuse. Children's Behavioral Health (CBH) provides mental health risk and treatment needs assessment, crisis stabilization, psycho-education, linkage or provision of mental health treatment services as needed. The program's goals are to increase early detection/identification of mental health needs for victims of child sexual abuse and linkages to services; increase help-seeking and utilization of services by children who have received forensic interviews due to allegations of child abuse; reduction of risk symptoms and improved recovery for children after sexual exploitation experiences and participation in forensic interviews regarding those events.
11.2	Behavioral Health Mobile Crisis Services became active and available as a resource beginning 11/16/15. Services are in partnership with local law enforcement utilizing a regional model. Staff are dispatched out to calls for service through county communications at law enforcement's request and these calls take priority. However, an additional function provided by mobile crisis is coordination with outpatient services as an additional resource. Behavioral health outpatient staff can alert mobile crisis to clients that may be decompensating and coming to their attention (i.e., through law enforcement contacts or calls from family for welfare checks). These services have been helpful yet a gap remains in addressing psychiatric crises of children that occur in the home or community. The current Mobile Crisis Team will be augmented by MHSA funding to provide the supportive services children and youth require to reduce the rate of hospitalization following a crisis call.

COMMUNITY SERVICES AND SUPPORTS - FULL SERVICE PARTNERSHIPS (FSP)

CSS-01: FAMILY STABILITY FSP

The following Full Service Partnerships (FSP) for children and families are designed to prevent out-of-home placement of children and youth whose emotional, social, and/or behavioral problems that create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. These FSP's provide a range of options for families, including a short-term crisis stabilization model, an integrated model involving Family and Children's Services and MCBH and a specialized model focusing on Adoption Preservation. Research has shown that adoption disruptions can be prevented through the utilization of a continuum of adoption related services that include case management, therapeutic care, and skills acquisition training. With a focus on educating and empowering families to meet the needs of their children, even in high intensity situations, these programs can allow families to remain together.

CSS-01 PROJECTS/ACTIVITIES/PROGRAMS	
1.1	Family Reunification Partnership is a unique and innovative program model that integrates Children's Behavioral Health (CBH) therapists and Family and Children's Services (FCS/DSS) social workers into one cohesive program to help families in the reunification process. The goal of the Family Reunification Partnership is to address the high intensity mental health needs of the children and families for improved individual and family functioning. This teaming approach is designed to improve coordination and collaboration among child welfare, mental health and other formal and informal supports, and children and families involved with the child welfare system. A CBH therapist is paired with a FCS/DSS social worker and they jointly share responsibility for case planning, provision of intensive therapeutic and support services, case monitoring, family team leadership, decision-making, and managing and leading orientation and other psycho-education groups.
1.2	The Adoption Preservation FSP program addresses on-going needs of post-adoptive families. The goal of the Adoption Preservation program is to strengthen families and increase their level of attachment, efficacy, feelings of safety and psychological well-being to increase the permanency of adoption placements. In addition to decreasing costs for foster care placements, stabilizing family placements will help reduce the negative outcomes associated with children who grow up predominantly in foster care, including: poverty, teen pregnancy, juvenile delinquency, and lack of educational attainment. Families receive a team based, coordinated approach that includes a Child & Family Therapist and Family Support Counselor, access to psychiatrist, psychological assessment and occupational therapy services as needed. Parents are referred and encouraged to participate in parent education programs aimed at enhancing the impact of mental health intervention.

CSS-02: DUAL DIAGNOSIS FSP

Youth with acute mental health and substance abuse disorders often need intensive, focused treatments to address their complex needs. We have found that youth can be successful in their recovery and move ahead in their lives when they have access to a comprehensive array of services that are developmentally appropriate and strength based. This may involve moving into a positive living environment that allows them to feel safe and fully participate in their treatment and move ahead in their life goals. MHSA funding supports these critical programs for youth with co-occurring mental health and substance use disorders.

CSS-02 PROJECTS/ACTIVITIES/PROGRAMS	
2.1	Integrated Co-Occurring Treatment (ICT) is a collaborative multi-agency effort to implement an effective approach to treating adolescents with co-occurring substance use and mental health disorders. The goals of ICT are to improve the overall functioning of the affected youth and their family and reduce the need for residential care. ICT is an intensive community-based program which provides an evidence based practice for adolescents and young adults in a strength based, home visitation model. ICT services often begin with home, school and/or community visits by staff, and continue throughout the treatment process. Working with adolescents and their families in their homes, school or community provides an invaluable basis for assessing and treating their individual needs. This program provides a comprehensive level of service that can range from helping adolescents with their socio-emotional well-being while assisting with obtaining and maintaining sobriety. ICT treatment is intensive and highly flexible (including evenings and weekends when required), and may also include psychiatric medication management.
2.2	The focus of the Santa Lucia Residential Program is to identify, assess, and treat adolescent females in a residential facility who exhibit significant levels of co-occurring mental health and substance abuse needs. The goal of this program is to provide mental health and substance use disorder services while decreasing the risk of long term involvement with the Juvenile Justice System and out-of-home placements. Treatment addresses critical needs and issues including: serious emotional and behavioral disturbance, sexual exploitation, multiple foster care and/or residential placements, gang issues, exposure to community violence, substance abuse, complex and acute traumas. Intensive mental health services are provided in conjunction with psychiatric medication management as deemed clinically appropriate. Individual, family, or group therapies are designed to reduce mental health disabilities, and improve and maintain functioning consistent with the goals of learning, development, independent living and enhance self-sufficiency and family functioning.

CSS-03: JUVENILE JUSTICE FSP

Monterey County works in partnership amongst public agencies and community partners in proving comprehensive programming for youth involved with MCBH, Juvenile Justice and/or the Department of Family and Children Services. Monterey County has taken advantage of funding opportunities to create a Mental Health Court for youth and has utilized MHSA Innovations funding to create a specialized program to address the previously unmet mental health needs of juveniles who have committed a sexual offense when it is clinically indicated to work with them therapeutically. In addition, MCBH has worked with local agencies to provide a highly supportive residential facility that supports youth who have exited institutional and/or correctional facilities who need a high level of support to be successful in the community following their discharge. These progressive programs will be funded in part by MHSA funding.

CSS-03 PROJECTS/ACTIVITIES/PROGRAMS	
3.1	The Juvenile Mental Health Court - Community Action Linking Adolescents (CALA) Program offers Probation, Juvenile Court and Behavioral Health supervision and support to youth and their families. As a FSP program, this team adopts a "whatever it takes" approach, in treating at risk youth and their families. The CALA Court Youth Program was originally implemented with a Juvenile Mentally Ill Offender Criminal Reduction Grant, and then sustained by Mental Health Services Act (MHSA) funding. This funding provided for the development of a Juvenile Mental Health Court, and to serve the mental health needs of youth who come into contact with the Juvenile Justice System. This multi-disciplinary team screens all youth who are in the field, and on probation, with the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2). Services are provided by: Monterey County Behavioral Health, Children's Services staff, Monterey County Court Services, and Monterey County Probation. Treatment Model(s) being used include: Brief Strategic Family Therapy, Seven Challenges, Aggression Replacement Training, (ART), and Motivational Interviewing.
3.2	The Juvenile Sex Offender Response Team (JSORT) is a collaborative partnership between Monterey County Probation and MCBH, providing specialty mental health services to adolescents who have committed a sexual offence. The goals of JSORT are to safely maintain the youth in the community, improve the overall mental health and emotional functioning of the affected youth and their families, reduce the need for residential care and/or a commitment to the Department of Juvenile Justice, and reduce the risk of re-offending. Extensive forensic psychosexual assessments are provided to youth who have been referred by Monterey County Probation and the Juvenile Courts for sexually acting out behaviors. A range of intensive outpatient therapies (individual, group and family) are provided to build the tools needed to establish more adaptive prosocial behaviors, reduce recidivism and become a safe and more productive member of the community. Program clinicians utilize evidence based practices such as Aggression Replacement Training (ART), Being a Pro: A Prosocial Model for Problem Solving, and Motivational Interviewing. JSORT also includes a multi-disciplinary team (MDT) with representation from: Law Enforcement, Probation, Behavioral Health, Victim Advocacy, Public Defender, Defense Attorney, and the Director of the Child Abuse Prevention Council. The MDT meets to review cases and to ensure there is coordination of services and adequate oversight of the youth.
3.3	The Incarceration to Success (I2S) Program is a multi-agency collaborative effort that provides transitional housing for male transition age youth (TAY) who are exiting the Monterey County

	Youth Center, involved with Juvenile Probation and MCBH, unable to return home, and are in need of stable housing with independent living coaching. The goals of this program are for successful transition by TAY into independent living, being free of criminal offenses with increased mental health stability and improved overall functioning in the community. Youth are taught independent living skills, job skills and case management services that support their mental health needs and increase their ability to live independently while reducing the risk of recidivism. Intensive case management services, groups, and therapeutic treatment teamwork and collaboration with county agencies allows the youth to engage in healthy community activities; teaching them how to build healthy relationships and allowing them to practice learned prosocial skills in their community.

CSS-04: TRANSITION AGE YOUTH FSP

Transition Age Youth, ages 16 through 25, need developmentally appropriate mental health services and comprehensive supports for themselves and their family members as they transition from adolescence into early adulthood. Intensive supports are often needed to stabilize the youth who are experiencing symptoms of mental illness to avoid the need for emergency mental health services, such as Emergency Room visits and psychiatric hospitalizations. Co-occurring substance use is also common in this age group and can lead to negative consequences if left unaddressed. An FSP approach is needed for Transition Age Youth who are experiencing serious mental illness and MHSA funding will support the development of this program.

CSS-04 PROJECTS/ACTIVITIES/PROGRAMS	
4.1	MCBH will provide a FSP model program for TAY who are experiencing symptoms of serious mental illness who need intensive services. In this program, goals are tailored to each youth, ranging from achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental illness. Clients will be referred to community based agencies that provide education and employment assistance/supports and appropriate Day Treatment programs. The FSP will include peer youth mentors who have overcome similar mental health issues to help engage and keep youth in treatment. An evaluation component will be developed and FSP data will be reviewed to assess treatment gains.

CSS-05: ADULTS WITH SERIOUS MENTAL ILLNESS FSP

The primary goal of the Adult System of Care is to provide a range of services and supports to Adults and Older Adults with serious mental illness in reaching their recovery goals and live in the least restrictive environment as possible. During the strategic planning sessions, the need for supportive housing options for adults, especially those involved in the criminal justice system, those experiencing homelessness or who are at high risk of homelessness, and older adults with serious mental illness and complex medical needs and/or physical disabilities, were identified as priorities. The following Full Service Partnerships are designed to meet these goals and respond to these priority community needs:

CSS-05 PROJECTS/ACTIVITIES/PROGRAMS	
5.1	The Creating New Choices Adult Mental Health Court Program, (CNC) is a collaborative effort between the Superior Court, Behavioral Health, Probation Department, District Attorney's Office, Public Defender's Office and the Sheriff's Office to reduce the repetitive cycle of arrest and incarceration for adults will serious mental illness by providing intensive case management, psychiatric care, probation supervision and therapeutic mental health court. Adult Mental Health Treatment Court hearings with a Therapeutic Court Team (Judge, District Attorney and Public Defender along with Probation and CNC staff) are an integral part of the treatment program. CNC clients attend regular court hearings to review their progress in treatment including program participation, recovery work, personal accountability and prosocial behavior. Beginning in FY18, the CNC Team will also serve other clients that have current/recent Forensic involvement.
5.2	Intensive permanent and transitional supportive housing programs provide a Full Service Partnership level of services to very low-income individuals age 18 and older with a serious mental health diagnosis, all of whom are homeless or at high risk of homelessness. The service array includes assessments, evaluation, case coordination, intensive case management, assistance in accessing benefits, and assistance with daily living skills to help consumers meet the terms of their lease, and transition to live independently in the community. The goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization in residential care homes, and instead to increase resilience and self-sufficiency. Permanent supportive housing programs provide housing to very low-income individuals with serious mental illness, many of whom are also homeless or at-risk of homelessness. The services array includes case management, crisis intervention, and mental health services for residents designed to minimize disability and maximize the restoration or maintenance of functioning. The goal of these programs is to assist these individuals to maintain safe, affordable, supportive permanent housing, and prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalizations.
5.3	Community outreach is provided to adults with a psychiatric disability who are homeless or at high risk of homelessness, and engage them in intensive case management, mental health services, shelter/housing support and assistance with daily living skills, provided in the FSP model. This program assists adults with mental illness, including those served by the public mental health system, to move off the street into housing and employment and/or onto benefits. The program

	goal is to prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalization in residential care homes.
5.4	For adults with serious mental illness, which can also include those with a co-occurring substance use disorder, FSP services will be offered as an intensive outpatient alternative to the array of residential treatment services and housing-based FSPs that often have long wait lists for entry to services. Services include mental health services, medication management, and case management to minimize the use of emergency services. This FSP will assist consumers who are living in residential care homes to maintain their placement and work towards a more independent living situation in the community.

CSS-06: OLDER ADULTS FSP

The primary goal of the Adult System of Care is to provide a range of services and supports to Adults and Older Adults with serious mental illness in reaching their recovery goals and to live in the least restrictive environment as possible. During the strategic planning sessions, the need for supportive housing options for older adults, especially those experiencing homelessness or who are at high risk of homelessness, and older adults with serious mental illness and complex medical needs and/or physical disabilities, were identified as priorities. The following Full Service Partnerships are designed to meet these goals and respond to these priority community needs:

CSS-06 PROJECTS/ACTIVITIES/PROGRAMS	
6.1	The Older Adult FSP provides intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. These outpatient services are focused on reducing unplanned emergency services and admissions to inpatient psychiatric hospitals, as well as preventing out of county and locked placements, which enhances the quality of life for these older adults.
6.2	The Drake House Program serves older adults who have co-occurring mental health and physical conditions. This residential program assists residents with medication, medical appointments, daily living skills, money management, and provides structured activities daily. Services are designed to decrease symptoms or behaviors that can result in the utilization of higher levels of care and provides maximum level of supervision. A Wellness/Recovery program to reduce the incidence of co-morbid diseases, such as obesity, diabetes, high blood pressure and substance misuse is integrated into the overall treatment program. The goal of the Drake House program is to reduce psychiatric hospitalizations and maintain the client in the program which enhances their quality of life and increases socialization. This allows the clients to live in the least restrictive level of care.

Community Services and Supports – General System Development (Non-FSP) Programs

CSS-07: ACCESS REGIONAL SERVICES

Providing community based mental health services that are easily accessible for individuals and families in all regions of Monterey County is a priority of MCBH. MHSA funding will support MCBH ACCESS clinics and community based organizations to provide regionally based services to address the needs of our community.

CSS-07 PROJECTS/ACTIVITIES/PROGRAMS	
7.1	ACCESS clinics function as entry points into the Behavioral Health system. ACCESS programs serve children, youth and adults, and offer walk-in clinics in four regions of the county to provide early intervention and referral services for mental health and substance use issues. ACCESS clinics are located in Marina, Salinas, Soledad and King City. ACCESS provides a bi-lingual (English/Spanish) toll-free line available for speaking with a Social Worker and who will utilize a translator if the caller speaks another language. Welcome and Orientation groups are held at each regional site several times a week. The groups offer education about services, and brief assessments to refer individuals and families to services that will meet their needs. Services provided in ACCESS after an assessment may include 3-6 months of brief therapy, medication support, and case management. Medi-Cal beneficiaries are also referred to Community Human Services for therapeutic services at their community based clinics and if individuals need a higher level of care they are linked to more intensive services in MCBH Child and Adult Systems of Care.
7.2	The South County (King City) Clinic operated by the Kinship Center provides outpatient mental health services to eligible children and their families residing in the southern portion of Monterey County. The services are focused on promoting the mental health of children whose social and emotional well-being has been negatively impacted by loss and trauma associated with poor family functioning, abuse, neglect, domestic violence, parental incarceration and parental substance abuse. Mental health services refer to those individual, family or group therapies and interventions that are designed to reduce the incidence and risk of mental health disabilities, and improve and maintain functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. These services are also intended to reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of-state facilities, or placement in a juvenile justice facility.
7.3	The Community Partnership - HIV/AIDS provides outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for those with HIV/AIDS and their significant others to improve their mental and emotional health.
7.4	The Village Project, Inc. was founded and opened its doors in May 2008 with a focus on providing services for African Americans and other underserved populations. The Village Project, Inc. is an all-encompassing agency in respect to the age groups for which it provides services and has

	provided therapy for children and youth, adults, seniors, families and couples. Goals of this organization are to engage youth and adults in treatment to keep them free of the juvenile justice and criminal justice systems, as well as prevent the need for emergency room/crisis unit visits and hospitalizations. The program provides tools to enable clients in taking charge of their lives, to prevent mental illness or any other psychological/emotional issues from becoming severe and disabling.

CSS-08: EARLY CHILDHOOD MENTAL HEALTH

Extensive research has shown the importance of intervening with infants and young children when problems first arise and that parents/caregivers benefit from supportive therapies and psycho-education that increases their understanding of their children's social emotional needs. Economists have demonstrated the cost saving benefits to our society if public funding is invested in children age 0-3 and their families. In the Behavioral Health Strategic Plan 2014, the community identified the need for increased mental health treatment for mothers/parents/caregivers of children 0-5 and increased services for families/caregivers of children served by behavioral health through collateral contact and family therapy. Community feedback has also highlighted the importance of providing services that are accessible and community based, including home visitation and therapy for families in their homes. MHSA funding supports the following program for children ages 0-5 and their families.

CSS-08 PROJECTS/ACTIVITIES/PROGRAMS	
8.1	The Secure Families/Familias Seguras program has, as its core value, the provision of culturally and linguistically appropriate behavioral health services for children ages 0-5 and their caregivers/family members to support positive emotional and cognitive development in children and increase caregiver capacity to address their children's social/emotional needs. The goals of this program are to decrease mental health symptoms, increase ability of children to regulate emotions, and increase caregiver understanding and ability to respond to their children's needs. Clients served in the program come from vulnerable families who have experienced trauma, poverty and disenfranchisement. Services include Dyadic Therapy (parent/caregiver and child), Parent-Child Interaction Therapy, Circle of Security Groups, Child Parent Psychotherapy, Developmental and Social-Emotional Screenings and case management to link families with community based resources. Services are provided in all regions of Monterey County, with a focus on South County, and include home visitation.
8.2	MCSTART is a collaborative early intervention program that provides services for infants and children experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants and children affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services. Goals of the MCSTART program include improvement of the child's development and health, reduced mental health symptoms, increased school readiness and improved family functioning with a focus on placement stability.

CSS-09: TRANSITION AGE YOUTH AND YOUNG ADULT MENTAL HEALTH

According to the Substance Abuse Mental Health Services Administration, among youth ages 18-25, the prevalence of serious mental health conditions is high, yet this age group shows the lowest rate of help-seeking behaviors. Those with mental health conditions in this age group have a high potential to minimize future disability if social acceptance is broadened and they receive the right support. During the strategic planning process the community identified the importance of providing more therapeutic services for youth and young adults so that more transition age youth (TAY) can participate and receive timely and effective services to meet their needs. Increased services for family members of TAY was identified as a need in addition to more substance abuse treatment and linkages to Vocational/Occupational training. MHSA funding supports the following Behavioral Health program for TAY which provides therapeutic services for youth ages 16-25.

CSS-09 PROJECTS/ACTIVITIES/PROGRAMS	
9.1	The TAY Avanza program provides mental health treatment and peer mentoring to youth and young adults ages 16 through 25 who have significant mental health disorders by providing therapy, groups, comprehensive case management and opportunities for positive social interactions. In this program treatment goals are tailored to each youth, with a general focus on decreasing mental health symptoms so the youth can have a stable, successful transition into adulthood. Individual goals can range from achieving educational or vocational pursuits, acquiring a stable living situation, and engaging with peer and social supports while also reducing symptoms of mental health challenges. The TAY Avanza program provides out-patient dual diagnosis treatment for youth with co-occurring substance use and mental health conditions and links youth with more severe co-occurring conditions to community resources that offer a higher level of care. Psycho-education and support is also provided to family members as they are an important part of a young adult's support system and are critical in their success.

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

Behavioral Health staff collaborates with local agencies to provide supportive services to adults ages 18 years and older with serious and persistent mental illness who are served by the various programs in the Adult System of Care. During the strategic planning focus groups and community outreach sessions, a theme emerged around the difficulty navigating the Mental Health system. Community members expressed concerns about how to best access services. Additionally, many members of the community reported difficulty understanding how to access the benefits and services available to them.

CSS-10 PROJECTS/ACTIVITIES/PROGRAMS	
10.1	Wellness Navigators (WNs), stationed at each Adult Services clinic, welcome clients into the clinic, help support completion of intake screening tools, and help clients understand the services available to them. They discuss services that suit each client's recovery needs and help connect him/her to community based resources that new clients need support in accessing. The WNs also follow up with a visit or phone call to continue linking clients to services.
10.2	The Peer Partners for Health is a voluntary training and peer support program focusing on clients who are either in the crisis residential program at Manzanita House and/or the Natividad Medical Center in-patient unit to help them with their transition into the community after they are discharged. This program was requested by consumers through Recovery Task Force. With the assistance of a WN team, consisting of a peer and a family member, consumers are connected to community-based follow up services in a culturally sensitive manner. The program aims to decrease frequency of mental health crises by increasing support in the home to include symptom management skills training, education on mental health and connecting clients to community resources.
10.3	CSS funds are to be allocated for System Development purposes in supporting permanent supportive housing programs, which provide housing to very low-income individuals with serious mental illness, many of whom are also homeless or at-risk of homelessness. The services array includes case management, crisis intervention, and mental health services for residents designed to minimize disability and maximize the restoration or maintenance of functioning. The goal of these programs is to assist these individuals to maintain safe, affordable, supportive permanent housing, and prevent further homelessness, to avoid costly hospitalization or use of short-term crisis residential programs, hospital crisis teams, and unnecessary institutionalizations.
10.4	Return to Work Benefits Counseling supports adults and Transition Age Youth with mental health disabilities, to increase the number of consumers returning to the workforce and increase independence. Consumers receive financial and medical benefits counseling, individual advocacy, peer supports, housing assistance, independent living skills training, and assistive technology counseling to enable clients in making informed decisions on employment, health care, disability and Social Security benefits.

CSS-11: DUAL DIAGNOSIS

Women and children who are impacted by substance abuse, mental health conditions, trauma and domestic violence need intensive and cohesive supports to have the best chance of recovering and increasing stability in their families. Families that are impacted by substance abuse and co-occurring mental health conditions often have high rates of involvement with the Child Welfare System. When families can receive holistic treatment in a supportive environment the whole family has an opportunity to heal and progress together. If families can improve functioning and caregivers are able to care for their children then fewer children are placed in foster care. MHSA funding supports Nueva Esperanza, a residential facility for women and children that addresses these complex needs, as well as the Dual Recovery Services/Co-Occurring Disorders Integrated Care outpatient program for adults.

CSS-11 PROJECTS/ACTIVITIES/PROGRAMS	
11.1	Nueva Esperanza is a program for pregnant or parenting women over the age of 18 who are experiencing problems with alcohol and/or other drugs of sufficient severity necessitating the need for residential care for themselves and their young children. The goal of this program is to increase the woman's readiness and ability to change, to treat chronic mental health and substance abuse disorders, and educate these pregnant women and mothers of young children on the effects of alcohol, drug, and/or trauma exposure on the unborn or young child. Program services provide integrated interventions to treat both substance abuse and mental health disorders. To comprehensively address the wide-ranging issues impacting the women and children, Nueva Esperanza makes available a complete range of medical, psychological, recovery, dyadic, parenting, and other social services on either a programmatic, consultative, or referral basis. These services are provided in a warm and comfortable drug-free, non-smoking environment with private rooms for each individual family to promote cohesion and autonomy. Each resident is viewed as a unique individual and each family is seen from a strength-based approach.
11.2	The Dual Recovery Services/Co-Ocurring Disorders Integrated Care program is an outpatient program for adults with co-occurring serious mental illness and substance use disorders. The program aims to assist clients in developing dual recovery skills to maintain successful community living, and to promote a clean and sober lifestyle as they transition out of dual recovery residential programs. Services include individual and group counseling to help clients develop skills to adjust to community living and/or maintain housing through the evidenced based practice of Motivational Interviewing. Clients develop goals that are focused on increasing daily structure, improving symptom management skills, personal and social functioning, and substance use recovery skills. Individual written service plans are developed for each consumer moving into this phase of community based treatment and help teach consumers how to avoid drug and alcohol use while strengthening healthy social supports using wellness and recovery principles.

CSS-12: FAMILY STABILITY

These General System Development programs for children and families are designed to prevent out-of-home placement of children and youth whose emotional, social, and/or behavioral problems that create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. These programs compliment the Family Stability FSP programs by serving the same population where less intensive services are required along the continuum of care.

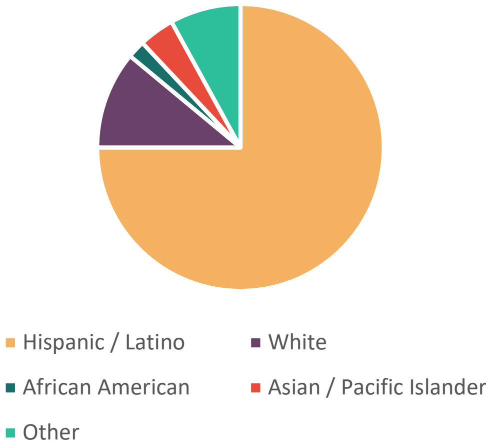
CSS-12 PROJECTS/ACTIVITIES/PROGRAMS	
12.1	The Family Preservation program is an intensive, short-term, in-home crisis intervention and family education program designed to prevent out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly-funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. Through in-home mental health intervention and psycho-education, this program enables parents/caregivers to meet the high needs of their children, build safer and more secure relationships within their family, and create a long term support system. This program enoucrages families to remain together, even in high intensity situations, as the focus is on educating and empowering families to meet the needs of their children. This now includes the Home Partners Program, which is an intensive, short-term, in-home crisis intervention and family education program designed to defuse the immediate crisis, stabilize the environment, and assist families to develop more effective parenting skills and coping abilities. The main program components include interventions at the crisis point, treatment in the client's environment, 24-hour therapist availability and treatment that is highly individualized. Services are provided intensively and as needed, over a 4 to 6 week period. This program enables caregivers to meet the high mental health needs of their children; strengthening safe relationships within their family leading to a long-term support system.
12.2	Kinship Center's Trauma Services Program provides outpatient mental health services to eligible children 0-5 and their families. Mental health services consist of those individual, family or group therapies and interventions designed to provide reduction of mental disability and improvement and maintenance of functioning consistent with the goals of learning, development, future independent living and enhanced self-sufficiency. The focus of the program is resolving trauma experiences for children, the impact of trauma on a child and his/her family, and the impact of trauma on children being raised by a relative caregiver. Such services help to reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of–home facilities, or placement in a juvenile justice facility.
12.3	The Kinship Center D'Arrigo Children's Clinic provides outpatient mental health services to eligible children and their families. Mental health services consist of individual, family or group therapies and interventions designed to reduce mental disability and improve/maintain functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. The focus of the program is permanency for children, lessen the impacts of adoption on a child and his/her family, as well as the impacts on children being raised by a relative caregiver. Such services help reduce the possibility of future residential care, periodic inpatient hospitalization, placement at out-of–state facilities, or placement in a juvenile justice facility.

INNOVATION

INNOVATION PROJECT 1: MICRO-INNOVATION PROJECTS TO INCREASE THE NUMBER OF LATINO CLIENTS SERVED

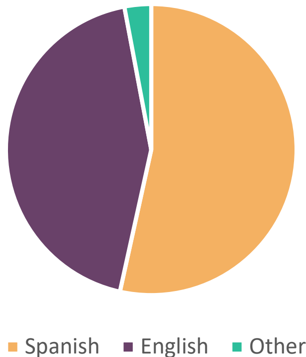
The safety net population in Monterey County is comprised of 75% Hispanic/Latino beneficiaries. Over the last seven (7) years, Monterey County Behavioral Health has tracked the percentage of Latino beneficiaries served in our system. This percentage has consistently been between 50 to 54% Latinos, despite the fact that the total number of clients served has increased by 53% over this same period.

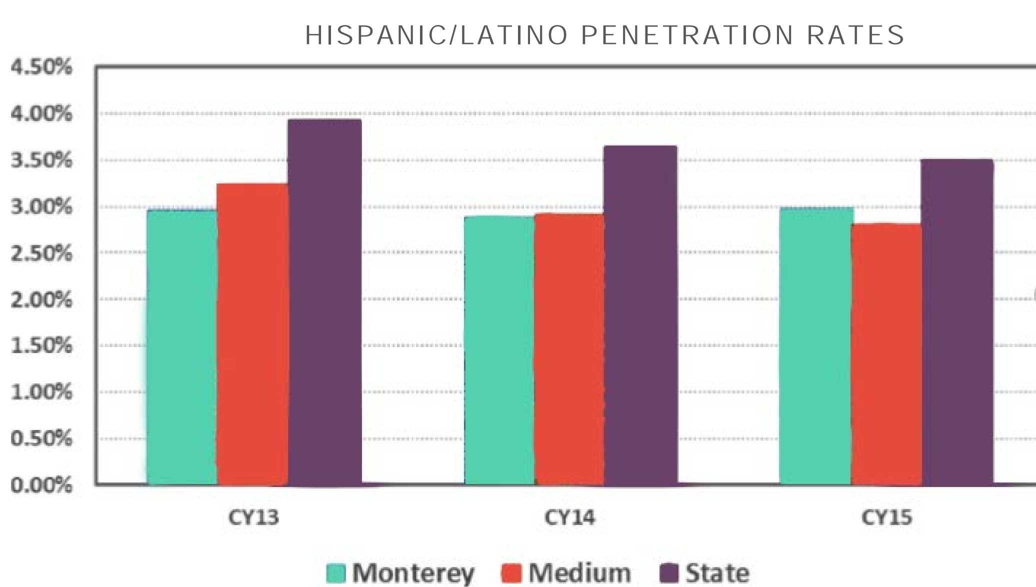
MEDI-CAL POPULATION DISTRIBUTION BY ETHNICITY



Additionally, in External Quality Review Organization (EQRO) audits, Monterey County has a lower Hispanic/Latino penetration rate than the statewide average.

PREFERRED LANGUAGE OF MEDI-CAL POPULATION





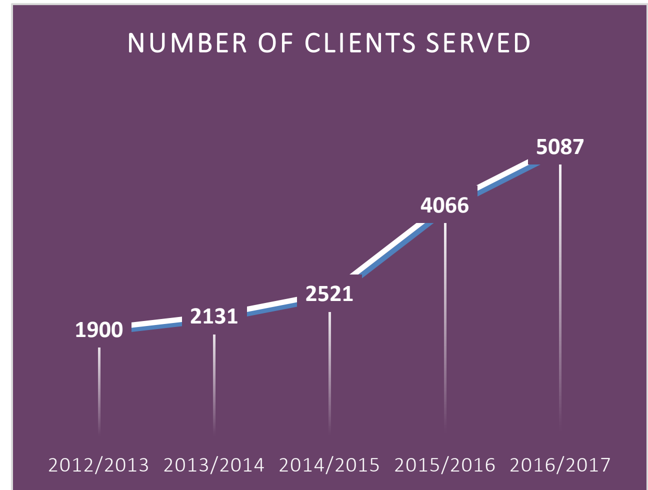
As the safety net provider of mental health services in Monterey County, we have an obligation to ensure the equitable distribution of services. The data has clearly shown us that continuing services as usual will lead to a perpetuation of a service delivery system that fails to equitably meet the needs of the largest portion of our safety net population. We are prioritizing projects around engaging Latinos in response to the work done by our MHSA Evaluation Ad-Hoc Committee, which reviewed the community Focus Group session feedback and survey responses collected during the development of our FY18-20 MHSA 3-Year Program and Expenditure Plan. It is crucial for the county to engage in a very focused effort to identify methods to address inequity. We have worked in the past on projects designed for the Latino population, however, we have yet to allocate a significant amount of funds to develop and try out innovative approaches to improve the engagement of the Latino population in mental health services. We see in both our county staff and community providers a passion to improve equity. We want to create the opportunity to free up resources for small scale innovation approaches developed by individuals and groups in the community.

This Innovation project will build upon community feedback to test a minimum of twenty (20) different micro-innovation projects aimed at engaging new Latino beneficiaries in mental health services. Each micro-innovation project will test new methods of providing services or new ways to link Latino clients into services. Each Innovation project proposal will include a project plan formatted in the model for quality improvement testing that includes a Plan, Do, Study, Act or “PDSA”.

INNOVATION PROJECT 2: SCREENING TO TIMELY ASSESSMENT INNOVATION

In Monterey County, the demand for services has greatly increased with our ACCESS programs serving 90% more individuals in the past two years, and a 168% increase in the last 5 years.

In order to better meet the increased demand for services, Monterey County Behavioral Health is seeking to develop innovative approaches to screening community members into the best level of care. Our community feedback process for the development of our FY18-20 MHSA 3-Year Program and Expenditure Plan indicated the community wants a stronger presence of Behavioral Health staff teaching them more about Behavioral Health in non-stigmatizing environments. The community wants to know what services are available and when/how they should seek these services. Additionally, in our meetings with the Promotores, they indicated needing support in learning about who should be moved to a higher level of care.



By developing a web-based screening tool that is culturally appropriate and meets the needs of the Spanish speaking population, we will be able to help people understand their potential needs and quickly connect them to needed treatment. In the past, we have tested other screening tools but have yet to find something that meets our core criteria for success which includes:

1. The assessment must work fluidly in Spanish;
2. The tool must screen for a broad range of disorders from mild depression to people with intensive needs such as schizophrenia;
3. The tool must be easily accessible so it can be used by community based providers to support people getting into treatment;
4. The tool must maintain confidentially standards and interface with our electronic medical record so we can provide seamless transitions into care; and,
5. The tool must build upon current evidence based screening tools with proven validity, as well as utilize item response theory, so the community member is required to only answer the minimum number of questions possible and is not burdened by a lengthy assessment.

INNOVATION PROJECT 3: TRANSPORTATION COACHING BY WELLNESS NAVIGATORS

This Innovation project is designed to facilitate consumer accessibility (i.e. transportation) to critical services. Community stakeholders, county staff, family members and the people who receive mental health services in Monterey County have consistently shared the challenges many clients experience with transportation. In our Behavioral Health Strategic plan, every one of our fifteen (15) stakeholder groups identified transportation as a key issue of concern. During our MHSA Community Program Planning process, again the community listed transportation as a key barrier to care. While Monterey County Behavioral Health provides transportation to at least 150 consumers a week in our Adult System of Care alone, our current efforts to transport clients fall short of meeting the community demand. Based on community feedback, our proposed Innovation project involves developing an assessment of consumers' needs and hiring transportation coaches who will help community members to access current transportation resources which can be difficult to navigate.

> "I would like that you provide transportation given that many people don't drive and they don't have a mode of transportation to their appointments and there's a high need." – *community member surveyed during planning process*

Behavioral Health will work with our Consumer Advisory Task Force to develop a transportation needs assessment that clearly identifies each consumer's current needs and capabilities. After the assessment is completed, a web based training curriculum will be developed and implemented that teaches "Wellness Navigators" (employees with lived experience) to help clients get their transportation needs met and develop skills to become more independent. Wellness Navigators will work out of each regional clinic ensuring clients are able to come to both behavioral health and primary care appointments. Wellness Navigators will help the client access alternative approaches to getting to their appointments utilizing public transportation, bus tickets, taxi vouchers, and their own cars. One example of an intervention that Wellness Navigators will be trained on includes taking the bus with clients to learn how to understand the system and reduce fears associated with using this public system.

In addition, the Wellness Navigators will provide a range of peer support services to encourage increased recovery activities and connections to community resources. These enhanced recovery services will focus more on supported employment, supported education, mental health and substance use recovery groups, cultural and community events, as well as a range of social and fun activities.

This Innovation project will teach us if our Wellness Navigator interventions increase appointment attendance, improve client satisfaction with services and increase client transportation independence to support overall recovery goals.

COST PER CLIENT AND NUMBER OF CLIENTS SERVED BY PROJECT

PREVENTION AND EARLY INTERVENTION

PROJECT	COUNT OF CLIENTS SERVED	ESTIMATED COST PER CLIENT
Open Access Wellness Centers	1,002	$694
Family Support and Education	881	$352
Outreach for Increased Awareness of Early Signs of Mental Illness	6,949	$144
Stigma and Discrimination Reduction[3]	N/A	N/A
Peer to Peer Services for Older Adults	356	$855
Suicide Prevention	7,044	$32
Access Regional Services	3,382	$57
Student Mental Health	470	$1,024
Juvenile Justice	52	$3,997
Prevention Recovery Early Psychosis	62	$8,065
Crisis Interventions	488	$994

COMMUNITY SERVICES AND SUPPORTS

PROJECT	COUNT OF CLIENTS SERVED	ESTIMATED COST PER CLIENT
Family Stability FSP	68	$17,685
Dual Diagnosis FSP	119	$10,835
Juvenile Justice FSP	68	$17,450
Transition Age Youth FSP	9	$90,642
Adult SMI FSP	300	$17,323
Older Adult FSP	34	$40,507
Access Regional Services	4,342	$2,710
Early Childhood Intervention	711	$3,894
Transition Age Youth	229	$3,708
Supported Services to SMI	245	$2,642
Dual Diagnosis	145	$7,047
Family Stability	161	$9,086

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

FY18-20 MHSA BUDGET NARRATIVE

This FY18-20 MHSA 3-Year Program and Expenditure Plan ("Plan") reflects continued funding for previously approved CSS and PEI components. Due to the uncertain financial climate, an overall expansion of programs would not be fiscally prudent nor sustainable at this time. Accordingly, the Plan aims to maintain services at the same or similar level as in FY17.

In response to the uncertainty around healthcare at the national level, the impending implementation of State initiatives such as No Place Like Home (NPLH), and the increasing costs of doing business at the local level, the Plan presented here reflects a conservative budgeting approach. That is, estimating revenues at the anticipated level to be realized, and adjusting expenditures accordingly to achieve a balanced budget that does not erode reserves intended to shore up finances during economic downturns.

Therefore, the current Plan includes a reduction in MHSA revenue equal to the estimated impact of the NPLH initiative, and an equivalent adjustment in MHSA expenditures. As the County anticipates costs will continue to increase sharply, it is likely that additional funding adjustments will be required to the expenditure plans in the last two years, FY19 and FY20, to balance the budget.

FY18-20 MHSA EXPENDITURE PLAN (BUDGET WORKSHEETS)

MHSA FY 18-20 FUNDING SUMMARY WORKSHEET

FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Monterey — Date: 8/1/17

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	3,885,475			
2. Estimated New FY2017/18 Funding	14,060,000	3,515,000	925,000			
3. Transfer in FY2017/18[a/]	(563,541)					563,541
4. Access Local Prudent Reserve in FY2017/18	0	335,896				(335,896)
5. Estimated Available Funding for FY2017/18	13,496,459	3,850,896	4,810,475	0	0	
B. Estimated FY2017/18 MHSA Expenditures	13,496,459	3,850,896	0	0	0	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(0)	0	4,810,475	0	0	
2. Estimated New FY2018/19 Funding	14,060,000	3,515,000	925,000			
3. Transfer in FY2018/19[a/]	(563,541)					563,541
4. Access Local Prudent Reserve in FY2018/19	0	283,936				(283,936)
5. Estimated Available Funding for FY2018/19	13,496,459	3,798,936	5,735,475	0	0	
D. Estimated FY2018/19 Expenditures	13,496,459	3,798,937	0	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	(0)	(0)	5,735,475	0	0	
2. Estimated New FY2019/20 Funding	14,060,000	3,515,000	925,000			
3. Transfer in FY2019/20[a/]	(563,541)					563,541
4. Access Local Prudent Reserve in FY2019/20		283,937				(283,937)
5. Estimated Available Funding for FY2019/20	13,496,459	3,798,937	6,660,475	0	0	
F. Estimated FY2019/20 Expenditures	13,496,459	3,798,937	0	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	(0)	0	6,660,475	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	2,217,675
2. Contributions to the Local Prudent Reserve in FY 2017/18	563,541
3. Distributions from the Local Prudent Reserve in FY 2017/18	(335,896)
4. Estimated Local Prudent Reserve Balance on June 30, 2018	2,445,320
5. Contributions to the Local Prudent Reserve in FY 2018/19	563,541
6. Distributions from the Local Prudent Reserve in FY 2018/19	(283,936)
7. Estimated Local Prudent Reserve Balance on June 30, 2019	2,724,925
8. Contributions to the Local Prudent Reserve in FY 2019/20	563,541
9. Distributions from the Local Prudent Reserve in FY 2019/20	(283,937)
10. Estimated Local Prudent Reserve Balance on June 30, 2020	3,004,529

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

PEI Component Worksheets

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2017/18					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Open Access Wellness Center	695,789	695,789	0	0	0	0
2.	Family Support and Education	310,541	310,541	0	0	0	0
3.	Outreach for Increased Awareness and Early Signs of Mental Illness	1,002,659	766,385	231,274	0	0	5,000
4.	Stigma and Discrimination Reduction	284,939	284,939	0	0	0	0
5.	Prevention / Peer Services to Older Adults	304,204	304,204	0	0	0	0
6.	Suicide Prevention	228,731	178,731	0	0	0	50,000
PEI Programs - Early Intervention							
7.	Access Regional Services	192,317	192,317	0	0	0	0
8.	Student Mental Health	481,120	246,528	142,592	0	92,000	0
9.	Juvenile Justice	207,849	54,291	131,240	0	22,318	0
10.	Prevention and Recovery for Early Psychosis	500,000	303,000	197,000	0	0	0
11.	Responsive Crisis Interventions	484,981	417,174	37,375	0	0	30,432
PEI Administration		96,996	96,996				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		4,790,127	3,850,896	739,481	0	114,318	85,432

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2018/19					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Open Access Wellness Center	695,789	695,789	0	0	0	0
2.	Family Support and Education	310,541	310,541	0	0	0	0
3.	Outreach for Increased Awareness and Early Signs of Mental Illness	719,426	714,426	0	0	0	5,000
4.	Stigma and Discrimination Reduction	284,939	284,939	0	0	0	0
5.	Prevention / Peer Services to Older Adults	304,204	304,204	0	0	0	0
6.	Suicide Prevention	228,731	178,731	0	0	0	50,000
PEI Programs - Early Intervention							
7.	Access Regional Services	192,317	192,317	0	0	0	0
8.	Student Mental Health	481,120	246,528	142,592	0	92,000	0
9.	Juvenile Justice	207,849	54,291	131,240	0	22,318	0
10.	Prevention and Recovery for Early Psychosis	500,000	303,000	197,000	0	0	0
11.	Responsive Crisis Interventions	484,981	417,174	37,375	0	0	30,432
PEI Administration		96,996	96,996				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		4,506,894	3,798,937	508,207	0	114,318	85,432

Prevention and Early Intervention (PEI) Component							
		Fiscal Year 2019/20					
		A	B	C	D	E	F
		Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention							
1.	Open Access Wellness Center	695,789	695,789	0	0	0	0
2.	Family Support and Education	310,541	310,541	0	0	0	0
3.	Outreach for Increased Awareness and Early Signs of Mental Illness	719,426	714,426	0	0	0	5,000
4.	Stigma and Discrimination Reduction	284,939	284,939	0	0	0	0
5.	Prevention / Peer Services to Older Adults	304,204	304,204	0	0	0	0
6.	Suicide Prevention	228,731	178,731	0	0	0	50,000
PEI Programs - Early Intervention							
7.	Access Regional Services	192,317	192,317	0	0	0	0
8.	Student Mental Health	481,120	246,528	142,592	0	92,000	0
9.	Juvenile Justice	207,849	54,291	131,240	0	22,318	0
10.	Prevention and Recovery for Early Psychosis	500,000	303,000	197,000	0	0	0
11.	Responsive Crisis Interventions	484,981	417,174	37,375	0	0	30,432
PEI Administration		96,996	96,996				
PEI Assigned Funds		0					
Total PEI Program Estimated Expenditures		4,506,894	3,798,937	508,207	0	114,318	85,432

CSS Component Worksheets

Community Services and Supports (CSS) Component Worksheet						
	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Family Stability FSP	1,202,577	457,911	623,907	0	120,759	0
2. Dual Diagnosis FSP	1,289,327	406,450	507,228	0	375,649	0
3. Juvenile Justice FSP	1,186,597	830,477	280,541	0	75,579	0
4. Transition Age Youth FSP	815,780	346,114	469,666	0	0	0
5. Adult SMI FSP	5,203,813	2,580,646	1,939,120	590,047	0	94,000
6. Older Adult FSP	1,377,246	1,024,665	352,581	0	0	0
Non-FSP Programs						
7. Access Regional Services	11,767,488	2,727,169	3,680,637	5,163,864	195,818	0
8. Early Childhood Intervention	2,768,829	282,382	1,476,289	0	1,010,158	0
9. Transition Age Youth	849,078	65,941	783,137	0	0	0
10. Supported Services to SMI	647,268	604,669	42,599	0	0	0
11. Dual Diagnosis	1,021,820	410,744	504,210	0	86,866	20,000
12. Family Stability	1,462,848	219,383	620,919	0	622,546	0
CSS Administration	3,539,908	3,539,908				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	33,132,579	13,496,459	11,280,834	5,753,911	2,487,375	114,000
FSP Programs as Percent of Total	82.1%					

Community Services and Supports (CSS) Component Worksheet						
	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Family Stability	1,202,577	$ 457,911	623,907	0	120,759	0
2. Dual Diagnosis	1,289,327	$ 406,450	507,228	0	375,649	0
3. Juvenile Justice	1,186,597	$ 830,477	280,541	0	75,579	0
4. Transition Age Youth	815,780	$ 346,114	469,666	0	0	0
5. Adult SMI	5,203,813	$ 2,580,646	1,939,120	590,047	0	94,000
6. Older Adult	1,377,246	$ 1,024,665	352,581	0	0	0
Non-FSP Programs						
7. Access Regional Services	11,767,488	2,727,169	3,680,637	5,163,864	195,818	0
8. Early Childhood Intervention	2,768,829	282,382	1,476,289	0	1,010,158	0
9. Transition Age Youth	849,078	65,941	783,137	0	0	0
10. Supported Services to SMI	647,268	604,669	42,599	0	0	0
11. Dual Diagnosis	1,021,820	410,744	504,210	0	86,866	20,000
12. Family Stability	1,462,848	219,383	620,919	0	622,546	0
CSS Administration	3,539,908	3,539,908				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	33,132,579	13,496,459	11,280,834	5,753,911	2,487,375	114,000
FSP Programs as Percent of Total	82.1%					

Community Services and Supports (CSS) Component Worksheet						
	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Family Stability	1,202,577	457,911	623,907	0	120,759	0
2. Dual Diagnosis	1,289,327	406,450	507,228	0	375,649	0
3. Juvenile Justice	1,186,597	830,477	280,541	0	75,579	0
4. Transition Age Youth	815,780	346,114	469,666	0	0	0
5. Adult SMI	5,203,813	2,580,646	1,939,120	590,047	0	94,000
6. Older Adult	1,377,246	1,024,665	352,581	0	0	0
Non-FSP Programs						
7. Access Regional Services	11,767,488	2,727,169	3,680,637	5,163,864	195,818	0
8. Early Childhood Intervention	2,768,829	282,382	1,476,289	0	1,010,158	0
9. Transition Age Youth	849,078	65,941	783,137	0	0	0
10. Supported Services to SMI	647,268	604,669	42,599	0	0	0
11. Dual Diagnosis	1,021,820	410,744	504,210	0	86,866	20,000
6. Family Stability	1,462,848	219,383	620,919	0	622,546	0
CSS Administration	3,539,908	3,539,908				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	33,132,579	13,496,459	11,280,834	5,753,911	2,487,375	114,000
FSP Programs as Percent of Total	82.1%					

APPENDIX I: MHSA PROGRAM REVIEW & MHSA PROGRAM EVALUATION STRUCTURE

PROGRAM: EPICENTER/VOICES

Provider: On the Move dba The Epicenter
Program Narrative: Provides community outreach and education for underserved Transition Age Youth populations, linking to resources for education, employment, housing, health and wellness.
FY 16 Total Program Cost: $ 358,000
MHSA Contribution: $ 87,190 (24%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment; improves timely access to services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	Services were provided primarily in Salinas.
Is this program part of increasing services to the Latino population? 1-5	4	62% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Program was 100% supported by MHSA.
Is this program cost effective? 1-3	3	$ 191.20/client.
What is the level of contract performance? 1-3	2	Improvement needed in outcome reporting. Contractor is meeting deliverables. Invoicing and providing back up documentation in timely manner has been an issue. Contractor is aware of issue and has moved to monthly invoicing per request.
Could this be funded by other sources? 1-3	2	Grants from community foundations; social justice groups.

PROGRAM: SOUTH COUNTY CLINIC (KING CITY)

Provider: Kinship Center / Seneca
Program Narrative: Provides outpatient mental health services to children and families in South County.
FY 16 Total Program Cost: $ 431,718
MHSA Contribution: $ 193,470 (45%)
Evaluation Score: 24

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Improves timely access to services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	5	Services are provided in King City.
Is this program part of increasing services to	5	90% of children served were Latino.

the Latino population? 1-5		
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	92% of individuals served are Medi-Cal beneficiaries; 55% of funds come from other sources.
Is this program cost effective? 1-3	3	$3.56/minute $7,077/ client
What is the level of contract performance? 1-3	2	Using Avatar EMR. Working to increase capacity. Program has been responsive to County's requests to establish facility in King City to increase services for South County residents.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan.

PROGRAM: MCSTART 0-5 & EXPANSION

Provider: Door to Hope
Program Narrative: Provides assessment and treatment services to children 0-11 years with developmental delays and problems caused by early childhood trauma and/or exposure to alcohol and other drugs.
FY 16 Total Program Cost: $ 1,997,311
MHSA Contribution: $ 938,736 (47%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Improves timely access to services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	15% of clients from South County.
Is this program part of increasing services to the Latino population? 1-5	3	54% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	In FY 16, leveraged 53% from Medi-Cal and First 5.
Is this program cost effective? 1-3	3	$3/minute
What is the level of contract performance? 1-3	2	QI review identified audit concerns.
Could this be funded by other sources? 1-3	2	Grants, increased support from First 5, and potential to bill managed care for mild/moderate mental health services; physical health/developmental screening could be funded by other public funding sources.

PROGRAM: PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE

Provider: Pajaro Valley Prevention and Student Assistance, Inc.
Program Narrative: Provides evidence-based mental health services to school age children in North Monterey County. Services provided in Spanish, Mixteco and other indigenous languages.
FY 16 Total Program Cost: $ 286,000
MHSA Contribution: $ 189,716 (66%)

Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment, and improves timely access to appropriate services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	100% of clients served reside in North County; only MHSA project in this area.
Is this program part of increasing services to the Latino population? 1-5	5	95% of clients served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	Billing Medi-Cal for nearly all clients; 34% of funds from other sources.
Is this program cost effective? 1-3	3	$1.45/minute $2,444/client
What is the level of contract performance? 1-3	3	Exceeded contract goal.
Could this be funded by other sources? 1-3	2	School District funds.

PROGRAM: SCHOOL BASED COUNSELING

Provider: Harmony at Home
Program Narrative: School based counseling program for children exposed to violence and trauma.
FY 16 Total Program Cost: $ 790,077
MHSA Contribution: $ 91,120 (12%)
Evaluation Score: 20

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment; improves timely access to services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	100% of clients are from Salinas.
Is this program part of increasing services to the Latino population? 1-5	5	90% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	Program leverages 88% of funds from other sources.
Is this program cost effective? 1-3	1	$231.86/client $2,010/client
What is the level of contract performance? 1-3	3	Exceeded contract goal.
Could this be funded by other sources? 1-3	1	Medi-Cal, School District/ LCAP funds.

PROGRAM: ARCHER CHILD ADVOCACY CENTER

Provider: MCBH
Program Narrative: Provides child-friendly central location for forensic interviews where there are allegations of child sexual abuse, with mental health therapist on-call and available for all interviews as needed.
FY 16 Total Program Cost: $ 8,858
MHSA Contribution: $ 5,581 (63%)
Evaluation Score: 18

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Increases access and linkage to treatment.
Is this program part of addressing regional health inequity? 1-5	3	50% of clients are from Salinas, 11% of clients are from South County.
Is this program part of increasing services to the Latino population? 1-5	4	67% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	75% of clients are Medi-Cal beneficiaries; 37% of funds are from other sources.
Is this program cost effective? 1-3	3	$3.52/minute $87/client
What is the level of contract performance? 1-3	2	Excellent QI Review results.
Could this be funded by other sources? 1-3	2	EPSDT for Medi-Cal eligible clients could be leveraged.

PROGRAM: D'ARRIGO CHILDREN'S CLINIC

Provider: Kinship Center
Program Narrative: Outpatient mental health services to children and families to support permancy for children, address the impact of adoption on a child and his/her family, and the impact on children being raised by a relative caregiver.
FY 16 Total Program Cost: $ 1,238,885
MHSA Contribution: $111,500 (9%)
Evaluation Score:

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides individual and family counseling as authorized by Monterey County Behavioral Health.
Is this program part of addressing regional health inequity? 1-5	5	34% of clients from South County
Is this program part of increasing services to the Latino population? 1-5	4	68% of individuals served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	92% of individuals served are Medi-Cal beneficiaries; 91% of total program cost is leveraged.
Is this program cost effective? 1-3	3	Billed $842,157.68 for a total of 320,444 service minutes. Cost per minute of service

		= $2.62
What is the level of contract performance? 1-3	2	Served 107 clients. Utilize Avatar data entry. Could improve responsiveness to County Analysts Team requests.
Could this be funded by other sources? 1-3	3	Part of BH strategic plan

PROGRAM: EARLY CHILDHOOD TREATMENT SERVICES

Provider: Kinship Center
Program Narrative: Outpatient mental health services to children 0-5 (and their families) who are exhibiting early signs of attachment disruption, poor attunement with their caregivers, and exhibiting trauma symptoms and related behavioral dysregulation. Services will improve the early attachment relationship, resolve trauma experiences for children as well as the impact of trauma on a child and his/her family, and reduce mental helath symptoms.
FY 16 Total Program Cost: $ 171,193
MHSA Contribution: $856.00 (.005%)
Evaluation Score:

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides individual and family counseling as authorized by Monterey County Behavioral Health.
Is this program part of addressing regional health inequity? 1-5	5	34% of clients from South County
Is this program part of increasing services to the Latino population? 1-5	4	68% of individuals served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	92% of individuals served are Medi-Cal beneficiaries; 99% of total program cost is leveraged.
Is this program cost effective? 1-3	3	Billed $85,597.77 and had 32,290 service minutes. Cost per minute of service = $2.65
What is the level of contract performance? 1-3	2	Utilize Avatar data entry. Could improve responsiveness to County Analysts Team requests.
Could this be funded by other sources? 1-3	3	Part of BH Strategic Plan

PROGRAM: PREVENTION AND RECOVERY IN EARLY PSYCHOSIS (PREP)

Provider: Family Service Agency of San Francisco dba Felton Institute
Program Narrative: Provides evidence-based treatments designed for remission of early psychosis in TAY populations. PREP is an "Early Intervention Program" designed to promote recovery and related functional outcomes for a mental illness early in its emergence.
FY 16 Total Program Cost: $ 500,000
MHSA Contribution: $ 250,000 (50%)
Evaluation Score: 18

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	This is an "Access and Linkage to Treatment Program", striving to connect youth and adults with severe mental illness early in the onset of these conditions as practicable, to medically necessary care and treatment.
Is this program part of addressing regional health inequity? 1-5	3	41% of clients are from Salinas; 20 % of clients are from South County; 19% of clients are from North County.
Is this program part of increasing services to the Latino population? 1-5	3	57% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	93% of clients served are Medi-Cal beneficiaries; 50% of funds are from other sources.
Is this program cost effective? 1-3	3	$3.00/minute $9,259/client
What is the level of contract performance? 1-3	2	Total amount of contract was underspent by $106,190, so UOS not fully delivered.
Could this be funded by other sources? 1-3	2	Explore SAMHSA First Episode Psychosis Block Grant funds for non-billable services to support clients in the program.

PROGRAM: SEASIDE YOUTH DIVERSION PROGRAM

Provider: MCBH
Program Narrative: Provides group and family treatment to Seaside youth at risk of becoming involved in the juvenile justice system. Also coordinates community resources to promote health family environments and reduce recidivism in criminal activity.
FY 16 Total Program Cost: $ 25,576
MHSA Contribution: $ 16,288 (63%)
Evaluation Score: 16

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment, improves timely access to services for underserved populations, and prevents involvement with the Juvenile Justice system.
Is this program part of addressing regional health inequity? 1-5	1	100% of the clients served reside on the Peninsula.
Is this program part of increasing services to the Latino population? 1-5	4	72% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	82% of clients are Medi-Cal beneficiaries; leveraged 37% from Cal Grip Grant.
Is this program cost effective? 1-3	1	$10.30/minute $1,420/client
What is the level of contract performance? 1-3	1	Did not meet program goals.

Could this be funded by other sources? 1-3	2	Explore expansion of contribution from the Seaside Police Department.

PROGRAM: SILVER STAR RESOURCE CENTER

Provider: MCBH

Program Narrative: Provides mental health services to youth and TAY at risk of involvement with the juvenile justice system.

FY 16 Total Program Cost: $ 106,589

MHSA Contribution: $ 35,460 (33%)

Evaluation Score: 22

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment and improves timely access to services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	81% of clients are from Salinas; 11% of clients are from North County; 5% of clients are from South County.
Is this program part of increasing services to the Latino population? 1-5	5	86% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	90% of clients are Medi-Cal beneficiaries; 67% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.27/minute $2,880/client
What is the level of contract performance? 1-3	3	Met annual goals.
Could this be funded by other sources? 1-3	2	Grants

PROGRAM: CHILD ADVOCATE PROGRAM

Provider: Probation Department

Program Narrative: Assesses and provides referrals to treatment and educational service to families with children age 5 and under in which one or both parents are under the supervision of the Probation Department who have been exposed to violence, toxic stress or involvement with criminal justice.

FY 16 Total Program Cost: $ 144,291

MHSA Contribution: $ 63,671 (44%)

Evaluation Score: 15

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	1	Not a mental health (MH) program.
Is this program part of addressing regional health inequity? 1-5	3	60% of the families that participate live in East Salinas, North Salinas, and Greenfield.
Is this program part of increasing services to the Latino population? 1-5	5	87% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	Program leverages 55% of funds from other sources.

Is this program cost effective? 1-3	2	$473/client.
What is the level of contract performance? 1-3	1	Not a MH program.
Could this be funded by other sources? 1-3	1	MHSA funds cover the costs of a Probation Officer. Other sources should be leveraged for this non-MH service.

PROGRAM: SENIOR COMPANION PROGRAM

Provider: Seniors Council of Santa Cruz & San Benito Counties
Program Narrative: Recruits, trains and places Senior Companions to work with homebound clients living alone, and/or with chronic disabilities and/or whose caregiver needs respite from their responsibilities, and/or with mental health issues.
FY 16 Total Program Cost: $ 220,900
MHSA Contribution: $ 21,898 (10%)
Evaluation Score: 24

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Provides access and linkage to treatment and improves timely access to appropriate services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	5	100% of clients are from South County.
Is this program part of increasing services to the Latino population? 1-5	5	100% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	Leveraging 90% from other sources.
Is this program cost effective? 1-3	3	Annual contract amount is 10% of total program cost; provided services to 9 clients and includes location and training of volunteers $24,544/client.
What is the level of contract performance? 1-3	2	Effective services in rural area to improve quality of life for clients.
Could this be funded by other sources? 1-3	2	County General Fund, Area Agency on Aging, grants.

PROGRAM: PEER COUNSELING / FORTALECIENDO EL BIENESTAR

Provider: Alliance on Aging
Program Narrative: Provides intervention and support services to older adults suffering from depression, anxiety, grief, loss and other stressors that can occur later in life. Services are provided through trained and supervised Peer Counselors in the short and long-term, a
FY 16 Total Program Cost: $ 239,823
MHSA Contribution: $ 239,823 (100%)
Evaluation Score: 20

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Provides access and linkage to treatment and improves timely access to services for

		underserved populations.
Is this program part of addressing regional health inequity? 1-5	4	31% of clients are from South County.
Is this program part of increasing services to the Latino population? 1-5	3	56% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	$547.54/ participants per year
Is this program cost effective? 1-3	2	This program does not bill for services; they provide an invaluable service by linking older adults to needed services as well as facilitating connections between older adult providers in Monterey County.
What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis. The Agency relocated its headquarters to Salinas (from Monterey) and created a Latino-specific awareness and outreach program with the support of MHSA funds.
Could this be funded by other sources? 1-3	3	This agency already leverages many other resources; they would not be able to provide these services for us without our support.

PROGRAM: SUCCESS OVER STIGMA (SOS)

Provider: Interim Inc.
Program Narrative: Consumer advocacy and outreach program to promote consumer involvement in planning and executing mental health services and anti-stigma messaging in the community.
FY 16 Total Program Cost: $ 100,261
MHSA Contribution: $ 100,261 (100%)
Evaluation Score: 15

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	3	SOS focuses in Salinas but provides presentations throughout the County.
Is this program part of increasing services to the Latino population? 1-5	1	N/A
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Not leveraging funds from other sources.
Is this program cost effective? 1-3	3	Cost per client/year not applicable. This program funds a position to coordinate the program; it is the only program providing opportunity for consumers to share their story of hope and recovery through these presentations in the County.
What is the level of contract performance? 1-	2	Program does not collect demographic data.

3		
Could this be funded by other sources? 1-3	2	Grants.

PROGRAM: NAMI SELF-HELP SUPPORT & ADVOCACY

Provider: National Alliance on Mental Illness (NAMI) Monterey County
Program Narrative: Supports and advocates on behalf of consumers, families and friends of people with severe mental illness by providing outreach, education and support service contacts with individuals, families and caregivers in distress.
FY 16 Total Program Cost: $ 166,490
MHSA Contribution: $ 166,490 (100%)
Evaluation Score: 18

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment; improves timely access to appropriate services for underserved populations, and reducing stigma and discrimination
Is this program part of addressing regional health inequity? 1-5	2	67% of clients are from Salinas and the Peninsula.
Is this program part of increasing services to the Latino population? 1-5	3	53% of clients were Latino
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Did not leverage funds from other sources in FY 16.
Is this program cost effective? 1-3	3	$1,513.50/participant
What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis.
Could this be funded by other sources? 1-3	2	Grants.

PROGRAM: FAMILY SUPPORT GROUPS

Provider: MCBH
Program Narrative: Facilitates regional family support group meetings.
FY 16 Total Program Cost: $ 112,153
MHSA Contribution: $ 112,153 (100%)
Evaluation Score: 17

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Increases access and linkage to treatment, improves timely access to appropriate services for underserved populations, and reduces stigma and discrimination
Is this program part of addressing regional health inequity? 1-5	2	Support Groups provided in Marina and Salinas in FY 16.
Is this program part of increasing services to the Latino population? 1-5	2	Data not available in FY 16.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	County Staff are providing these services after-hours. This is a value added to the community and an essential function of the

		MHSA to provide family support and to obtain family input.
Is this program cost effective? 1-3	3	$1,602/client
What is the level of contract performance? 1-3	1	Reports are submitted via Avatar.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan; Family support groups need to be expanded in facilities throughout the County.

PROGRAM: PEER SUPPORT - WELLNESS NAVIGATION

Provider: Interim Inc.
Program Narrative: Provides system or wellness navigators stationed at adult services clinics and other locations to welcome and guide clients through available services.
FY 16 Total Program Cost: $ 206,422
MHSA Contribution: $ 206,422 (100%)
Evaluation Score: 16

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment and reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	3	Services are located in Salinas, the Peninsula, and North County.
Is this program part of increasing services to the Latino population? 1-5	2	39% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Not leveraging funds from other sources.
Is this program cost effective? 1-3		These staff have the potential capability of billing for services in the future and/or providing non-billable services that other clinicians would otherwise have to provide. This program utilizes peers and family members to engage with clients, providing them experience and assisting the clinical team to keep the client engaged in services, especially post-crisis, hospitalization, etc. $4,047/client.
What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis.
Could this be funded by other sources? 1-3	3	Increasing Peer Support to the people we serve is one of the key directives of the MHSA.

PROGRAM: OMNI - RESOURCE CENTER - ADULTS

Provider: Interim Inc.
Program Narrative: Peer and family member operated mental wellness community center providing self-help, socialization and peer-support groups to address issues of personal growth and recovery.

FY 16 Total Program Cost: $ 502,963
MHSA Contribution: $ 502,963 (100%)
Evaluation Score: 16

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment and reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	2	Services located in Salinas
Is this program part of increasing services to the Latino population? 1-5	2	45% of clients were Latino
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Not leveraging funds from other sources.
Is this program cost effective? 1-3	1	$797/client
What is the level of contract performance? 1-3	3	This center provides a unique service in the community linking mental health consumers, homeless individuals and transitional age youth to essentail needed services and create a community of hope and resilience .
Could this be funded by other sources? 1-3	3	This program does not provide billable services and programming was initially developed by a consumer workgroup in collaboration with the County.

PROGRAM: CHINATOWN COMMUNITY LEARNING CENTER - CSUMB COLLABORATIVE

Provider: Interim Inc.
Program Narrative: Offers training experience for CSUMB MSW candidates in supporting homeless and other marginalized populations in Salinas.
FY 16 Total Program Cost: $ 137,510
MHSA Contribution: $ 137,510 (100%)
Evaluation Score: 15

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Increases access and linkage to treatment and improves timely access to appropriate services for underserved populations.
Is this program part of addressing regional health inequity? 1-5	3	Services located in Chinatown, Salinas.
Is this program part of increasing services to the Latino population? 1-5	2	FY 16 data not available.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Not leveraging funding from other sources.
Is this program cost effective? 1-3	2	$ 308.04/client
What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis.

Could this be funded by other sources? 1-3	1	Grants, City, other County sources.

PROGRAM: MULTI-LINGUAL PARENT EDUCATION PARTNERSHIP

Provider: Community Human Services
Program Narrative: Provides parenting education training in English and Spanish to increase parenting confidence, knowledge and skills, and become more aware of available mental health services.
FY 16 Total Program Cost: $ 179,387
MHSA Contribution: $ 165,360 (92%)
Evaluation Score: 18

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Improves timely access to appropriate services for underserved populations and uses non stigmatizing strategies.
Is this program part of addressing regional health inequity? 1-5	2	Services are focused in Salinas; no services are provided in North or South County.
Is this program part of increasing services to the Latino population? 1-5	5	About 86% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Leveraging 8% from other sources.
Is this program cost effective? 1-3	2	$143/client
What is the level of contract performance? 1-3	2	Exceeding contract goals regarding services amount but limited data regarding effectiveness.
Could this be funded by other sources? 1-3	2	Might qualify for grants from schools and community foundations.

PROGRAM: SUICIDE PREVENTION

Provider: Family Service Agency of the Central Coast
Program Narrative: Provides outreach and education presentations to gatekeeper groups and the communities they service, to mitigate suicidal behavior and its negative consequences. This includes a 24/7/365 crisis line.
FY 16 Total Program Cost: $ 300,500
MHSA Contribution: $ 224,372 (75%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	3	6% of clients from South County; 6% No. County & 62% Salinas.
Is this program part of increasing services to the Latino population? 1-5	4	62% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Leveraging 25% from other sources.
Is this program cost effective? 1-3	3	$38.49/presentation/ participant/call

What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis.
Could this be funded by other sources? 1-3	2	Grants and donations from recipients of services; fundraising activities.

PROGRAM: PROMOTORES MENTAL HEALTH PROGRAM

Provider: Central Coast Citizenship Project
Program Narrative: Provides outreach and education campaigns to Latino populations for reducing stigma and promoting accessibility of mental health services.
FY 16 Total Program Cost: $ 85,160
MHSA Contribution: $ 85,160 (100%)
Evaluation Score: 21

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment, improves timely access to appropriate services for underserved populations, and reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	4	FY 16 demographic data shows 60% Salinas, 32% South County (average across 4 quarters).
Is this program part of increasing services to the Latino population? 1-5	4	76% of the clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	The Promotores Mental Health Program is funded with MHSA.
Is this program cost effective? 1-3	3	$20.42/client
What is the level of contract performance? 1-3	3	Provides effective service to our underserved Latinos in an innovative way; reports are complete and timely.
Could this be funded by other sources? 1-3	2	Might qualify for grants from public health and community foundations.

PROGRAM: LATINO COMMUNITY PARTNERSHIP

Provider: Center for Community Advocacy
Program Narrative: Promotes mental health awareness to Latino populations, particularly farmworkers, with the goal of providing education and training to community leaders and generating referrals to County Behavioral Health services.
FY 16 Total Program Cost: $ 95,000
MHSA Contribution: $ 95,000 (100%)
Evaluation Score: 21

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment, improves timely access to appropriate services for underserved populations, and reduces stigma and discrimination.
Is this program part of addressing regional	3	CCA focuses in Salinas and provides some

health inequity? 1-5		services to South County residents.
Is this program part of increasing services to the Latino population? 1-5	5	100% of the clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	The Latino Community Partnership is funded with MHSA.
Is this program cost effective? 1-3	3	$52/client
What is the level of contract performance? 1-3	3	Provides effective outreach service to underserved Latinos in an innovative way; reports are complete and timely.
Could this be funded by other sources? 1-3	2	Might qualify for grants from public health and community foundations.

PROGRAM: AFRICAN AMERICAN COMMUNITY PARTNERSHIP

Provider: The Village Project
Program Narrative: Provides therapy services for individuals, children, families and couples. Primarily focused on African American populations, but serves all ethnicities and ages.
FY 16 Total Program Cost: $ 476,973
MHSA Contribution: $ 476,973 (100%)
Evaluation Score: 12

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Improves timely access to appropriate services for underserved populations, and reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	1	Services located on the Peninsula only.
Is this program part of increasing services to the Latino population? 1-5	2	Program focuses on the African American Community but 29% of clients were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Did not leverage funds from other sources.
Is this program cost effective? 1-3	1	$5,611/client
What is the level of contract performance? 1-3	2	Numbers of clients served meets goals, but amount of service provided to each client is low.
Could this be funded by other sources? 1-3	1	Agency is highly regarded by local community and may be able to obtain funds from schools, faith-based community, local government, etc.

PROGRAM: COMMUNITY PARTNERSHIP - LGBTQ COUNSELING

Provider: Community Human Services
Program Narrative: Outreach, engagement and specialized outpatient mental health counseling for GLBTQ individuals and their significant others.
FY 16 Total Program Cost: $ 66,570
MHSA Contribution: $ 42,588 (64%)

Evaluation Score: 15

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Increases access and linkage to treatment; improves timely access to appropriate services for underserved populations; and non-stigmatizing and non-discriminatory practices.
Is this program part of addressing regional health inequity? 1-5	2	Services provided in Salinas and on the Peninsula.
Is this program part of increasing services to the Latino population? 1-5	3	59% clients were Latino; small sample size of 21 clients total served by this program.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Leveraging 37% from other sources.
Is this program cost effective? 1-3	1	$641/client
What is the level of contract performance? 1-3	1	Low number of clients served and not meeting full contract funding amount.
Could this be funded by other sources? 1-3	2	A grant might be located for the specific population; and Medi-Cal beneficiaries presenting with mild/moderate mental health issues could be referred to Beacon (Managed Care Plan Administrator.)

PROGRAM: 2-1-1 TELEPHONE REFERRAL SYSTEM

Provider: United Way of Monterey County
Program Narrative: Phone and digital communications network to quickly and efficiently connect people to the social and health services they seek.
FY 16 Total Program Cost: $ 269,000
MHSA Contribution: $ 26,000 (10%)
Evaluation Score: 20

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Increases access and linkage to treatment and reduces stigma and discrimination.
Is this program part of addressing regional health inequity? 1-5	3	Serves all parts of the County.
Is this program part of increasing services to the Latino population? 1-5	3	55% of callers were Latino; 31% of callers were Spanish Speaking.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	Leveraged 90% from other sources.
Is this program cost effective? 1-3	3	$26K annual contribution to service equals $1.66 per call.
What is the level of contract performance? 1-3	3	Reports are submitted on

		a timely basis.
Could this be funded by other sources? 1-3	1	Grants and other local government agencies, who use the website as a Resource Guide.

PROGRAM: VETERANS REINTEGRATION TRANSITION PROGRAM

Provider: Monterey County Office of Military & Veteran's Affairs
Program Narrative: Seeks out veterans in need of mental health, healthcare and social services, providing them with assistance and referrals. Also provides education and awareness to veterans, their dependents and survivors on entitled benefits.
FY 16 Total Program Cost: $ 20,000
MHSA Contribution: $ 20,000 (100%)
Evaluation Score: 13

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Increases access and linkage to treatment.
Is this program part of addressing regional health inequity? 1-5	2	Majority of the clients are from Salinas and the Peninsula.
Is this program part of increasing services to the Latino population? 1-5	2	27% of clients in Q1 FY 16 were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Not leveraging funds from other sources.
Is this program cost effective? 1-3	3	$23.06/client
What is the level of contract performance? 1-3	1	Not responsive and reports are not submitted on a timely basis.
Could this be funded by other sources? 1-3	1	Local community foundation Grants, Veterans Administration, and/or County General Fund.

PROGRAM: FAMILY REUNIFICATION PARTNERSHIP

Provider: MCBH
Program Narrative: Education, support and resource services for parents, to change and improve their capacity to provide for the needs and safety of their children.
FY 16 Total Program Cost: $ 513,921
MHSA Contribution: $ 246,682 (48%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides "FSP" services to children & families involved in the Child Welfare system. These children have experienced severe abuse/neglect and have significant mental health needs.
Is this program part of addressing regional health inequity? 1-5	3	No. County (11%) & Salinas (60%); So. County 11%

Is this program part of increasing services to the Latino population? 1-5	4	64% of children served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	100% of children served are Medi-Cal beneficiaries; 52% of funds are from other sources.
Is this program cost effective? 1-3	2	$4.77/minute $11,420/client
What is the level of contract performance? 1-3	3	QI Reviews overall good.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan.

PROGRAM: TAY AVANZA

Provider: MCBH
Program Narrative: Provides Transition Age Youth ("TAY") with case management, therapy, groups and opportunities for positive social interactions.
FY 16 Total Program Cost: $ 1,710,106
MHSA Contribution: $ 530,909 (31%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Provides intensive mental health services to youth ages 16 to 25 and their families; many of the youth have a co-occurring substance abuse disorder; they are at risk of hospitalization, jail, lack of educational attainment, unemployment.
Is this program part of addressing regional health inequity? 1-5	5	North County 9% & Salinas 44%; South County: 32%. Staff are also located in South County.
Is this program part of increasing services to the Latino population? 1-5	4	70% of youth served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	83% of youth served are Medi-Cal beneficiaries; 69% of funds are from other sources.
Is this program cost effective? 1-3	2	$3.46/minute $7,534/client
What is the level of contract performance? 1-3	2	Improvement needed in outcome reporting. Program productivity is below agency standards. Mgr and Sup aware of and working on productivity and timley documenation.
Could this be funded by other sources? 1-3	3	Services to safety net population. MHSA funds are needed for clients who are not documented and to support non Medi-Cal billable supports and services.

PROGRAM: INTEGRATED CO-OCCURRING TREATMENT "ICT"

Provider: Door to Hope
Program Narrative: Provides services to adolescents and young adults with substance use and mental health disorders in a strengths-based and home visitation model.
FY 16 Total Program Cost: $ 785,321
MHSA Contribution: $ 392,661 (50%)
Evaluation Score: 25

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides FSP services to youth ages 12-24 with a co-occurring mental illness and substance use disorder; these youth are at risk for out of home placement, involvement with the juvenile justice system, hospitalization, etc.
Is this program part of addressing regional health inequity? 1-5	3	FSP: South County (22%) & Salinas (75%) SD: South County (13%) & Salinas (64%)
Is this program part of increasing services to the Latino population? 1-5	5	FSP: 88% of youth served were Latino; SD: 86% of youth served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	FSP: 68% are Medi-Cal beneficiaries; SD 76% are Medi-Cal beneficiaries.
Is this program cost effective? 1-3	3	$2.72/minute $8,013/client
What is the level of contract performance? 1-3	3	Met contract goals.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan.

PROGRAM: JUVENILE MENTAL HEALTH COURT

Provider: MCBH
Program Narrative: Assesses and treats severely mentally ill youth with co-occurring disorders who are involved with the juvenile justice system.
FY 16 Total Program Cost: $ 489,869
MHSA Contribution: $ 316,927 (65%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides FSP services to youth with serious emotional disturbance and their families; they are either underserved or unserved; and they are involved in the juvenile justice system.
Is this program part of addressing regional health inequity? 1-5	3	FSP: North County (5%) & Salinas (68%) = 73%. SD: 25% South County; 50% Salinas.
Is this program part of increasing services to the Latino population? 1-5	5	FSP: 68% of youth served were Latino; SD: 100% were Latino.
Is this program leveraging other resources	3	FSP: 86% of youth served are Medi-Cal

(maximizing community impact with MHSA dollars)? 1-3		beneficiaries; SD: 74% of youth served are Medi-Cal beneficiaries.
Is this program cost effective? 1-3	1	$7.09/minute
What is the level of contract performance? 1-3	3	Met goals. This was a county developed initiative to meet an unmet critical need.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan & providing services to safety net population.

PROGRAM: SANTA LUCIA RESIDENTIAL PROGRAM FOR ADOLESCENT FEMALES

Provider: Door to Hope
Program Narrative: Provides mental health services to adolescent females requiring residential care and who are placed in out-of-home services by Social Services or Probation.
FY 16 Total Program Cost: $ 523,676
MHSA Contribution: $ 256,601 (49%)
Evaluation Score: 22

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides residential treatment services for adolescent females with co-occurring mental illness and substance use disorders.
Is this program part of addressing regional health inequity? 1-5	3	North County (6%) & Salinas (75%)
Is this program part of increasing services to the Latino population? 1-5	5	81% of individuals served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	100% of children served are Medi-Cal beneficiaries; 51% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.54/minute $32,730/client
What is the level of contract performance? 1-3	2	Met contract goals. QI audits yielded program service documentation concerns. Program is addressing concerns.
Could this be funded by other sources? 1-3	3	Explore potential for Drug Medi-Cal funding for this program.

PROGRAM: PEACOCK ACRES, SUPPORTIVE HOUSING "INCARCERATION TO SUCCESS (I2S)"

Provider: Peacock Acres, Inc.
Program Narrative: Provides transitional housing with independent living coaching for male youth who are involved with the juvenile justice and mental health systems.
FY 16 Total Program Cost: $ 382,812
MHSA Contribution: $ 268,484 (70%)
Evaluation Score: 22

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides supportive housing and mental health FSP services to male youth ages 16-25 who are on Probation or involved in the juvenile justice and mental health systems;

		they are separated from their families; they are at risk of re-offending and are either underserved or unserved.
Is this program part of addressing regional health inequity? 1-5	3	North County (14%) & Salinas (71%)
Is this program part of increasing services to the Latino population? 1-5	5	86% of youth served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	100% of youth served are Medi-Cal beneficiaries; 30% of funds are from other sources.
Is this program cost effective? 1-3	2	$5.72/minute (includes housing costs.)
What is the level of contract performance? 1-3	2	QI program reviews yielded some audit concerns.
Could this be funded by other sources? 1-3	2	Included in BH Strategic Plan.

PROGRAM: ADOPTION PRESERVATION

Provider: Kinship Center / Seneca
Program Narrative: Specialty clinic to provide mental health "FSP" services to pre and post-adoptive families.
FY 16 Total Program Cost: $ 322,299
MHSA Contribution: $ 30,197 (9%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides mental health "FSP" services to pre and post adoption families who are caring for children ages 0-17; these children are in the Foster Care system and at risk of homelessness, juvenile delinquency, lack of educational attainment.
Is this program part of addressing regional health inequity? 1-5	4	South County (33%), Salinas (42%) & No. County (11%)
Is this program part of increasing services to the Latino population? 1-5	4	100% of children served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	100% of children served are Medi-Cal beneficiaries; 91% of program revenues are other sources.
Is this program cost effective? 1-3	3	$17,644.74/client
What is the level of contract performance? 1-3	2	Moderate.
Could this be funded by other sources? 1-3	2	Included in BH Strategic Plan.

PROGRAM: EARLY CHILDHOOD, SECURE FAMILIES/FAMILIAS SEGURAS

Provider: MCBH
Program Narrative: County run program to provide mental health services to children ages 0-5 and their

parents.
FY 16 Total Program Cost: $ 576,493
MHSA Contribution: $ 276,717 (48%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides evidence based mental health services to children age 0-5 and their parents/caregivers throughout Monterey County, focusing on underserved populations.
Is this program part of addressing regional health inequity? 1-5	5	South County 30%; Salinas 44%; North County 5%. 2 FTE's located in South County
Is this program part of increasing services to the Latino population? 1-5	5	83% of children served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	83% of children served are Medi-Cal beneficiaries; 52% of total program cost is leveraged.
Is this program cost effective? 1-3	3	$2.53/minute $3,818/client
What is the level of contract performance? 1-3	2	Improvement needed in outcome reporting. Program productivity is below agnency standards. Mgr and Sup aware of and working on productivity and timley documenation. QI audit indicated strong assessments and few concerns.
Could this be funded by other sources? 1-3	3	Part of BH Strategic Plan & providing services to safety net population.

PROGRAM: FAMILY PRESERVATION

Provider: MCBH
Program Narrative: Intensive, short-term, in-home crisis intervention and family education program for monolingual Spanish families in Monterey County, designed to prevent out-of -home placement.
FY 16 Total Program Cost: $ 115,057
MHSA Contribution: $ 55,227 (36%)
Evaluation Score: 17

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides intensive, short term family-based mental health treatment services provides in the home for children who are an eminent risk of being removed from their home.
Is this program part of addressing regional health inequity? 1-5	4	South County 100%; but only 1 client served in program.
Is this program part of increasing services to the Latino population? 1-5	4	100% of children served were Latino, however, only 1 client served.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	100% of children served are Medi-Cal beneficiaries; 64% of funds are other sources

Is this program cost effective? 1-3	1	$18.68/minute
What is the level of contract performance? 1-3	1	Only served 1 child and his/her family. Should be incorporated into other current service delivery programs.
Could this be funded by other sources? 1-3	1	Services could be provided under other existing EPSDT Medi-Cal programs.

PROGRAM: HOME PARTNERS

Provider: MCBH
Program Narrative: Intensive, short-term, in-home crisis intervention and family education program designed to prevent out-of -home placement.
FY 16 Total Program Cost: $ 138,068
MHSA Contribution: $ 66,273 (48%)
Evaluation Score: 22

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides intensive, short term, in-home crisis intervention and family education services for children and their families who require 24/7 therapist availability over a 4 to 6 weeks period. This is part of the Family Preservation Program.
Is this program part of addressing regional health inequity? 1-5	3	So. County (13%) & Salinas (56%)
Is this program part of increasing services to the Latino population? 1-5	3	56% of children served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	97% of children served are Medi-Cal beneficiaries.
Is this program cost effective? 1-3	3	$8,629/client
What is the level of contract performance? 1-3	2	QI Program Reviews good. Program working to increased number of families served.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan.

PROGRAM: NUEVA ESPERANZA

Provider: Door to Hope
Program Narrative: Residential program for pregnant and parenting women with co-occurring disorders and their children, utilizing a range of comprehensive mental health and substance use disorder treatments, and parenting education services.
FY 16 Total Program Cost: $ 601,923
MHSA Contribution: $ 109,340 (18%)
Evaluation Score: 17

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides residential recovery services for pregnant and parenting women with co-occurring mental illness and substance use disorders, and their young children.

Is this program part of addressing regional health inequity? 1-5	2	North County (13%) & Salinas (51%); Peninsula (30%)
Is this program part of increasing services to the Latino population? 1-5	4	64% of individuals served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	92% of individuals served are Medi-Cal beneficiaries; 82% of funds come from other sources.
Is this program cost effective? 1-3	1	$2.89/minute $12,807/client
What is the level of contract performance? 1-3	2	QI reviews have yielded audit concerns related to billing and documentation of medical necessity to substantiate services. Contractor aware of concerns and has responded to plan of correction.
Could this be funded by other sources? 1-3	2	Explore potential for Drug Medi-Cal, i.e. Perinatal Substance Abuse treatment funding for this program.

PROGRAM: INTEGRATED CARE/OLDER ADULT FSP

Provider: MCBH
Program Narrative: FSP services provided to older adults with severe mental illness with a co-occurring (physical and/or substance abuse) disorder.
FY 16 Total Program Cost: $ 131,966
MHSA Contribution: $ 131,196 (100%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides FSP services to older adults with severe mental illness with a co-occurring (physical and/or substance abuse) disorder who are at risk of: losing their community placement, hospitalization, institutionalization, and homelessness. They are either underserved or unserved.
Is this program part of addressing regional health inequity? 1-5	1	6% North County, 6% Salinas, and 6% South County; 69% Peninsula.
Is this program part of increasing services to the Latino population? 1-5	1	94% of adults served were White.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	87% of adults served are Medi-Care; 13% are Medi-Cal beneficiaries.
Is this program cost effective? 1-3	3	$2.75/minute $8,247/client
What is the level of contract performance? 1-3	3	The population of older adults with co-occurring specialty needs is rapidly expanding. The individuals served require the highest level of intensive services in order to maintain their lives in the community.
Could this be funded by other sources? 1-3	3	This is a requirement of the MHSA to provide

		a FSP level of service to individuals who would otherwise be homeless or in need of 24 hour care.

PROGRAM: MENTAL HEALTH COURT, CREATING NEW CHOICES

Provider: MCBH
Program Narrative: Provides intensive case management, psychiatric care, Probation supervision and therapeutic mental health court services to mentally ill criminal offenders.
FY 16 Total Program Cost: $ 759,020
MHSA Contribution: $ 504,718 (66%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides FSP level services including group therapy, medication management, individualized treatment planning, housing resources, life skills, transportation assistance, school and/or employment assistance, and 24/7 access to team member for crisis intervention and support. Population of focus: adults, age 18 and older with severe mental illness who are involved with the criminal justice system.
Is this program part of addressing regional health inequity? 1-5	3	Salinas & No. County (74%)
Is this program part of increasing services to the Latino population? 1-5	3	35% of adults served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	47% are adults served are Medi-Cal beneficiaries; 34% of funds are from other sources..
Is this program cost effective? 1-3	3	$3.27/minute (not inclusive of housing costs). $18,146/client.
What is the level of contract performance? 1-3	3	Program has limitations: clients are relocated from other regions to Salinas region for housing and program groups; all justice partners must agree to accept clients into the program resulting in not all adults with serious mental illness are accepted into program.
Could this be funded by other sources? 1-3	3	This program provides a high level of intensive mental health treatment to a specialty population who are at high risk for recidivism without this level of support.

PROGRAM: MCHOME

Provider: Interim Inc.
Program Narrative: FSP initiative providing outreach/engagement and wrap-around servicesfor adults with psychiatric disabilities who are homeless or at-risk of homelessness.
FY 16 Total Program Cost: $ 903,360
MHSA Contribution: $ 542,192 (60%)
Evaluation Score: 21

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides outreach/engagement and mental health FSP services to adults with severe mental illness who are homeless; they are either underserved or unserved. NOTE: supportive housing services are provided in a separate budget.
Is this program part of addressing regional health inequity? 1-5	3	8% No. County & 51% Salinas; 37% Peninsula.
Is this program part of increasing services to the Latino population? 1-5	2	22% of adults served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	68% of adults served are Medi-Cal beneficiaries; 40% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.91/minute (not inclusive of housing costs); Leveraging City Funds $12,375/client
What is the level of contract performance? 1-3	3	This is one of the identified target populations that the MHSA is designed to serve beginning with a robust outreach and engagement effort to reach the homeless population.
Could this be funded by other sources? 1-3	3	There is an increasing crisis with homelessness within Monterey County; this program only puts a dent in addressing the overwhelming need.

PROGRAM: LUPINE GARDENS

Provider: Interim Inc.
Program Narrative: FSP services provided to very-low income individuals with a serious mental health diagnosis, whom are homeless or at-risk of homelessness.
FY 16 Total Program Cost: $ 319,684
MHSA Contribution: $ 159,842 (50%)
Evaluation Score: 21

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Lupine Gardens provides a FSP level of services to very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at risk of homelessness.
Is this program part of addressing regional	3	14% North County & 82% Salinas.

health inequity? 1-5		
Is this program part of increasing services to the Latino population? 1-5	1	18% were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	79% of individuals are Medi-Cal beneficiaries; 50% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.91/minute
What is the level of contract performance? 1-3	3	Documentation, billing and reports are completed in a timely basis.This is one of the target populations that the MHSA is designed to serve.
Could this be funded by other sources? 1-3	3	Funds from the state and federal government have increasingly been cut making it ever more difficult to create safe affordable housing for adults with mental illness disabilities.

PROGRAM: SUNFLOWER GARDENS

Provider: Interim Inc.
Program Narrative: Residential FSP services provided to very-low income individuals with a serious mental health diagnosis, all of whom are homeless or at-risk of homelessness.
FY 16 Total Program Cost: $ 253,435
MHSA Contribution: $ 126,718 (50%)
Evaluation Score: 21

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Sunflower Gardens provide a FSP level of services to very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at risk of homelessness.
Is this program part of addressing regional health inequity? 1-5	3	6% North County & 87% Salinas.
Is this program part of increasing services to the Latino population? 1-5	2	32% were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	79% of individuals are Medi-Cal beneficiaries; 50% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.91/minute $8,175/client
What is the level of contract performance? 1-3	3	Reports are submitted on a timely basis.
Could this be funded by other sources? 1-3	3	Funds from the state and federal government have increasingly been cut making it ever more difficult to create safe affordable housing for adults with mental illness disabilities.

PROGRAM: DRAKE HOUSE

Provider: Front St., Inc.
Program Narrative: Residential facility serving older adult individuals with co-occurring mental health and physical conditions who have been unserved or underserved in the community.
FY 16 Total Program Cost: $ 1,313,872
MHSA Contribution: $ 927,539 (70%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	5	Provides FSP services including supportive housing to older adults with severe mental illness, often with a co-occurring (physical and/or substance abuse) disorder who are at risk of: hospitalization; institutionalization; and homelessness. They are either underserved or unserved. There are extremely limited options for providing this type of housing to disabled older adults with these types of issues.
Is this program part of addressing regional health inequity? 1-5	1	92% Peninsula. Located on the Peninsula but served all of Monterey County residents who need this level of service.
Is this program part of increasing services to the Latino population? 1-5	1	72% of older adults served were White.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	3	77% of older adults served are Medi-Care; 18% are Medi-Cal beneficiaries; 30% of funds are from other sources.
Is this program cost effective? 1-3	3	$4.14/minute (inclusive of housing costs).
What is the level of contract performance? 1-3	3	The population of older adults with co-occurring specialty needs is rapidly expanding. There are very few residential facilities that have the capacity to manage the range of specialty needs of older adults with serious mental illness.
Could this be funded by other sources? 1-3	3	There is a dearth of funding sources that specifically provide for older adults with co-occurring mental health, primary care, substance use and cognitive disabilities.

PROGRAM: ROCKROSE GARDENS

Provider: Interim Inc.
Program Narrative: Provides community independent living for very-low income individuals with a serious
FY 16 Total Program Cost: $ 115,114
MHSA Contribution: $ 57,557 (50%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-	5	Rockrose Gardens provides community

5		independent living in a supportive housing program as well; serves very low-income individuals with a serious mental health diagnosis, all of whom are homeless or at risk of homelessness.
Is this program part of addressing regional health inequity? 1-5	2	5% North County and 90% Peninsula.
Is this program part of increasing services to the Latino population? 1-5	1	14% were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	60% of individuals are Medi-Cal beneficiaries; 50% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.91/minute $5,481/client
What is the level of contract performance? 1-3	3	Documentation, billing andreports are submitted on a timely basis.
Could this be funded by other sources? 1-3	3	Funds from the state and federal government have increasingly been cut making it ever more difficult to create safe affordable housing for adults with mental illness disabilities.

PROGRAM: DUAL RECOVERY SERVICES

Provider: Interim Inc.

Program Narrative: Provides outreach, outpatient treatment and aftercare services for adults with co-occurring disorders.

FY 16 Total Program Cost: $ 561,103

MHSA Contribution: $ 264,219 (47%)

Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides outreach, outpatient mental health services and aftercare for adults with co-occurring serious mental illness and substance use disorders.
Is this program part of addressing regional health inequity? 1-5	3	4% No. County & 50% Salinas; 12% South County.
Is this program part of increasing services to the Latino population? 1-5	3	41% clients served were Latino; 38% were White.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	2	51% individual served are Medi-Cal beneficiaries; SAMHSA grant funds used for outreach & aftercare services; 53% of funds are from other sources.
Is this program cost effective? 1-3	3	$2.91/minute for mental health services.
What is the level of contract performance? 1-3	2	Moderate.
Could this be funded by other sources? 1-3	3	

PROGRAM: COMMUNITY PARTNERSHIP - HIV/AIDS

Provider: Community Human Services
Program Narrative: Outreach, engagement and specialized outpatient mental health counseling for individuals with HIV/AIDS and their significant others.
FY 16 Total Program Cost: $ 2,649.01
MHSA Contribution: $ 1,836.31 (69%)
Evaluation Score: 10

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	2	Provides outreach, engagement and specialized outpatient mental health counseling (individual, family and group) for individuals with HIV/AIDS and their significant others. This population has been historically underserved in Monterey County and has significant mental health issues related to HIV/AIDS status.
Is this program part of addressing regional health inequity? 1-5	2	Services are provided in Salinas and Peninsula.
Is this program part of increasing services to the Latino population? 1-5	1	55% of clients were Latino but small sample size of only 9 clients seen by the program total.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	61% of clients served were Medi-Cal beneficiaries.
Is this program cost effective? 1-3	1	Contract total in FY 16 was $36,292; only $2,649.01 utilized. $663/client
What is the level of contract performance? 1-3	1	Low number of total clients served.
Could this be funded by other sources? 1-3	2	Clients could be referred to NMC's NIDO clinic (where BHB provides psychiatric services) or CHOMP's OPUS Clinic.

PROGRAM: RETURN TO WORK BENEFITS COUNSELING

Provider: Central Coast Center for Independent Living
Program Narrative: Provides adults and youth with mental health disabilities with financial and medical benefits counseling, individual advocacy, housing assistance, and independent living skills and assistive technologies training.
FY 16 Total Program Cost: $ 119,933
MHSA Contribution: $ 119,933 (100%)
Evaluation Score: 16

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides financial, medical benefits counseling, individual advocacy, housing assistance, independent living skills training, assistive technology and benefits

		counseling to assist consumers to make an informed decision about employment and Social Security benefits.
Is this program part of addressing regional health inequity? 1-5	3	Based in Salinas but will meet individuals near their home.
Is this program part of increasing services to the Latino population? 1-5	4	60% of clients served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Receives grants and other funding to support staffing and equipment costs in unknown amounts
Is this program cost effective? 1-3	1	$641/client
What is the level of contract performance? 1-3	3	Served 187 clients. Meeting contract goals for number of unduplicated clients served.
Could this be funded by other sources? 1-3	1	Existing program is augmented with MHSA funds.

PROGRAM: ACCESS: OUTPATIENT SERVICES

Provider: Community Human Services
Program Narrative: Individual and family outpatient mental health counseling for people of all ages.
FY 16 Total Program Cost: $ 639,825
MHSA Contribution: $ 581,944 (84%)
Evaluation Score: 18

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides individual and family counseling as authorized by Monterey County Behavioral Health.
Is this program part of addressing regional health inequity? 1-5	3	North County (12%) and Salinas (72%).
Is this program part of increasing services to the Latino population? 1-5	3	46% of individuals served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	92% of individuals served are Medi-Cal beneficiaries; 16% of total program cost is leveraged.
Is this program cost effective? 1-3	3	$2.51/minute
What is the level of contract performance? 1-3	2	Served 574 clients but not meeting funding amounts as per contract.
Could this be funded by other sources? 1-3	3	Services are provided primarily to Medi-Cal beneficiaires.

PROGRAM: JUVENILE SEX OFFENDER RESPONSE TEAM (JSORT)

Provider: Probation Department & MCBH
Program Narrative: Provides assessment and treatment services to youth who have sexually offended. Treatment services involve families of offenders.
FY 16 Total Program Cost: $ 263,932
MHSA Contribution: $ 172,500 (65%)
Evaluation Score: 19

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	3	Provides assessment and treatment services to youth who have sexually offended. Treatment services involve families of offenders.
Is this program part of addressing regional health inequity? 1-5	3	41% of clients are from Salinas, 15% of clients are from North County, and 13% are from South County.
Is this program part of increasing services to the Latino population? 1-5	4	63% of clients served were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA dollars)? 1-3	1	Leveraging 35% from other sources.
Is this program cost effective? 1-3	3	$3.32/minute $5,738/client
What is the level of contract performance? 1-3	2	Partially reached program performance goals.
Could this be funded by other sources? 1-3	3	Included in BH Strategic Plan. Critical service for high risk population that could not be served without this program.

PROGRAM: POSITIVE BEHAVIORAL INTERVENTION & SUPPORTS (PBIS)

Provider: Monterey County Office of Education
Program Narrative: School based program focused on reducing stigma towards mental health issues, reducing bullying and improving school climate to assist in reducing anxiety and depressive disorders.
FY 16 Total Program Cost: $ 100,000
MHSA Contribution: $ 50,000 (50%)
Evaluation Score: 23

Evaluation Question	Rating	Justification
Is this program part of the MHSA Mandate? 1-5	4	Program helps address disparities and engage underserved populations by involving all students at all levels of PBIS intervention to improve the overall general school climate.
Is this program part of addressing regional health inequity? 1-5	5	100% of students are from South County.
Is this program part of increasing services to the Latino population? 1-5	5	Estimated 80-100% students were Latino.
Is this program leveraging other resources (maximizing community impact with MHSA	2	Program leverages School Climate Transformation grant funding for 50% of total

dollars)? 1-3		program cost.
Is this program cost effective? 1-3	3	$25.00/client
What is the level of contract performance? 1-3	2	Data reporting to County could be more timely; implementation efforts have exceeded expectations.
Could this be funded by other sources? 1-3	1	Increase the School Climate Transformation grant funding.

MHSA PROGRAM EVALUATION STRUCTURE

1. IS THIS PROGRAM PART OF THE MHSA MANDATE?

Prevention and Early Intervention (PEI)
5=One of the required PEI programs and implementing the three PEI strategies (see "Requirements" below).
4=One of the required PEI programs and implementing two of the three PEI strategies.
3=One of the required PEI programs and implementing one of the three PEI strategies.
2= Not one of the required PEI programs and not implementing any of the three PEI strategies.
1= Not a mental health program.

Community Services and Supports (CSS)
5= High Functioning Full Service Partnership (FSP), essential part of providing care to FSP priority populations, and applies the six guiding principles for system transformation.
4= Moderately Functioning FSP, essential part of providing care to FSP priority populations, and applies the at least four of the guiding principles for system transformation.
3= Non-FSP, essential part of providing care to priority populations, and applies at least three of the guiding principles for system transformation.
2= Non-FSP, essential part of providing care to priority populations, and applies less than three of the guiding principles for system transformation.
1= Does not provide care to priority populations, and does not apply the guiding principles for system transformation.

2. IS THIS PROGRAM PART OF ADDRESSING REGIONAL HEALTH INEQUITY?

5=South County
4=>30% South County
3=Salinas Valley & North County
2=Salinas Valley & Peninsula
1=Peninsula

South Monterey County continues to be underserved. 20% of the Medi-Cal population lives in South County. However, only 13% of individuals receiving therapeutic services from Monterey County Behavioral Health (MCBH) reside in South County. 7% of individuals served by *Alcohol and Other Drug Prevention and*

Treatment services were from South County. Services provided by contracted providers follow the same trend (MCBH Strategic Plan, pg.7). Ratings are based on where funded programs serve clients and/or the residence of the clients served by the program. Regions of the County that have been prioritized to receive funding based on the MCBH Strategic Plan receive higher ratings.

2. IS THIS PROGRAM PART OF INCREASING SERVICES TO THE LATINO POPULATION?

5=80-100% of clients served were Latino
4=60-79% of clients served were Latino
3=40-59% of clients served were Latino
2=20-39% of clients served were Latino
1=0-19% of clients served were Latino

MCBH is committed to reducing health inequities by increasing services to the Latino Population. 78% of Medi-Cal eligible in Monterey County are Latino; however, only 32% of individuals served by the Adult System of Care are Latino (MCBH Strategic Plan, pg.7).

3. IS THIS PROGRAM LEVERAGING OTHER RESOURCES (MAXIMIZING COMMUNITY IMPACT WITH MHSA DOLLARS)?

3=Leveraging 71-100%
2=Leveraging 50-70%
1=Leveraging <50%

Rating: (High=3; Moderate =2; Low=1)

The rating for this evaluation question is determined by using "percent of funds leveraged," which is assessed by calculating either the percent of total program costs that are paid for from sources other than MHSA or percent of program clients who are Medi-Cal beneficiaries. If data is available on both, the higher percentage of the two is used to assign the rating.

4. IS THIS PROGRAM COST EFFECTIVE?

Cost effectiveness is the degree to which a program is effective or productive in relation to its cost. For example, in 2015 dollars, CalMHSA's annual investment costs in Applied Suicide Intervention Skills Training (ASIST) averaged just over $350,000. The RAND Corporation estimated that one year of CalMHSA's investment in ASIST may help to avert 3,569 suicide attempts over the next 28 years, of which approximately 143 would have been fatal and 581 would have been otherwise incapacitating.
(Analysis of the Benefits and Costs of CalMHSA's Investment in Applied Suicide Intervention Skills Training by Ashwood, et al).

Rating: (High=3; Moderate =2; Low=1)

The rating for this evaluation question uses "average service value per year per client" or "cost per unit of service" data. Average service value per client and cost per unit of service are taken from the "FY 15-16 Data Driven Decisions (D3) Report". If the cost per until of service is not available in the D3 Report, then it is calculated from the dollar amount paid in the contract and the program's report of the number of clients served.

5. WHAT IS THE LEVEL OF CONTRACT PERFORMANCE?

Rating: (High=3; Moderate=2; Low=1)

The rating for "contract performance" is based on an assessment of the degree to which a program is meeting contract requirements and goals, for example service numbers, outcomes, timeliness of invoices/reports, responsiveness to contract manager requests for information.

6. COULD THE PROGRAM BE FUNDED BY OTHER SOURCES?

Rating: (No=3; Maybe=2; Yes=1)

The ratings for this evaluation question are based on an assessment of the degree to which a program could be funded by other sources, including the consideration of whether a program has explored, applied for, and received or been denied funding from other sources. For example, school based mental health programs could be funded, at least in part, with the Local Control Funding Formula (LCFF). The LCFF requires school districts to involve parents in planning and decision-making as well as in developing Local Control and Accountability Plans.

Additionally, if a program is highly aligned with the MHSA funding priorities and part of the MHSA's mandate, the program automatically receives a rating of '3' to reflect the responsibility of MCBH to provide mental health services.

Requirements per the MHSA & PEI Regulations ("The MHSA Mandate")

A. Required PEI Strategies:

(1) Be designed and implemented to help create access and linkage to treatment to children, youth, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

(2) Be designed, implemented, and promoted in ways that improve timely access to appropriate services for underserved populations through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

(3) Be designed, implemented, and promoted using strategies that are non-stigmatizing and non-discriminatory.

B. Required PEI Programs:

(1) **"Access and Linkage to Treatment Program"** means connecting children, youth, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs.

(2) **"Early Intervention Program"** means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes that may result from untreated mental illness.

(3) **"Outreach for Increasing Recognition of Early signs of Mental Illness Program"** is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs or potentially severe and disabling mental illness.

(4) **"Prevention Program"** means set of related activities to reduce the risk of developing a potentially serious mental illness and to build protective factors and reduce risk factors.
(5) **"Stigma and Discrimination Reduction Program"** means the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families (*PEI Regulations*).

C. Required CSS Component Service Categories:
(1) **Full Service Partnership (FSP)**. The County shall develop and operate programs to provide services under the Full Service Partnership Service Category. "Full Service Partnership" means the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.
(2) **General System Development.** These funds are to be allocated to improve the county mental health service delivery system for all clients and their families and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families. Also referred to as System Development or SD.
(3) **Outreach and Engagement.** The County shall conduct outreach to provide equal opportunities for peers who share the diverse racial/ethnic, cultural, and linguistic characteristics of the individuals/clients served. Outreach and Engagement funds may be used to pay for: (1) Strategies to reduce ethnic/racial disparities. (2) Food, clothing, and shelter, but only when the purpose is to engage unserved individuals, and when appropriate their families, in the mental health system. (3) Outreach to entities such as community based organizations, schools, and other sectors.

D. Priority Populations in the MHSA and Required Eligibility Criteria for the Full Service Partnership (FSP) Service Category:
Clients with severe mental illness who are underserved or unserved and at risk of one of the following:
(1) Homelessness or at risk of being homeless.
(2) Institutionalization.
(3) Nursing home or out-of-home care.
(4) Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment.
(5) Involvement in the criminal justice system or foster care system.

E. The Guiding Principles for System Transformation are: 1) Family and Consumer Driven, 2) Accessible and Timely, 3) Focused on Wellness and Recovery, 4) Culturally and Linguistically Competent, 5) Strength and Resiliency, 6) Integrated and Coordinated Services.

Definitions per the MHSA & PEI Regulations

Community Program Planning Process means the process to be used by the County to develop Three-Year Program and Expenditure Plans, and Annual Updates in partnership with stakeholders to:
(1) Identify community issues related to mental illness resulting from lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act;
(2) Analyze the mental health needs in the community; and,
(3) Identify and re-evaluate priorities and strategies to meet those mental health needs.

Stakeholders means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families.

Underserved means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience. When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to, those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences; members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services.

Unserved means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Glossary of Acronyms/Abbreviations

BH: Behavioral Health

FSP: Full Service Partnership

FY 16: Fiscal Year 2015-16 (July 1, 2015 through June 30, 2016)

MCBH: Monterey County Behavioral Health

MHSA: Mental Health Services Act

N/A: Not applicable or not available.

SD: System Development, also referred to as General System Development

APPENDIX II: CPP INTERVIEW GUIDE

COMMUNITY INPUT ABOUT MENTAL HEALTH SERVICES

FOCUS GROUP QUESTIONS

1. Have you used mental health services before?
2. What services and from which organization(s)?
3. What did you like about the services?
4. What needs to change or improve about the services? How can services improve?
5. Is the location (parking, public transportation, distance, etc.) of the agency where you received services convenient?
6. Are the services available during hours that are convenient for you? If not, when would be convenient?
7. What do you believe are the barriers to accessing County Behavioral Health Services?
8. What do you think are some solutions to these barriers?
9. What services or supports are needed in your neighborhood or community to improve your mental health?

APPENDIX III: UNDERSERVED COMMUNITIES (BY ZIP CODE) SURVEY

Location code ___________________________

Interviewer______________________________

Monterey County Behavioral Health provides mental health and substance use services to the community. One of our goals is to serve more Latinos and Spanish speaking people. We need your advice on how and what could be improved --- Thank you!

About you:

Age: ◯ 15 and under ◯ 16-25 ◯ 25-59 ◯ 60+

Language: ◯ English ◯ Spanish ◯ Indigenous Language (Triqui, Mixteco, Zapoteco)

Ethnicity ◯ Hispanic/Latino ◯ Other_____________ Gender: ◯ Male ◯ Female

Zip Code Where You Live __________________________

If you had a mental health or alcohol/drug concern, where would you feel most comfortable receiving services?

- Mental Health Clinic
- School
- Church
- Community Center
- Primary Care Doctor
- Home
- Other ____

We are looking at ways to expand services; Rank your preference in order 1= first choice; 5=last choice:

_______Appointment during the day (8AM-5PM)

_______Appointment on weekend

_______Appointment after work hours (5PM to 8:00 PM)

_______Appointment on your phone or computer

_______ Other_____________________________

What else do we need to know to better assist you, your family, or your community, in accessing mental health services and services to treat substance use problems?

APPENDIX IV: 30-DAY PUBLIC REVIEW AND COMMENT PERIOD

SUMMARY OF RECOMMENDATIONS RECEIVED ON THE COUNTY OF MONTEREY FY18-20 MENTAL HEALTH SERVICES ACT (MHSA)3-YEAR PROGRAM AND EXPENDITURE PLAN

*The column on the **left** contains a Summary of Recommendations received during the 30-Day Public Comment period (August 23 through September 21, 2017.)*

*The column on the **right** contains the County's Response after conducting a review and analysis of Recommendations, including any revisions/updates to be made to the "FY18-20 MHSA 3-YEAR PROGRAM AND EXPENDITURE PLAN."*

Summary of Public Comments/Recommendations	County Response
Date Received: August 29, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Anonymous ***Individuals City of Residence:*** unknown ***Affiliation/Role within Community Mental Health System:*** "Consumer/Client/Youth" This individual viewed the focus on education and support as a strength of this draft plan.	During the Community Program Planning Process for the development of our FY18-20 MHSA 3-Year Program & Expenditure Plan ("Plan"), the community emphasized the need for education and outreach as a strategy to decrease stigma and increase support to those with mental illness. This Plan includes several strategies to address these needs.
Date Received: September 6, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Mark Lopez ***Individuals City of Residence:*** Gonzales ***Affiliation/Role within Community Mental Health System:*** Family Member Mr. Lopez highlighted several programs focused on children, teenagers, older adults and family support groups as the strengths of this plan. Mr. Lopez requested clarifying points for select programs. Additionally, Mr. Lopez expressed concern over service providers providing documentation on a timelier basis, and demonstrating an effort to source "outside" funding. He suggested the MCBH Director	Behavioral Health welcomes the continued collaboration and support of the Mental Health Commission to assure more timely reporting of program data and outcomes, which will include meetings and other communication with MHSA-funded contract service providers.

and Mental Health Commission Chair meet with providers to discuss these concerns.	
Date Received: September 15, 2017 ***Method of Delivery:*** Electronic Survey Response & Email ***Individual's Name:*** Sophie Yakir & Barbara Mitchell ***Individuals City of Residence:*** Big Sur ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Interim Inc. Ms. Yakir and Ms. Mitchell, representing Interim Inc., expressed their support of the health equity goals put forward in the draft plan, and presented concerns and challenges related to servicing those goals. Interim requests more detailed information on Medi-Cal population data, such as percentage of South County Medi-Cal recipients that are under the age of 18, to determine the viability of their services in meeting the goal of increasing services in South County. Interim noted being unable find sufficient demand to make service provision cost effective in their prior attempts to provide adult services in King City. Interim has previously shifted its workforce from the Peninsula to Salinas to reach underserved populations for their OMNI program, and would consider an OMNI satellite in South County if there is demonstrated demand and with MCBH referrals and support. Interim also provided corrections to data and information regarding number and demographics of clients served, languages served, and/or language regarding program goals for the following programs: Success Over Stigma, Peer Support – Wellness Navigation, OMNI, MCHOME, Lupine Gardens, Sunflower Gardens, Rockrose Gardens and Dual Recovery Services. Interim requests explanation for "moderate" contract performance of the Dual Recovery Services program.	The "What Did We Do: Review of FY15/16 MHSA Programs" section of the Plan document contains the program descriptions as of FY 15/16, as well as data as entered into MCBH's electronic medical record system (Avatar) and other data submitted by contract service providers to the County. In the final version of the plan, the County will correct identified errors in the data, program name, list of languages served, and program description for the Peer Support – Wellness Navigation program (p.63). Demographic data for the OMNI Wellness Center will be updated for accuracy (p. 65). The list of languages served, service location and language regarding the goals of the MCHOME program description will be updated for accuracy (p.110, 111). The language capacity and description of program goals for Lupine (p.112), Sunflower (p.114) and Rockrose Gardens (p.118), and Dual Recovery Services (p. 120), will be revised for accuracy. Additionally, explanation of legal restrictions affecting client demographics in the above three programs will be noted in their respective program descriptions. MCBH will follow-up with Interim regarding the "moderate" contract performance rating for the Dual

	Recovery Services Program in FY 15/16.
Date Received: September 20, 2017 ***Method of Delivery:*** Email ***Individual's Name:*** Robin McCrae ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Community Human Services (CHS) Ms. McCrae provided alternative data on client count, client demographics, activity descriptions and locations for several programs operated by CHS. Ms. McCrae also cited the challenge of finding a sustainable client base in their 10 years of providing services in South County - King City. She recommends MCBH partner with service providers and better define demographics of Medi-Cal beneficiaries that are most in-need, to determine the most viable and effective services to provide with County funds.	Service data for Multi-Lingual Parent Education Partnership (p.69) was obtained from quarterly PEI reports submitted by vendor to the County, and data for Community Partnership - GLTBQ Counseling (p.78), Community Partnership – HIV/AIDS programs (p.122), and Access to Outpatient program (p.126) was obtained from the Avatar medical records system utilized in providing these services.
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Mel Mason ***Individuals City of Residence:*** Seaside ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Village Project Inc. Mr. Mason found the strengths of this document to be in the comprehensive coverage of funding, expenditures, programs and providers. He also provided alternative data on the number of clients served by the Village Project, and cited concerns related to the health equity goals and Program Evaluation Structure. His primary concern was the emphasis on a provider's level of service to South County clients potentially minimizing the work being done by the Village Project and other providers, particularly when the emphasis on serving South County is not in their current contract. Additionally, the Village Project is concerned the evaluation / ratings tool will serve as a basis for denying an agency's ability to acquire future funding	Service data reported in the draft plan for this program was obtained from the Avatar medical records system utilized in providing this service. Emphasis on health equity goals - including increased service provision to South County, in response to Medi-Cal data indicating gaps in services to that region – is persistent throughout this MHSA 3-Year Plan as this document was created to provide vision for the MHSA-funded mental health services community as we move forward over the next three years and beyond. In setting health equity goals for the future, MCBH had no intention to minimize the work accomplished by the Village Project or other service providers.

and contracts with MCBH. The Village Project also requests a more thorough explanation of the Program Evaluation Structure. Mr. Mason also observed there are two MCBH clinics in the South County region where residents, particularly Latinos, are "incredibly underserved". He inquired if these clinics are part of the solution to increase services levels to those underserved communities.	
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Anonymous ***Individuals City of Residence:*** unknown ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider This reviewer found the draft plan easy to read and understand. They also advocated for increased outreach to Latinos for select programs, and advocated for the supportive housing needs among Latino populations. This individual also inquired if there were threshold scores in the Program Evaluation Structure.	Increasing outreach and education to Latino communities is emphasized throughout MCBH programming, and is the basis for a new PEI program (PEI-3.4, p.134). The Family Preservation and Home Partners programs are combined per this plan (CSS-12.1, p.158) allowing for increased capacity in serving Latino (and other racial/ethnic) families with children at-risk of placement. There are no threshold scores or labels in the Program Evaluation Structure for determining performance as "poor", "acceptable", "excellent", etc.
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Anonymous ***Individuals City of Residence:*** Salinas ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider This reviewer appreciated the emphasis on including underserved populations in the community planning process for this MHSA Plan. They also cited at-large concerns about the political climate and enforcement of laws on undocumented people, inquired if MCBH reports legal status of clients to ICE (U.S. Immigrations and Customs Enforcement) and advocated for cultural	MCBH does not report the legal status of a client to ICE. Cultural Competence is an integral part of MCBH staff training curriculum. Remarks on waiting areas in County operated clinics have been noted and will be addressed as funding for improvements is secured.

competence trainings for staff and welcoming environments to make clients feel safe and secure.	
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Joel Hernandez ***Individuals City of Residence:*** Salinas ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Center for Community Advocacy (CCA) Mr. Hernandez felt the plan was well designed and provided grammatical corrections related to CCA programs in Spanish-translated version.	The identified grammatical errors in the Spanish language version of the plan will be corrected.
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Teresa Sullivan ***Individuals City of Residence:*** Salinas ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Alliance on Aging Ms. Sullivan expressed support for expanding services for the underserved Latino Medi-Cal population. To improve focus on this initiative, she recommends MCBH consider compiling and analyzing data specific to older adults so that providers of older adult services – such as Alliance on Aging – have more reasonable means of measuring if their program reaches those clients identified by the County that are in greatest need, by region, language and ethnicity.	Recommendations on data organization and analysis are noted for future program planning efforts.
Date Received: September 21, 2017 ***Method of Delivery:*** Electronic Survey Response ***Individual's Name:*** Raquel Morris ***Individuals City of Residence:*** Pacific Grove ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Monterey County Behavioral Health Ms. Morris complimented the program for identifying community needs and outlining goals, expenditures and data related to programs. She expressed concerns	

about programs with a high-cost-per-client, and as a member of the MCBH Transition Age Youth team, is eager to work with leadership to identify ways to improve the quality and cost effectiveness of services.	
Date Received: September 21, 2017 ***Method of Delivery:*** Email ***Individual's Name:*** Mark Sayre ***Individuals City of Residence:*** unknown ***Affiliation/Role within Community Mental Health System:*** Mental Health Service Provider, Monterey County Behavioral Health Mr. Sayre complimented this Plan for being more readable and accessible than prior plans. As a Psychiatric Social Worker II with the MCBH Services to Education team, Mr. Sayre remarked on the increased volume and severity in referrals received from schools throughout the county, and cited several statistics and studies evidencing this trend and the persistent needs of youth. Additionally, Mr. Sayre cited the efficacy of the Positive Behavioral Intervention & Supports (PBIS) Innovation program and he advocates for PEI programming that adopts Universal Tier 1 interventions in the PBIS frameworks, to be implemented in select districts to maximize reach and impact in serving Latino populations.	PBIS was a valuable Innovation project. The Monterey County Office of Education has been an excellent partner to bring the PBIS framework to many school districts in the County. Per MHSA regulations, Innovations projects are time limited and temporary. Lessons gleaned from successful Innovation projects are adopted when feasible and/or may be considered in future PEI program development.
Date Received: September 21, 2017 ***Method of Delivery:*** Email ***Individual's Name:*** Heather Deming ***Individuals City of Residence:*** unknown ***Affiliation/Role within Community Mental Health System:*** Member of Mental Health Commission Ms. Deming complimented efforts of MCBH in creating this plan, and encourages MCBH to increase their goal of serving the Latino population by 5% in 5 years to a higher target.	

Glossary: Monterey County Behavioral Health – MCBH; Prevention & Early Intervention - PEI

COUNTY OF MONTEREY MENTAL HEALTH COMMISSION
SEPTEMBER 28, 2017 MEETING MINUTES

DOCUMENTATION OF THE PUBLIC HEARING ON
THE DRAFT
FY18-20 MENTAL HEALTH SERVICES ACT (MHSA)3-YEAR PROGRAM AND EXPENDITURE PLAN

SEE PAGES THAT FOLLOW

THE MONTEREY COUNTY MENTAL HEALTH COMMISSION

September 28, 2017 MEETING MINUTES

Meeting Held at Behavioral Health in Marina, Training Room, 299 12 Street

Attendance ~ MENTAL HEALTH COMMISSIONERS X = Present					
	McHoney, Alma, District 2		Ferreira, Maribel, District 4	X	Young, Cortland, District 5
X	Sokotowski, Margie, District 2	X	Herrera, Jesse, District 4, PAST CHAIRPERSON		Dicken-Young, Hailey, District 5 (Associate Member)
X	Tack, Larry, District 2	X	Rocha, Anthony, District 4 (Associate Member)		Chief Brian Ferrante, Chief Law Enforcement Officer
X	Lopez, Mark, District 3, CHAIR		Deming, Heather, District 5		Supervisor John Phillips
X	Aldaco, Aidee, District 3	X	Fosler, Linda, District 5, CHAIR ELECT		

Attendance ~ COUNTY STAFF X = Present					
X	Gutierrez, Cathy, Deputy Director of ACCESS and Alcohol and Drug Services	X	Jill Walker, Training Manager		VesgaLopez, Oriana, BH Interim Medical Director
X	Hendricks, Alica, MHSA Coordinator		Moreno, Rose, Management Analyst III for Prevention	X	Stacy Saetta, Deputy County Counsel
	Hernandez, Miriam, Behavioral Health Finance Manager II	X	Robles, Lucero, QI Services Manager	X	Christina Santana-Amezquita
X	Lisman, Michael, Deputy Director, Adults	X	Sandoval, Marni, Deputy Director, Children's	X	Elsa Jimenez, Health Dept. Director
X	Miller, Amie, Behavioral Health Director	X	Schweikhard, Wesley, MA II		

Attendance ~ GUESTS X = Present					
X	Joseph Harvin, Interpreter	X	Kontrena McPheter, Interim, Inc.	X	Georgina Alvarez, Central Coast Center for Independent Living
X	Claudia Link, Supervisor Phillips' Office	X	Robin McCrae, Community Human Services	X	Yvette Carreon, BH ER Crisis Team
X	Amy Haynes, Monterey County Behavioral Health	X	Lisa Cisneros, CA Rural Legal Assistance	X	Raquel Morris, Monterey County Behavioral Health
X	Edie Frederick, Rainbow Speakers & Friends	X	Carmen Torres, Interim, Inc.	X	Cesar Anaya, Monterey County Behavioral Health
X	Erica Lopez	X	Christina Holston	X	Araceli Flores, Monterey County Behavioral Health
X	Kristina Baker Hart, LCSW	X	Mary Hexster	X	Chyrl Williams, Monterey County Behavioral Health
X	Dana Edgull, Monterey County Behavioral Health	X	Christina Sant	X	Tawnya Majewski, Monterey County Behavioral Health
X	Acie Irwin	X	Elizabeth Garcia	X	Phil Sherwood, Monterey County Behavioral Health
X	Tara Peterson	X	Danielle Rice	X	Mel Mason, The Village Project
X	Kacey Rodenbush, BH Services Manager for the Education Team				

1	**Call to Order** The meeting was called to order by Chair Lopez at 6:05 p.m.
2	**Introductions** Chair Lopez welcomed all attendees.
3	**Corrections to the Agenda** ~ *The Clerk of the Commission will announce agenda corrections.* None
4	**Public Comment** (Regarding items not appearing on the agenda) **Limited to 3 minutes per speaker** *This portion of the meeting is reserved for persons to address the Commission on any matter not on this agenda but under the jurisdiction of the Mental Health Commission* None
5	**Action: Approve Minutes of August 31, 2017 Meeting of Monterey County Mental Health Commission** ** 2 minutes 11 seconds* **M/S/C: Commissioners Young/Tack /Carried**
6	**Information: Public Hearing on the Mental Health Services Act (MHSA) FY 2017-18 through FY 2019-2020 Draft 3-Year Program and Expenditure Plan ("Draft Plan")** **2 minutes 33 seconds* MHSA Coordinator Alica Hendricks thanked the MHC and everyone who sent in their comments and recommendations for the draft MHSA Plan (these were distributed and reviewed at the meeting). Additional comments were received at the meeting. The final version of the Plan will include the comments received. She asked that the MHC receive the comments, make recommendation to revise the Plan, and then it will be forwarded to the Board of Supervisors for adoption and to the State by the end of December. Public comments received at the meeting: - Georgina Alvarez, Central Coast Center for Independent Living (CCCIL), said there were errors on the numbers in the evaluation section such as providing services for the Latino community; it showed that CCCIL had zero. She said that the contract agencies were not aware of the evaluations of the programs; she asked that CCCIL be able to participate in the program evaluations. - Robin McCrae, Community Human Services (CHS), spoke about the importance of the Counseling and Therapy Services (CATS) Program and its importance to the LGBTQ community. This is currently an MHSA-funded program operated by CHS which provides outpatient mental health services for the LGBTQ community and she asked that this be recommended for funding. She also read a letter from the Contractors' Association to the MHC in which they addressed many issues. The letter was distributed at the meeting and the comments are summarized as follows: there are several inaccuracies in the draft Plan; contractors were not involved in the development of the written Plan; the first opportunity to provide correct information was during public comment period; contractors are the County's community-based partners and providers of MHSA services; and the draft Plan should be revised before it is approved and submitted to the State. - Mel Mason, The Village Project (TVP), said his comments were captured in the letter just read from the Contractors' Association. He also said TVP was willing to offer services in South County, but they will need additional resources. He said they serve not only the African-American community, but also Latinos, and that two percent of their clients came from South County. They would love to be able to leverage funding if they could find the funding. - Amy Haynes, BH Services Manager for South County clinics thanked the MHC and BH for recognizing the need for services in South County. There are many organizations coming down to South County serving their clients and she extended a thank you. She hopes to be working with the other agencies along with their existing partners in helping them to develop new strategies which will be a challenge and require a lot of creativity and willingness to try new solutions. - Kristina Baker Hart, LCSW, with CHS thanked the MHC for the continuing support given over the years for the LGBTQ community. She said she understands the LGBTQ CATS program is not included in the draft Plan, and she encouraged ongoing support. Without funding from MHSA, only those on Medi-Cal will be able to receive counseling services free of charge. Undocumented people are receiving services. She asked that funding be continued. - Phil Sherwood, BH Unit Supervisor in Soledad, said he appreciated the fiscal challenge for nonprofits to expand services, especially in underserved areas. He said they are spilling over with clients; they have full caseloads for seven therapists, and they do not have the resources for all of those who are coming in the door. They are

receiving more clients every day and they are doing what they can. He asked where do they send those they cannot help because they are full. They do not want them to wait for services and they want to help them which means they are taking them on because they have to and it means that his dedicated staff is overworked and sometimes drooping. They do not have the agencies to serve the clients in South County.

- Cathy Gutierrez, Deputy Director for Access and Alcohol and Drug Services, said we are in a time when we do need to trim and consolidate services to make sure that we have community members that can get some resources in every sort of classification. She said they need to be creative about different funding sources and to not look at only BH as a funding source.
- Cesar Anaya, BH Services Manager, said they are seeing the same sort of struggles in the Salinas clinic as in South County. There is staff burnout (and quitting) because of the large number of clients and it would be great to have more resources to refer clients. Four clinicians are sharing one County vehicle and it's difficult to get to where they need to go to provide services.
- Kacey Rosenbush, BH Services Manager for the Education Team, said that with 76,000 students in the County, they have about 70 clinicians in 122 schools and counting. Because there is so much need the clinicians need to get creative and figure out different ways to approach the services. She said the waiting lists are mounting and they are trying to find as many resources and support as possible for the clinicians so that they can do their work. The acuity level of the students is also rising.
- Tara Peterson, BH Psychiatric Social Worker (PSW), said that aside from the large amount of caseloads and the difficulties that come with that, there is also difficulty finding supportive housing for the clients so that they can get the services they need. Homeless outreach is a huge challenge for them and maintaining psychiatrists for any amount of time. She said she has seen that clients get bounced from one psychiatrist to the next and they all have different ideas about what is best for the client; the client gets confused because they do not know who to listen to and who to trust with everyone saying something different. Telepsych has been helpful, but there are challenges with that when people with severe mental illness have difficulties talking to a computer screen feeling they are being heard.
- Araceli Flores BH PSW said she is the one clinician stationed in the Soledad clinic with Children's Services and she works with the Juvenile Justice team. In her seven years working in South County, she said she has worked with every program including Access and Silver Star. There is a really big need for providers to receive referrals for services, however, they are already too booked to respond. She said they need to get creative in providing services for adolescent youth. She works with Probation and she has seen times when youth have to get on Probation to receive services. These youth should not have to go into the Juvenile Justice system to receive treatment. This is happening because there are too few services for adolescent youth. She spoke about agencies knowing the importance and understanding the culture of South County when giving services. A clinician will have a hard time if they do not know this or does not know how every city runs, how the community works, and how the system works in each town. Because there are rival gangs in Greenfield and King City, they come to Soledad for services.
- Chyrl Williams, BH Supervisor on the Juvenile Justice Team, said that unfortunately, business is booming in their programs. They are under-staffed for these adolescents. She would like to get staff into South County since the clients cannot come to Salinas. She said there is a safety issue. They cannot take the bus or walk around in a different city by themselves because they fear they will be jumped by rival gangs.
- Erica Lopez, BH Clinician for the Juvenile Sex Offender Response Team said she has been in this position for five years and was the one clinician for the Silver Star Program (preventive) and this is very difficult to cover. She receives many, many referrals from all over the County. She said she also does community outreach. She said we need to look at how this is done, because going out there and saying this is what we have available, and then they come in, they realize we do not have the resources to meet the need. She suggested community outreach be done more as a preventive service and educating and empowering the community to look for natural support systems as a first step. There are only two clinicians working as the assessors, they also run the groups and they do all the collateral work.
- Dana Edgull, BH Services Manager in the Children's System of Care, said they are asking families about the barriers to treatment for such things as when it most comfortable for the family to come in for to service and can the County provide what the family needs such as transportation, food, and child care just to get to a therapy appointment. She asked for more flexibility and support for families where they are. She asked how we move forward in a healthy way, supporting one another (youth, parents and professionals). We are losing clinicians.
- Acie Irwin said she uses the services of CHS, LGBTQ Program and the therapy has been lifesaving. She has seen growing support from the community (her peers and friends) and working with the Epicenter in Salinas. Now that she is older, she no longer qualifies for these programs and she is in the CATS program for therapy. She asked that people look at the numbers in the Plan, but to know that the numbers represent people, and she asked that people take as much time and gather as much information as they can before making any decisions moving forward.

- Ignacio Gonzalez, BH Clinician, said he hears there are not resources and that the clinicians have heavy caseloads and this is an issue with the constant arrival of new patients. He asked for help from the MHC. He would like to collaborate with the nonprofits.
- Raque Morris, PSW, BH Adults, said she is open to being creative in partnering with existing nonprofits; however, she sees an issue with transportation and there has been a turnover with the psychiatrists which makes their lives difficult trying to address the medication changes and the lack of stability of treatment in medications. Also, she would like to see housing for the young adults.

Commissioners comments received at the meeting:

- Commissioner Fosler thanked everyone for attending, for their openness and how she saw how deeply everyone cared. She said they moved to a more rigorous system of evaluation of the various agencies receiving funding, and this was very difficult. The MHSA ad hoc subcommittee spent a year on this and felt moved to do so because they know we live in uncertain times with federal and state funding. They wanted to know what the partnering agencies did or did not do and to help if they were struggling in some area, such as reporting. She asked the attendees to understand that their basic motivation is to protect the funding and protect their ability to receive it.
- Associate Commissioner Rocha said this is a very complex issue and it bothers him when people say they are getting creative with the funding services. People are behind the numbers and he asked how to reach everyone and get the best services. There needs to be collaboration between partnering organizations and BH. He said he does not like to hear when organizations were not brought into the process and that the numbers are not accurate.
- Commissioner Young said he has concern with some programs that spend a lot of money on a very limited amount of service, and he hopes that going into next year we continue to look at this very closely. He said he felt that the ratings given to the programs were very fair.
- Commissioner Herrera said they are trying to reduce the disparities that they see. Because there is a finite amount of money, they have to make choices. He asked how large segments of people (staff, community, and agencies) were left out and not involved in the planning process. He said the department needs to have a better, more inclusive process, and there has to be agreement about who they can serve and what they are going to do with the resources we have. The priority should be to reduce the disparities and to have access to services for the underserved.
- Commissioner Tack said he heard a couple themes—we're overbooked and overwhelmed, and he took this to heart. He said he did not hear, "We're fine, we've got plenty of money and lots of facilities." He said that what is important to him is that each and every one was here tonight and that carries a lot of weight with him and he thanked the attendees.
- Chair Lopez thanked everyone for appearing tonight and for saying their peace. He thanked the MHC and staff for all the work that was put into putting the Plan together—they did the best that they could.
- Commissioner Fosler said that there were agencies that said the data in the Plan was incorrect. Dr. Miller said mistakes in the Plan will be corrected before going to the Board. Commissioner Fosler asked how the MHC felt about the 5% goal of serving the Latino population in the three-year Plan. Discussion was held about increasing this number.

M/S/C: Chair Lopez/Commissioner Young/Carried to revise the goal of increasing services to the Latino population from 5% to 7% in the three-year Plan period.
M/S/C: Chair Lopez/Commissioner Young/Carried to approve the Mental Health Services Act (MHSA) FY 2017-18 through FY 2019-2020 Draft 3-Year Program and Expenditure Plan with the approved amendment.

7 **Information: Receive a Report from the Behavioral Health Director** ****1 hour, 24 minutes, 10 seconds***

Behavioral Health Director Dr. Amie Miller reviewed her report (copies given to attendees). Her report included the following:

- King City Clinic Celebrates 10 Years
- Prescribe Safe Monterey – Data Shows Impact
- Ethnicity Analysis By Age Group (a breakdown of the Medi-Cal eligible data versus who we served by age group)

8	**Information:** **Receive a Report from a Member of the Board of Supervisors** ****1 hour, 25 minutes, 34 seconds*** Supervisor Phillips' Aide Claudia Link conveyed that Supervisor Phillips commended County staff and providers for their collaboration and work on the Plan.
9	**Information:** **Receive the Commissioners' Reports/Updates** ****1 hr., 25 minutes 45 seconds*** - Commissioner Herrera shared that the ACOMI Women's Conference is December 2 which will focus on the health of Spanish speaking immigrant women. ● The Bi-National Health week is coming up in October ● There is a research report on increased depression in Latino youth. http://nned.net/NNED_content/news_announcement/latino-youth-face-a-higher-rate-of-depression-than-their-peers ● The DACA deadline for renewals is October 5, 2017. There is a local fund raiser on line by the Salinas Valley Rapid Response Group. - Commissioner Tack said he attended the King City Clinic celebration on September 13th and he extended his congratulations—it was very well done! - Commissioner Sokotowski said last Wednesday she attended a meeting at the Monterey County Food Bank and the Farm Bill Act was discussed. She said that as of June 30 in Monterey County there are 8,000 homeless children in need. - Commissioner Aldaco reported that the Housing Authority will open up their Housing Vouchers; she received training today so that she can support South County—this will be an online process. ● Last month she started an Awareness Club at Main Street Middle School and she was proud of the students when she listed all the different awarenesses for the month of October and that they voted for depression in youth; they will make a video to teach others how to help a friend and what are the signs. - Commissioner Fosler reported that the Juvenile Hall facility does not separate the seriously mentally ill inmates from the general population and she is collaborating with Probation to study this. ● She said our County is beginning to move towards a model of housing first for the homeless population and treating dual diagnosis simultaneously. - Associate Commissioner Rocha reported that the Epicenter was recognized for the work they do at an awards banquet. He attended the Youth Mental Health First Aid Training. ● He attended the Homelessness and Housing Summit. - Commissioner Young thanked everyone for attending.
	Meeting adjourned at 7:40 p.m.

*** This time indicates the location on the audio minutes found at this site: http://www.mtyhd.org/index.php/services/behavioral-health/mental-health-commission**

Handouts given:

- FY 18-20 MHSA Draft 3-Year Program & Expenditure Plan
- Summary of Comments Received for the Plan
- Director's Report