



# MONTEREY COUNTY BEHAVIORAL HEALTH

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Avanzando Juntos **Forward Together**

## Mental Health Services Act FY 2021-22 Annual Update

**FINAL**  
**JULY 2021**

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## Introduction

Monterey County Behavioral Health (MCBH) is pleased to present this Mental Health Services Act (MHSA) Fiscal Year 2021-22 (FY22) Annual Update. This is the first Annual Update to occur in the current 3-Year MHSA planning period. The primary function of the Annual Update is to update the budget information based on a changing fiscal reality and, if needed, note any changes to programs. The Annual Update also includes data regarding programs during the prior fiscal year period. In this year's document, FY 2019-20 data are included in Appendices II through VI.

In June 2020, the Monterey County Board of Supervisors approved the FY21-23 MHSA 3-Year Program and Expenditure Plan (MHSA Plan). This document can be found on our MHSA webpage at the following link:

<https://www.co.monterey.ca.us/home/showpublisheddocument?id=97775> (English)

<https://www.co.monterey.ca.us/home/showpublisheddocument?id=97777> (Spanish)

## Background on the MHSA

In 2004, California voters approved Proposition 63 to enact the MHSA with the goal of transforming public mental health systems across the state. More than two million children, adults and seniors in California are affected by a potentially disabling mental illness each year. In Monterey County, it is estimated that 4.9% of the total population (20,000 individuals) need mental health services. Californians approved the MHSA to create a mental health system that can guarantee the same level of care already extended to those who face other kinds of disabilities. Failure to address and treat mental illness as a public health issue not only creates grief and emotional pain, but it undoubtedly imposes significant public costs from increased levels of hospitalizations, unemployment, homelessness, academic failures, and incarcerations. With the funding and regulatory support of the MHSA, counties can build capacity and implement robust systems of care, resulting in greater accessibility and effectiveness of treatment services across the continuum of prevention to recovery. MHSA funds can also be used to develop a skilled workforce that builds cultures of acceptance and awareness of mental health issues and resources throughout their communities. The MHSA can also fund capital projects and technological infrastructure.

The MHSA created a dedicated funding source by imposing a 1% tax on California residents with personal incomes greater than one million dollars. MHSA funds are accumulated by the State before being redistributed to each mental health jurisdiction (all 58 counties, and 2 cities) according to their population size and other factors. To receive MHSA funds, each jurisdiction

must produce and locally approve a stakeholder-informed plan describing how funds will be utilized. These MHSA program and expenditure plans are required in three-year cycles, with annual updates required in the interim years. This FY22 Annual Update document fulfills this regulatory requirement.

MHSA plans must identify services for all ages, as well as programs specific to the age groups of children (0-16 years), transition age youth or TAY (16-25 years), adults (26-59 years) and older adults (60 years and older). MHSA plans must also identify programs according to these five (5) MHSA components: Community Services & Supports (CSS); Prevention & Early Intervention (PEI); Innovations (INN); Workforce, Education & Training (WET); and Capital Facilities & Technological Needs (CFTN). Descriptions of these components and their programs are described in their respective sections. Additionally, FY 2019-20 data for programs funded by the MHSA are reported in the Appendices III (CSS), IV (PEI), V (INN), and VI (WET) which follow this document.

This document was informed by stakeholder input and feedback received during the Community Program Planning Process (CPPP). Following a discussion on Monterey County's demographics and characteristics, the process, and information collected during the CPPP is shared to provide insights on local community needs and perspectives that helped inform this FY22 Annual Update.

## Monterey County Demographics & Characteristics

### Geographic & Economic Overview

Monterey County is located on the Central Coast of California, 106 miles south of San Francisco and roughly 250 miles north of Los Angeles. The region is well known for its iconic coastlines along Monterey Bay and Big Sur as well as its fertile Salinas Valley that is dubbed the "Salad Bowl of the World." With a total population of 434,061, 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 on the coast. The City of Salinas is the County seat and its largest city, as well as the hub of the agricultural sector of the economy. Monterey County is the third largest agricultural county in California, supplying the second-most jobs in the county. Educational services, including healthcare and social assistance are the leading sectors for employment in the county, with tourism-based services, professional, and construction industries also playing significant roles in the local economy. Monterey County is also home to three Army bases, a Coast Guard Station, the Defense Language Institute, and the Naval Postgraduate School.

### The Four Regions of the County

Monterey County has four geographic regions: The Salinas Valley, the Coastal Region, North County and South County. The Salinas Valley region is comprised of the City of Salinas and immediately adjacent towns. The Coastal Region encompasses all 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 ranging between 15,000 and 30,000 people, as well as several remote, sparsely populated rural districts.

### Age & Gender

The median age in Monterey County is 34.7 years, trending a couple years younger than the state median. Adults ages 25-59 make up 46% of the population, with Older Adults ages 60 and above making up 18%. Children under 5 years old represent 6.9% of the population, Youth ages 5-15 represent 15% of the population, and Transition Age Youth (TAY) ages 16-24 represent 14% of the population. 51% of Monterey County residents are male and 49% are female.

### Ethnicity, Race & Language

82.8% of the County's population is White, 3.4% are African American, 2.6% are American Indian/Alaskan Native, 6.7% are Asian, .6% are Native Hawaiian and Other Pacific Islander. 3.8% of the population are two or more races. The majority of Monterey County residents are Hispanic/Latino, comprising 59.4% of the population, as compared to 39.4% for all of California. Of the total population, 29.8% are foreign-born.

Spanish is the language spoken in 48% of households in Monterey County. English is the preferred language in 46% of households, while 4% prefer Asian or other Pacific Islander languages, 2% prefer an Indo-European language, and less than 1% speak a Language described as "Other".

### Individuals with Disabilities

Individuals with disabilities represent 8.8% of County residents.

### Veterans

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

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

The total number of housing units in Monterey County is 143,201, with 45.8% being owner-occupied. The median home value in the County is \$516,000, the median household income is \$71,015, and the per capita income is \$30,073. Like much of coastal California, Monterey County has a high cost of living relative to income levels. For the majority (56%) of County residents who are renters, their rent and utilities costs account for greater than 33% of their household income; while 32% of homeowners' mortgage costs are greater than 35% of their household income.

71.5% of residents 25 years and older have a high school diploma or higher, with 24.7% of residents having a 4-year college degree or higher.

13.1% of the total population is living below the poverty level, which includes 22% of all children in Monterey County. 34% of County residents and 66% of farmworkers are food insecure. Prior to the COVID-19 pandemic, one in four children were food insecure; recent data indicate this has

increased to one in three children countywide. Local food banks report that pre-pandemic, they served 13,000 families monthly; this number has grown to 60,000 families.

### Homelessness Data

The 2019 Monterey County Homeless Census “Point in Time” counted 2,422 individuals experiencing homelessness in the County. A follow-up survey noted the following: 78% of individuals have resided in Monterey County prior to becoming homeless, with 54% having resided in the County for 10 or more years; 55% of survey respondents indicated their current episode of homelessness is their first, with 63% of respondents reported the duration of their current episode of homelessness at one year or longer.

## Community Program Planning Process (CPPP)

MCBH conducted the Community Program Planning Process (CPPP) utilizing two distinct approaches to ensure that residents could provide input and feedback to guide the development of the draft MHS FY22 Annual Update. A Needs Assessment was conducted via on-line surveys of providers and community members/residents and was supplemented with Key Stakeholder Interviews to further inform and validate the data collected in the survey process. And due to the COVID-19 pandemic protocols that prohibited in-person meetings, MCBH offered virtual “Listening Sessions”, convened by the Acting Behavioral Health Director and Prevention Manager via ZOOM. Each strategy is described in detail below.

### Needs Assessment

MCBH) contracted with EVALCORP, a professional evaluation company, to support an assessment of behavioral and mental health needs in communities throughout Monterey County.

The needs assessment employed two surveys—a Community Member Survey and a Provider Survey, which were administered throughout the community, as well as Key Stakeholder Interviews that were held with community leaders. Each instrument was designed to gather a respondent’s perspective on the current state of mental and behavioral health services in Monterey County. This is the second consecutive year in which these surveys have been used to assess the mental and behavioral health needs for the County.

The Community Member Survey was designed to gather feedback from residents of the County with mental health needs, as well as family members and other community members affected by mental health issues. This survey was offered in both Spanish and English.

The Provider Survey was designed to gather feedback from a broad range of people, agencies, and systems who work directly with persons who are receiving or who are seeking mental health services. Respondents invited to take the survey represented multiple service sectors, such as education, law enforcement, hospitals, and other community service agencies and organizations.

To gather detailed and robust feedback, both surveys included multi-item and open-ended responses options. Both surveys were open to the public beginning in December 2020 through the end of January 2021. During the same period, MCBH simultaneously gathered community feedback through a series of Listening Sessions.

The Community Member and Provider Surveys were distributed via email with a link that directed participants to the survey in the language of their choice. The link to both surveys were also posted to the MCBH website. Email invitations to the surveys were sent to all MCBH staff, the Monterey County Behavioral Health Commission, community-based agencies that contract with MCBH, service providers from medical, public health, community, and public agencies, mental and behavioral health service providers, and other stakeholders from the MHSA CPPP. Providers of prevention and early intervention services in the County also distributed the Community Member survey to residents on their email listservs.

Additionally, a list of community members and leaders was developed in a purposeful way to reflect a diverse set of voices within the community. These individuals were invited to participate in the Key Stakeholder Interviews.

Fifty-one (51) Community Member surveys were completed. Respondents were asked to provide the zip code of their residence, race/ethnicity, preferred language, gender, age group, and other characteristics.

One hundred and fourteen (114) Provider surveys were completed. Respondents were asked to provide information about their professional roles/job titles; the sector they work in; whether they provide direct services; and the age groups, populations, and regions they serve.

Respondents to both the Community Member and Provider Surveys were asked to prioritize up to three mental and behavioral health issues that were most important in their community (Community Member Survey) and most urgently in need of additional resources (Provider Survey).

Both sets of respondents identified depression and alcoholism/substance use among their top three priorities. Community members identified chronic stress as their third top concern while trauma was also identified as a top issue by providers. Suicide or thoughts of suicide was the least prioritized issue in both groups.

Additionally, Key Stakeholder Interviews identified themes for behavioral and mental health needs in the County. The interviewees discussed areas of need for strategies to address substance use and depression which mirrored responses in both the Community Member and Provider Surveys. Interview responses also highlighted a need for additional access for youth to behavioral and mental health services.

Community Member Survey and Provider Survey respondents were asked to identify factors that they believed influence mental and behavioral health needs. Both agreed that financial stress was the top contributor to mental or behavioral health issues in the community. Community members also identified homelessness and stigma and discrimination as other top influential factors while providers rated adverse childhood experiences and isolation or lack of community as top contributors.

Key Stakeholder Interviewees also identified stigma as a primary contributing factor to poor mental and behavioral health. As interviewees noted, the effects of stigma may bar individuals from seeking therapy or inhibit open participation in therapy. Additionally, interviewees emphasized financial and other life stressors, health inequities, and lack of healthcare as contributing to mental and behavioral health.

Overall, 84% of Provider Survey respondents indicated that services were available to communities and regions they served but were insufficient to meet the need. This is a 10% decrease from 2019 Survey results.

Key Stakeholder Interviewee feedback about the general availability of services was consistently positive. Statements reflected a consensus that there exists a broad network of programs that seek to serve all facets of the community. However, these positive statements about service availability all came with caveats about difficulties community members faced when accessing appropriate services.

The surveys and interviews also collected data regarding availability of services for specific underserved populations. Notably, interviewees were focused on the monolingual Spanish-speaking residents and the indigenous residents who find it difficult to receive services in the languages that they speak. This concern was shared by Provider Survey respondents, where 89% of providers indicated that services were insufficient to meet the need or not available at all for persons who primarily speak a language other than English or Spanish. Interviewees also discussed the difficulties of addressing the diverse and urgent needs of African American/Black residents in the county. Interview data suggests this population would benefit from targeted outreach to foster greater trust in a wider range of service providers.

Community members identified lack of knowledge/information about services/where to get help, cost of services, and stigma against mental illness or getting help as the top barriers to accessing services. Providers' responses nearly were the same, but Providers replaced cost of services with lack of staff, space, or other resources in their top three rated barriers. Results from Key Stakeholder Interviews are similar. Interviewees frequently stated that the lack of knowledge about where to get help was a key barrier for both community members and providers. They expressed that program staff were working meet the needs of those they served, but they lacked

the knowledge of where to send individuals who needed different services than their specific program provided.

A key theme from the Key Stakeholder Interviews was concern for individuals who did not qualify for Medi-Cal and did not have their own private insurance coverage. Respondents wanted to see the County address the needs of individuals with moderate to severe mental or behavioral health needs receive treatment regardless of their insurance status. Specific populations of focus were those low-income individuals and those incarcerated.

Providers offered insight on changes they have seen in their clients as a result of the COVID-19 pandemic. Responses fell into three main categories: increased need to combat isolation; increase in negative affective symptoms; and issues accessing and connecting to support. 10% of Provider responses also noted additional financial stress due to job loss and increases in substance use within the county during the COVID-19 pandemic. They also cited the “technology equity gap”, i.e. many areas of the County have inadequate or no internet service.

To review the full data, please review the Needs Assessment Report incorporated into this Annual Update document as **Appendix I**.

### Community Listening Sessions

MCBH acknowledges the challenges conducting a community stakeholder process during the COVID-19 worldwide pandemic. As the Shelter-In-Place Orders continued during the time of year typically designated for our local Community Program Planning Process (CPPP), in-person outreach and engagement was not possible. Building on the information gathered during the community engagement sessions in 2019 for our MHSA Three-Year Plan, MCBH conducted five (5) virtual “Community Listening Sessions” via ZOOM during December 2020 and January 2021. Three (3) sessions were conducted in English with simultaneous Spanish interpretation, and two (2) were in Spanish with simultaneous English interpretation. Bi-lingual/bi-cultural staff were available to assist participants when needed. Those Sessions in Spanish were conducted at 5:30PM during the week, and one of the English sessions was conducted at 10AM on a Saturday.

Bi-lingual notifications for the meetings were emailed to the following: Behavioral Health Commissioners, Monterey County Board of Supervisors, school district personnel, community-based agencies and contract providers, community members who had attended a previous MCBH event and all Monterey County staff. Facebook events were posted on the Health Department, the Behavioral Health Bureau and County of Monterey websites. And to orient the community to the MHSA and CPPP, narrated presentations in English and Spanish were produced and posted on Monterey County’s MHSA webpage.

At the beginning of each Community Listening Session, the facilitator welcomed the participants and thanked everyone for taking the time to attend. The instructions for participation and

presentation materials were presented in a bi-lingual format. The presentation is included in **Appendix II** to this document.

After a brief overview of the MHSA and an explanation of the various ways to participate in this year's CPPP, the participants provided the responses to these three (3) questions:

1) What is "working"?

- Maternal Mental Health Task Force
- MCBH Staff are punctual and great
- There is increased communication and collaboration
- MCBH staff are continuing to provide services during the pandemic
- Partnerships with the schools
- Seniors appreciate the social connection provided by staff and volunteers, especially during the pandemic
- The new Innovation projects
- People

2) What are the most important mental health issues in Monterey County?

- Timely access to therapeutic services
- COVID-related stressors (especially isolation) and homelessness
- Services for those with eating disorders and developmental issues
- Services to address trauma, anxiety, depression
- Connecting with seniors due to their challenges using/access to technology
- Youth/young adults in juvenile hall and county jail; they are hard to reach and the pandemic has made this even more difficult
- Access to and coordination of services with primary care providers
- Connection

3) How can we better meet the needs?

- Training for medical providers regarding maternal mental health issues and treatment
- Outreach, especially through social media
- Information about what services are available
- The use of arts with children and youth
- Increased communication, networking and employing more county staff
- More schools engaging with and supporting mental health services for students
- An integrated service model, incorporating community health workers as part of an interdisciplinary team providing primary care and behavioral health services

The charts below summarize the details of each Community Listening Session.

<b>Date of Community Listening Session</b>	<b>Start Time of Session</b>	<b>Facilitator's Language</b>	<b>Number of Participants</b>
Tuesday, December 15, 2020	12:00 PM	English	7
Wednesday, December 16, 2020	5:30 PM	Spanish	2
Saturday, December 19, 2020	10:00 AM	English	3
Wednesday, January 6, 2021	12:00 PM	English	5
Thursday, January 7, 2021	5:30 PM	Spanish	3
<b>Total Participants</b>			<b>20</b>

<b>Stakeholder Representation</b>	<b>Individuals</b>
Community Member	8
Provider	8
Consumer	2
Declined to Share	2

Participants at each Community Listening Session were not asked to provide individual demographic data. An anonymous survey will be developed to collect these data for the next Annual Update CPPP.

Monterey County's CPPP also includes the following:

- A. the posting and distribution of the draft FY22 Annual Update in English and Spanish for a minimum 30-day public review and comment period;
- B. a Public Hearing with simultaneous Spanish language interpretation to be conducted by the Monterey County Behavioral Health Commission;
- C. and adoption of the final FY22 Annual Update by the Monterey County Board of Supervisors.

These phases of our CPPP are described later in this draft document and will be revised in the final version to document the details of each phase.

## Changes to MHSА Programs FY21

The following changes to programs, as presented and approved in the FY21-23 MHSА 3-Year Program and Expenditure Plan, have occurred during FY21 as follows:

### Community Services & Supports (CSS) Component:

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

This strategy initially supported services at a Resource Center in the Chinatown area of Salinas, designed to connect individuals to social services to address their individual circumstances related to their homelessness as well as other resources to assist them in addressing their behavioral health needs. As of July 2020, MHSА funds are no longer allocated to support these services.

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

The Mobile Crisis Team, consisting of County Behavioral Health staff typically working in collaboration with local law enforcement to respond to residents experiencing a mental health crisis had been discontinued at the onset of the COVID-19 pandemic. These services were re-started as the County moved into less-restrictive protocols for direct client care.

An additional Mobile Crisis Team geared specifically to serve children, youth and their families/caregivers began providing mobile crisis response services in July 2020 via a contract with a community-based organization. During FY22, these services will be further expanded to provide 24/7, 365 response with additional MHSА funds.

### Prevention & Early Intervention (PEI) Component:

Due to the COVID-19 pandemic, the following strategies to assure safe service delivery were implemented as described below:

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

Family support groups were offered via Zoom teleconferencing in English and Spanish during FY 21. Culturally relevant parenting classes were also held virtually.

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

Community information sessions were offered via Zoom teleconferencing in English and Spanish during FY21. Mental Health First Aid training capacity was not expanded, and teen Mental Health First Aid was not implemented in FY21 due to decreased MCBH staff capacity.

### [Student Mental Health \[PEI-08\]](#)

Individual and group supports to students were not provided on school sites. Students received individual and family supports via telephone and Zoom teleconferencing. School-based supportive services were also provided via telephone and zoom teleconferencing.

### [Maternal Mental Health \[PEI-15\]](#)

Dyadic groups for mothers and their infants/toddlers were not provided. Peers support programs and therapeutic treatment for addressing Maternal Mental Health was explored but not able to be implemented in FY21 due to challenges on the overall Behavioral Health care delivery system related to the COVID-19 pandemic.

### [Suicide Prevention \[PEI-06\]](#)

Trainings on ASIST and “safeTALK” were not provided in FY21 as these evidence-based trainings are required to be delivered in-person.

### [Prevention Services for Older Adults \[PEI-05\]](#)

In-person supports to seniors were not provided in FY21. Supports were offered over the phone and via Zoom teleconferencing.

## [Innovation \(INN\) Component:](#)

### [Micro-Innovation Grants for Increasing Latino Engagement \[INN-01\]](#)

On September 14, 2020, the State Mental Health Services Oversight and Accountability Commission approved a two-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and project activities, including evaluation, is August 22, 2023.

### [Screening to Timely Access \[INN-02\]](#)

On March 4, 2020, the State Mental Health Services Oversight and Accountability Commission approved a two-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and project activities, including evaluation, is December 21, 2023.

### [Transportation Coaching by Wellness Navigators \[INN-03\]](#)

On March 10, 2021, the State Mental Health Services Oversight and Accountability Commission approved a one-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and project activities, including evaluation, is August 22, 2022.

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

Due to anticipated future budget constraints, planned fund transfers of nearly \$14.5 million from CSS to CFTN have been reduced to \$9.2 million, as shown on the “FY 2020-21 Through FY22-23 Three-Year Mental Health Services Act Expenditure Plan Funding Summary” appearing later in this document.

## MHSA Annual Update FY22

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

Seventy-six percent (76%) of the MHSA funds received by the County are allocated for CSS services. The CSS component refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults, and older adults. CSS programs serve individuals affected by moderate to severe mental illness and their families. These services are to be community based, recovery-oriented and culturally competent. Funding can only be used for voluntary services and no less than fifty-one percent (51%) of funds must be allocated to “Full Service Partnership” (FSP) services. FSP services provide a “whatever it takes” level of services, also referred to as “wraparound” services, to support the most seriously mentally ill/severely emotionally disturbed clients and their families/caregivers, twenty-four hours a day, seven days a week. These wraparound services can include therapy, psychiatry, case management, peer support, transportation, housing, crisis intervention, family education, vocational training and employment services, as well as socialization and recreational activities, all of which are based upon the individual’s needs to obtain successful treatment outcomes.

### Full Service Partnership (FSP) Services

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

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

integrating a parental component and additional mental health services in accordance with the FSP model.

Programs include the **Family Reunification Partnership, Family Assessment Support and Treatment, In-home Crisis Intervention and Family Education, and Outpatient programs.** Services are provided through County Behavioral Health staff as well as contracted service providers to eligible children and their families. Additionally, services are provided in coordination with the Department of Social Services and/or schools to ensure children and their families are receiving the services to best meet their mental health needs. The goal of these services is to improve the parent-child relationships, resolve trauma experiences for children as well as the impact of trauma on a child and his/her family, and reduce mental health symptoms.

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

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

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

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

For transition age youth, MCBH will work in partnership with public agencies and community partners in providing the juvenile justice FSP's comprehensive programming for youth involved with MCBH, Juvenile Justice and/or the Department of Family and Children Services. These FSP programs will include a **Juvenile Mental Health Court Program** in which Probation, Juvenile Court and Behavioral Health provide supervision and support to youth and their families; and the **Juvenile Sex Offender Response Team**, which is a collaborative partnership between Monterey County Probation and MCBH to provide specialty mental health services to adolescents who have

committed a sexually related offense. Their families/caregivers may also receive services by this program.

#### 4. Transition Age Youth FSP [CSS-04]

Monterey County Behavioral Health will provide an intensive **Outpatient Program** for transition age youth (TAY) who are experiencing symptoms of serious mental illness. Services will be youth-guided, strength-based, individualized, community-based and culturally competent. Youth will receive a psychiatric assessment, case management and individual/group/family therapy based upon their mental health needs. TAY can also participate in skills groups, outings and recognition events. 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.

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

The Adults with Serious Mental Illness FSP supports a range of services to Adults with a serious mental health diagnosis in reaching their recovery goals and live in the least restrictive environment as possible. This FSP is comprised of **Outpatient Programs** operated by MCBH and contracted services providers to serve this population of adults, including those with a co-occurring substance use disorder. Services within these outpatient programs will include outreach and engagement, employing a welcoming/engagement team, and providing an intensive outpatient alternative to the array of residential treatment services and supportive housing based FSP programs that often have long wait lists for entry to services.

#### 6. Older Adults FSP [CSS-06]

The Older Adult FSP will offer a range of services and supports to older adults with a serious mental illness diagnosis in reaching their recovery goals and live in the least restrictive setting as possible. The FSP **Outpatient Program** operated by the MCBH will provide intensive and frequent services for older adults with serious mental illnesses and complex medical issues who are at risk of losing their community placement, hospitalization, institutionalization, and homelessness. Outpatient services are to be focused on reducing unplanned emergency services and admissions to inpatient psychiatric hospitals, as well as preventing out of county and locked placements.

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

#### 7. Homeless Services and Supports FSP [CSS-14]

The Homeless Services and Supports FSP is an **Outpatient Program** to be operated by a contracted service provider, offering wrap-around services, and conducting outreach for adults with a psychiatric disability who are currently experiencing homelessness or who are at high risk of becoming homeless. Services will include mental health and psychiatry services, case

management services, assistance with daily living skills, as well as supported education and employment services.

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

## General System Development Programs

### 8. Access Regional Services [CSS-07]

The Access Regional Services strategy will support Monterey County Behavioral Health ACCESS walk-in clinics and community-based organizations who provide regionally based services to address the needs of our community. **ACCESS clinics** function as entry points into the Behavioral Health system. These clinics are in Marina, Salinas, Soledad, and King City, providing reach in all four regions of the County. The clinics serve children, youth, and adults, and offer walk-in services and appointments to provide early intervention and referral services for mental health and substance abuse issues.

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

This CSS strategy to promote access to services will also support community-based providers in making **Outpatient Mental Health Services** accessible to children, youth, adults, and their families. This includes tailored supports for LGBTQ+ individuals, individuals affected by HIV/AIDS, individuals experiencing crisis and trauma, as well as supportive services for non-English speaking residents and those who are deaf or hard of hearing.

### 9. Early Childhood Mental Health Services [CSS-08]

The Early Childhood Mental Health Services strategy supports programs offering specialized care for families/caregivers with children ages 0-11. This will include **Outpatient Programs** operated by both the county and community-based contracted service providers that employ care coordination teams and therapists to provide culturally and linguistically appropriate behavioral health services for children 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 outpatient teams collaborate with community-based agencies to provide services for infants, children and youth experiencing developmental delays and mental health problems caused by early childhood trauma, including neglect, abuse, violence, and/or prenatal exposure to alcohol and other drugs. The primary focus is to identify, assess, refer, and treat infants, children and youth affected by the broad spectrum of developmental, social, emotional, and neurobehavioral disorders utilizing evidence-based practices and trauma-informed services.

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

The Supported Services to Adults with Serious Mental Illness strategy supports adults ages 18 years and older who are served by the various programs in our Adult System of Care. Programs will employ peer support specialists (i.e. those with lived-experience as a consumer or family member) as **Wellness Navigators** (WNS) stationed at each Adult Services clinic to welcome clients into the clinic, help support completion of intake screening tools, and help clients understand how to access the services available to them. The **Peer Partners for Health** Program will also offer voluntary training and supportive services focusing on creating a welcoming and recovery-oriented environment where clients accessing services at MCBH outpatient clinics can feel welcomed and supported by someone who may have a similar experience. With the assistance of the WN team, consumers will be connected by peers to community-based follow up services in a culturally sensitive manner. These services will be provided by a community-based contracted service provider.

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

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

Dual Diagnosis Services will serve those impacted by substance abuse and mental illness and provides intensive and cohesive supports. **An Outpatient Program** will be operated by a community-based contracted service provider 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 a dual recovery **Residential Program**, also to be operated by a contracted service provider.

#### 12. Homeless Outreach & Treatment [CSS-15]

The Homeless Outreach and Treatment strategy will include **Shelter/Housing Supports** for vulnerable individuals with a psychiatric disability who are currently experiencing homelessness or at risk of becoming homeless. **Outpatient Services** are also included in this strategy to assist

those adults recently served in the Homeless Services and Supports FSP (CSS-14) to continue to receive the appropriate level of services and supports to maintain their recovery and their housing placement. The services include supported education and employment assistance; case management, mental health and medication support services; and assistance with daily living skills. **Outreach activities** will be modified to address both youth and adults experiencing homelessness. These services will be provided by community-based contracted service providers.

### 13. Responsive Crisis Interventions [CSS-16]

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

For children who have been sexually assaulted, a county-operated **Forensic Outpatient Clinic** will be supported through this strategy, providing mental health assessments, referral, and therapy services. Crisis support services will also be made available to the child's family/caregiver.

For adults experiencing a mental health crisis that recently required hospitalization and/or who are assessed as not requiring hospitalization, a **Crisis Residential Program** for adults age 18 and older will be provided by a community-based contracted service provider.

### 14. Children’s Mental Health Services [CSS-17] --- *New in FY22*

The Children's Mental Health Services strategy addresses a variety of mental health service needs for at risk and high needs children and youth. Services consist of a range of mental health services including **mental health case management services and supports (clinic, home, school, and community-based), outpatient treatment services, intensive home-based services, and residential mental health treatment services**. Services are provided to eligible children and their families through County Behavioral Health staff and community-based contracted service providers. Services will be provided along a continuum of care and are trauma informed, ensuring that each child's mental health needs are addressed.

### 15. Mental Health Services for Adults [CSS-18] --- *New in FY22*

The Adult Mental Health Services strategy provides services for at risk and high needs adults with serious mental illness. Services consist of a wide range of **housing supports, case management, as well as individual and group rehabilitation services** that address mental health barriers that interfere with the individual's functioning in the community. Program staff assist consumers in learning skills to help them overcome these barriers to effectively reach their goals for a more fulfilling life in the community. These services may occur in person, in group format, or through tele-health either in the clinic, in the home or the community. Staff also facilitate consumer access to the following types of services: primary care needs, employment and educational goals, housing needs, activities of daily living, substance abuse treatment, family support as well as social and leisure activities. Services are provided to eligible adults through County Behavioral Health staff and community-based contracted service providers. Services will be provided along a continuum of care and are trauma informed, ensuring that each individual's mental health needs are addressed.

### CSS Program Data for FY 2019-20

For CSS Program Data covering the Fiscal Year 2019-20 (07/01/2019-06/30/2020) period, please refer to **Appendix III**.

### Prevention & Early Intervention (PEI) Program Descriptions

Nineteen percent (19%) of MHSA funds received by counties must be allocated for PEI services, designed to prevent mental illnesses from becoming severe and disabling. PEI services focus on preventing the onset of mental health issues and/or providing early intervention treatment and referral services. MHSA regulations require PEI plans to include at least one program focused on delivering services for *each* of the following service categories: 1) Prevention, 2) Early intervention, 3) Stigma and discrimination reduction, 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. In addition, SB 1004 modified the MHSA and directs counties to focus on the following priority areas: 1) Childhood trauma prevention and early intervention; 2) Early psychosis and mood disorder detection and intervention; 3) Youth outreach and engagement strategies that target transition age youth; 4) Culturally competent and linguistically appropriate prevention and intervention; 5) Strategies

targeting the mental health needs of older adults; and 6) Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis.

The following provides an overview of proposed PEI funded programs and services that are reflective of the core themes and priority areas identified during our CPPP (please see Community Program Planning Process section above).

## Prevention

### 1. Family Support and Education [PEI-02]

Family members and caregivers who are living with and caring for loved ones with mental health conditions benefit from social connectedness and psychoeducation that is provided in **family support groups**. Support groups will be available for Monterey County residents utilizing teleconferencing options in accordance with Health Department guidelines regarding in-person gathering restrictions related to the COVID-19 pandemic and will resume in community-based locations when permissible under Health Department guidance. Support groups will be offered in languages that support the needs of family members and caregivers. Groups will be open and accessible to residents of Monterey County who would like to learn how to support their family member and gain support from others who are experiencing similar issues related to caring for a loved one with mental illness.

Parents and caregivers have expressed the need for culturally relevant parenting classes that address issues throughout a child's development from infancy through adolescence. Parents and caregivers will be offered options to choose a class that meets their family's needs as all children have unique strengths and challenges. **Parenting classes** will be provided in Spanish and English and will be available for Monterey County residents utilizing teleconferencing options in accordance with Health Department guidelines regarding in-person gathering restrictions related to the COVID-19 pandemic and will resume in community-based locations when permissible under Health Department guidance.

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

Community based agencies will provide **outreach, education and referrals related to Behavioral Health Services** for individuals impacted by mental illness and their family members. **Anti-stigma campaigns and advocacy efforts** on behalf of consumers, family members, and friends of those living with mental illness will be supported and deployed in Monterey County to raise awareness and educate the community regarding mental health. **Professional training** will be provided to professionals, medical providers, faith leaders,

educators, law enforcement and other key groups that interact with community members on mental health and related topics.

**Community information sessions and presentations on mental health and related topics** will be provided by MCBH and community-based organizations, focusing on underserved populations. MCBH will continue to utilize online formats for providing information sessions and trainings to the community on mental health topics and education on how to access behavioral health resources. Community information sessions will address the top barriers to care that were identified during the CPPP regarding the current lack of knowledge of available mental health resources in the community and to increase understanding regarding mental health.

MCBH will build upon **proven communication mechanisms** to provide information on mental health resources and programming to the community while developing new channels and mediums to respond to the preferred methods diverse community members use to access information related to mental health. MCBH will also develop **marketing materials to attract diverse mental healthcare professionals** to work in our community.

During the CPPP, participants overwhelmingly identified the need for more community education on mental health, and specifically identified **Mental Health First Aid (MHFA)**. MHFA is a proven educational program that teaches individuals how to identify, understand and respond to signs of mental illnesses and substance use disorders. MHFA teaches skills to help people reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or is experiencing a mental health crisis. Capacity will be developed to provide MHFA training in all categories relevant to Monterey County and could include: Adult, Youth, Public Safety, Fire/EMS, Veterans, Older Adults, Rural and Higher Education. MCBH will adopt teen Mental Health First Aid in accordance to timeframes from the National Council for Behavioral Health. MHFA programs are available in Spanish and English, the primary languages spoken in our County.

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

### 3. Student Mental Health [PEI-08]

MCBH has a very strong partnership with the Monterey County Office of Education and school districts throughout Monterey County. MCBH staff will **provide training, consultation, and support to schools to develop positive school climates, understand and address behavioral health issues in students and implement state mandated district suicide prevention plans.** MCBH staff located in the schools also will provide educational presentations to parents and caregivers on mental health related topics including common childhood mental health disorders and how to access Behavioral Health services.

**Primary prevention programs that support student mental health** and focus on students who are experiencing or are at-risk of experiencing mental health conditions will be provided. Individual and group therapy for children who have been exposed to trauma and Adverse Childhood Experience (ACES) will be provided in coordination with school districts and MCBH collaborative partners. **Supports will be provided to parents and caregivers** in meeting their child's social and psychological needs along with psycho education in understanding ACES and how to support their children in building resilience. **Wellness activities** that assist children and youth in developing protective factors, such as social connectedness and emotional self-regulation skills, will be provided after the school day ends to support students who could benefit from positive interactions and supports to decrease risk for developing a mental health condition.

**School-based Supportive Services** will also be provided through this strategy, including individual and family counseling, group counseling, teacher consultation, psychiatric evaluation, and medication monitoring. Services will be provided primarily at the school site, as well as clinics in the community. Student mental health supports described will be provided in-person when permissible under Health Department guidelines related to COVID-19. Telehealth and teleconferencing methods will continue to be utilized while guidelines restrict in-person meetings and in situations where it is preferred by the student and/or their families to reduce barriers to accessing supports.

### 4. Maternal Mental Health [PEI-15]

To address childhood trauma prevention at the earliest possible point in time, MCBH will develop **community-based supports** to help mothers who are at-risk of or are experiencing mild to moderate Perinatal Mood and Anxiety Disorders. MCBH will offer **dyadic groups for mothers and infants/toddlers** in-person in community locations when permissible under Health Department guidelines related to COVID-19 and will use telehealth and teleconferencing when necessary. Groups will provide psychoeducation and support with a focus on Spanish speaking, Latina mothers who do not have access to mental health services through their health insurance provider. These groups will increase opportunities for participants to have positive social interactions, develop support network and decrease stigma through shared experiences. A

primary goal will be to increase group participants' knowledge and understanding of how being attuned with their child's cues positively impacts bonding and attachment. Additionally, the groups will incorporate culturally attuned healing practices that support women and families during the perinatal period. Peer support programs and therapeutic treatment for addressing Maternal Mental Health will be explored and incorporated based upon community capacity for implementation.

## 5. Stigma and Discrimination Reduction [PEI-04]

The California Mental Health Services Authority (CalMHSA) administers **statewide projects** taking a population-based approach to prevent mental illness from becoming severe and disabling through **outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination** against people with mental health challenges. Campaigns and activities developed with an emphasis on reaching Latino communities which is relevant in Monterey County will be continued. In addition, technical assistance, and support in developing comprehensive suicide prevention planning for counties is provided through CalMHSA's Each Mind Matters initiative. Monterey County participates in a Learning Collaborative supporting local efforts to develop a comprehensive suicide awareness and prevention plan. Please see PEI-06 below.

MCBH will identify additional local resources for providing **stigma and discrimination reduction activities** related to mental health in Monterey County that will be reflected of the diverse cultural and ethnic groups in our community.

## 6. Suicide Prevention [PEI-06]

Monterey County has seen an 18% increase in suicide related deaths over the last ten (10) years. MCBH is in the initial phase of developing **a strategic plan to address suicide awareness and prevention in Monterey County**. PEI funding will be utilized to support the development of the strategic plan and fund strategies identified by the Monterey County Suicide Prevention Coalition to reduce suicide related deaths and attempts, as well as to increase protective factors in Monterey County.

Supports and trainings will be provided to better address suicide prevention and awareness to decrease the suicide related death rate in Monterey County. High-risk individuals, families, and groups will be identified and provided with safe alternatives to suicidal behavior. An integrated method of service delivery including 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 will be provided. In addition, training will be offered for MCBH staff and community groups on the following: Applied Suicide Intervention Skills Training ("ASIST"), and Suicide Alertness for Everyone ("SafeTALK") and Mental Health First Aid.

## Early Intervention

### 7. Prevention Services for Older Adults [PEI-05]

A continuum of supports will be provided for Seniors including: **Outreach and community education** that is specific to seniors will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities to engage seniors and older adults in mental health care and in programming to support their health and wellness. Activities that reduce isolation, promote resilience, recovery and social connectedness for seniors will be provided including individual and group supports. Senior Peer Companions and Counselors are a proven strategy, often the cornerstone of programs serving seniors and will be incorporated whenever possible in these activities.

**Short-term therapeutic interventions** will be provided to seniors and older adults who are suffering from depression, anxiety, grief, loss, adjustment to chronic illness, and other stressors that can occur in the latter third of life. For FY22, therapeutic interventions will be provided individually using telehealth and teleconferencing to adhere to Health Department safety guidelines related to the COVID-19 pandemic.

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

A continuum of supports will be provided for transition age youth including: **Outreach and community education** that is specific to youth will be provided including: social marketing campaigns, community presentations, outreach events, and other promotional activities **to engage adolescents and transition age youth (TAY) ages 16-25 in mental health care and in programming to support their health and wellness.** Programming will focus on youth who have experienced trauma and/or have been involved with public agencies, such as Juvenile Probation and Child Welfare, in supporting their successful transition to adulthood. Positive, youth-friendly activities that reduce isolation, promote resilience, recovery and social connectedness for youth will be provided including individual and group supports. **Youth Mentors and Peers** are highly essential and proven to be effective in youth engagement and will be incorporated whenever possible in outreach efforts and programming. MCBH will partner with youth-serving organizations and local youth councils to develop effective outreach strategies and mental health programs for youth and young adults.

**Short-term therapeutic interventions** will be provided to TAY to address stressors associated with adolescence and young adulthood and to address mild to moderate mental health issues such as anxiety, depression, and adjustment disorders. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible for youth and young adults when permissible in accordance with Health Department

guidelines related to the COVID-19 pandemic.

## 9. Culturally Specific Early Intervention Services [PEI-14]

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

**Short-term therapeutic interventions** will be provided to address mild to moderate mental health issues and stressors associated with immigration related issues, institutional racism, discrimination, and trauma experienced over the lifetime related to one's cultural identity. Therapeutic interventions will be provided individually or in groups in non-clinical community-based locations that are easily accessible and build upon trusted relationships in diverse communities when permissible in accordance with Health Department guidelines related to COVID-19.

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

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

## PEI Program Data for FY 2019-20

For PEI Program Data covering the Fiscal Year 2019-20 (07/01/2019-06/30/2020) period, please refer to **Appendix IV**.

## Innovation (INN) Component: Project Descriptions

Counties are required to allocate five percent (5%) of total MHSA Funds to INN projects. Innovation projects are defined as novel, creative, and/or ingenious 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. These projects are intended to contribute to learning about what approaches to providing mental health services can be effective, rather than having a primary focus on providing a service. Innovation projects can only be funded on a one-time basis and are time limited. Innovation projects must also use quantifiable measurements to evaluate their usefulness.

### Current Approved INN Projects

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

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

On September 14, 2020, the State Mental Health Services Oversight and Accountability Commission approved a two-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and project activities, including evaluation, is August 22, 2023.

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

The Screening to Timely Access project plans to develop a web-based assessment tool to screen for a broad spectrum of mental health disorders an individual may be experiencing and connect them directly to the most appropriate local resource. This project is being implemented in coordination with the California Mental Health Services Authority as part of the multi-county Tech Suite Collaborative “Help @ Hand” project. On March 4, 2020, the State Mental Health Services Oversight and Accountability Commission approved a two-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and project activities, including evaluation, is December 21, 2023.

### 3. [Transportation Coaching by Wellness Navigators \[INN-03\]](#)

This project, also referred to as the “Transportation Coaching Project” seeks to develop and test a transportation needs assessment tool that can inform transportation coaching strategies and measure the impact of those strategies. The goals of this project include improving consumer independence in accessing mental health treatment services and other activities contributing toward their wellness and recovery, as well as bring more efficiencies and identify best practices in the delivery of wellness coaching activities. MCBH staff developed the transportation needs assessment tool, in partnership with Interim, Inc., our community partner employing the Wellness Navigators who provide transportation coaching services.

On March 10, 2021, the State Oversight and Accountability Commission granted MCBH a 1-year extension to complete and fully expend funds associated with this Innovation Project. The revised end date for all funding and activities, including evaluation, is August 22, 2022.

## [INN Projects Under Development and Pending State Approval](#)

In response to CPPP input and MCBH service data identifying needs that may be addressed through innovative methods, proposals are under development for the following projects. Detailed information concerning the implementation of each project, including vendor selection, will be included in the eventual proposal that will be submitted to the MHSOAC for approval, as required by INN regulations.

### 4. [Residential Care Facility Incubator \[INN-04\]](#)

This project will work to incentivize local Latino families to establish residential care facilities in three different regions within Monterey County. The goal of this project is to provide affordable, shared housing for adults with serious mental illness who have experienced homelessness or who are at risk of becoming homeless, who need additional supports for their daily living. These facilities will provide culturally responsive supports for individuals who are mono-lingual Spanish or bi-lingual. Prior to developing the proposal for submission to the MHSOAC, this project will require research to identify the costs and steps required to establish residential care facilities, as well as an evaluation of the need for licensed residential care facilities versus unlicensed room and board with in-home support services being provided. Significant collaboration must occur between local agencies, businesses, non-profits, families, and individuals to identify prospective individuals or families within three different regions who would be interested in operating a residential care facility as described above. Individuals selected for participation in the project will also be trained to operate and become certified as a residential care facility.

### 5. [Psychiatric Advance Directives \[INN-05\]](#)

The Psychiatric Advanced Directive project is a multi-county collaborative project supported by the MHSOAC focusing on deploying advanced directives to improve the response to individuals who are experiencing a mental health crisis by law enforcement, as well as physical health and behavioral health clinicians. A psychiatric advance directive (PAD) is a legal document that details a person’s preferences for future mental health treatment, services, and supports, or names an

individual to make treatment decisions, when the person experiencing a psychiatric crisis is unable to make decisions. Many people with mental illness, their families, and health professionals are not familiar with PADs. When a person has established a PAD, proper care can be provided, and involuntary treatment may be prevented. Individuals can also share their PADs with their local hospitals, providers, and police departments so their preference of care is clear and can be easily prioritized. And when family members are kept up to date on an individual's PAD, they can be better advocates for their loved one.

## 6. Trauma Healing and Wellness [INN-06]

This project, formerly termed as the Center for Mind-Body Medicine project in our approved Three-Year Plan, aims to increase capacity in Monterey County by training community leaders in effective culturally relevant supports to help community members cope with trauma, build resilience and protective factors. Community-based trauma is a mass trauma caused by political, financial, social or other challenges commonly and uniquely experienced by segments of society who are identified by racial, ethnic, gender, and/or other demographic characteristics. Traditional mental health services provided by mental health professionals can address trauma, however the mental health service delivery system lacks capacity to effectively address widespread community-based trauma. In addition, traditional mental health services are offered in a medical model that often does not resonate with historically underserved communities, particularly in communities of color. This Innovation project will seek out a promising practice to equip community leaders and representatives in skillsets for coping, managing, and healing from trauma, that can then be shared within their specific community.

As part of this Innovation Project, MCBH stakeholders will engage in a thorough assessment of community-based trauma factors that exist within the County, identify communities to be served, and recruit/engage with community representatives and leaders who will receive training and support to equip them to offer healing support and trainings within their respective communities. Trainings and healing practices will contain psychoeducational elements and build upon cultural healing practices present in these communities as well as foster connections to community resources. The learning goals of this Innovation project will assess the reduction of identified community-based trauma and its negative impacts and the anticipated increase in community health and resiliency factors.

## INN Program Data for FY 2019-20

For INN Program Data covering the Fiscal Year 2019-20 (07/01/2019-06/30/2020) period, please refer to **Appendix V**.

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

WET programs are intended to develop a pipeline for increasing interest in community mental health careers, improving recovery-oriented treatment skills for community mental health providers as well as retention strategies for qualified community mental health providers. Education and training programs are required to be consumer-centered, culturally competent, and driven by the values of wellness, recovery, and resiliency.

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

### Supporting Individuals

#### 1. Career Awareness [WET-01]

MCBH consistently has a clinical position vacancy rate of around 20%. MCBH engages in outreach activities to universities and professional programs to share information about community behavioral health careers in general, and with MCBH in particular. MCBH is also designing a "Grow Our Own" campaign to help Monterey County paraprofessional staff learn about advancement opportunities within MCBH.

#### 2. Professional Degree Stipends – *New in FY22*

MCBH encourages community members to seek higher education in the field of mental health. To support students financially, and allow them to better focus on academics, MCBH provides a stipend to one student per academic year.

#### 3. Education and Training [WET-02]

A significant portion of the knowledge and skills clinical staff members need to provide effective mental health services are gained on the job through training and supervision, as well as before employment during internship. To support staff development, MCBH has designed a robust curriculum focusing on core competencies and clinical intervention. This strategy also includes support to individuals with lived experience in achieving their employment goals through a program to be provided by a contracted service provider. Services include outreach, recruitment, employment support, job analysis, training and job coaching to promote a diverse and stable mental health workforce.

#### 4. Retention [WET-03]

Monterey County's salary levels are not the highest in the Greater Bay Area region. Left un-addressed, many employees, once trained, will continue to quickly move on to higher-paying jobs in other counties nearby. To support staff retention, MCBH provides technical assistance to staff interested in applying for federal and state loan repayment

programs as well as contributes funds to state loan repayment programs to increase the reach of funding.

## Supporting Systems

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

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

## WET Training Summary Report for FY 2019-20

For the WET Training Summary Report covering the Fiscal Year 2019-20 (07/01/2019-06/30/2020) period, please refer to **Appendix VI**.

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

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

The following Capital Facilities projects are included in our current MHA Plan:

### 1. HVAC replacement at the Marina Clinic

The equipment reached the end of its useful life and was unrepairable. This project has been completed and was delivered on-time and within budget.

### 2. Renovation of an East Salinas Facility.

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

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

This facility will provide mental health services to children, youth, and their families/caregivers.

Due to anticipated future budget constraints, planned transfers to CFTN have been reduced to an estimated \$9.2 million, as shown on the "FY 2020-21 Through FY22-23 Three-Year Mental Health Services Act Expenditure Plan Funding Summary". Additional funding streams will be required and sought.

## Budget Narrative FY22

This FY22 Annual Update reflects continued funding for previously approved Community Services & Supports (CSS), Prevention & Early Intervention (PEI), Innovations (INN), Workforce Education & Training (WET) and Capital Facilities & Technological Needs (CFTN) components.

A thorough review of Monterey County Behavioral Health expenditures identified program costs that could have been funded with MHSAs had otherwise been funded using alternative funding streams. This has resulted in an over-allocation of costs to those alternative funds which must be corrected.

This FY22 Annual Update serves to identify the current existing programs and their estimated annual costs that will now be funded with MHSAs. This action has led to the creation of two new CSS programs (CSS-17 and CSS-18) which complement existing programs in offering a fully comprehensive array of services to the community while adhering to Welfare and Institutions Code Section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

For the Community Services & Supports component, the estimated increase for FY22 is \$15,557,684. The funding amounts for the PEI, INN, and WET components are unchanged.

Estimated unspent funds from prior Fiscal Years will help augment estimated new MHSAs annual allocations from the State of California to enable adequate funding for the remaining years of this FY21-23 Three-Year Program & Expenditure Plan.

The requirement that counties allocate the majority of CSS funds to Full-Service Partnership services is projected to not be met in FY22. In reaction to the fiscal and administrative realities of the COVID-19 pandemic, the Department of Health Care Services has waived this requirement temporarily. It is anticipated this imbalance will be resolved and the requirement will be met in future plans and updates.

This increase in expenses in the CSS component has limited the ability to transfer funds as originally forecast to the CFTN and WET components. CFTN fund transfers have been reduced to \$1million per year. There are no planned reductions in fund transfers to the WET component, which remain at \$1million annually.

## FY22 MHA Budget Worksheets

### FY 2020-21 Through FY 22-23 Three-Year Mental Health Services Act Expenditure Plan Funding Summary

County: MontereyDate: 5/19/21

	MHA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
<b>A. Estimated FY 2020/21 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	26,454,542	1,213,753	4,246,079	1,000,000	6,201,772	
2. Estimated New FY2020/21 Funding	<b>21,420,764</b>	<b>5,355,191</b>	<b>1,409,261</b>			
3. Transfer in FY2020/21 <sup>a/</sup>	<b>(2,000,000)</b>			1,000,000	<b>1,000,000</b>	
4. Access Local Prudent Reserve in FY2020/21						
5. Estimated Available Funding for FY2020/21	45,875,306	6,568,944	5,655,340	2,000,000	7,201,772	
<b>B. Estimated FY2020/21 MHA Expenditures</b>	16,130,000	4,864,000	4,404,500	1,000,000	6,201,772	
<b>C. Estimated FY2021/22 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	29,745,306	1,704,944	1,250,840	1,000,000	1,000,000	
2. Estimated New FY2021/22 Funding	<b>22,526,852</b>	<b>5,631,713</b>	<b>1,482,030</b>			
3. Transfer in FY2021/22 <sup>a/</sup>	<b>(2,000,000)</b>			1,000,000	<b>1,000,000</b>	
4. Access Local Prudent Reserve in FY2021/22						
5. Estimated Available Funding for FY2021/22	50,272,158	7,336,657	2,732,870	2,000,000	2,000,000	
<b>D. Estimated FY2021/22 Expenditures</b>	<b>32,010,284</b>	4,961,280	1,322,500	1,000,000	2,000,000	
<b>E. Estimated FY2022/23 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	18,261,874	2,375,377	1,410,370	1,000,000	0	
2. Estimated New FY2022/23 Funding	<b>18,906,528</b>	<b>4,726,632</b>	<b>1,243,851</b>			
3. Transfer in FY2022/23 <sup>a/</sup>	<b>(2,000,000)</b>			1,000,000	<b>1,000,000</b>	
4. Access Local Prudent Reserve in FY2022/23						
5. Estimated Available Funding for FY2022/23	35,168,403	7,102,009	2,654,220	2,000,000	1,000,000	
<b>F. Estimated FY2022/23 Expenditures</b>	<b>32,650,490</b>	5,060,506	1,035,000	1,000,000	1,000,000	
<b>G. Estimated FY2022/23 Unspent Fund Balance</b>	2,517,913	2,041,504	1,619,220	1,000,000	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	4,795,236
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	4,795,236
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	4,795,236
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	<b>4,795,236</b>

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 CSS for the previous five years.

Community Services and Supports (CSS) Component Worksheet						
County: Monterey		Date: 5/19/2021				
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
Family Stability FSP (CSS-01)	7,558,149	3,293,735	4,264,414	0	0	30,295
Dual Diagnosis FSP (CSS-02)	1,090,770	548,411	542,359	0	0	11,828
Justice Involved FSP (CSS-13)	1,851,058	1,374,095	476,963	0	0	25,854
Transition Age Youth FSP (CSS-04)	2,648,050	1,111,535	1,536,515	0	0	15,647
Adults with SMI FSP (CSS-05)	8,071,808	3,966,907	4,104,901	0	0	26,297
Older Adults FSP (CSS-06)	1,780,907	1,389,099	391,808	0	0	29,961
Homeless Services and Supports FSP (CSS-14)	3,038,911	1,788,373	1,250,538	0	0	30,747
<b>Non-FSP Programs</b>						
Access Regional Services (CSS-07)	7,273,152	3,413,856	3,859,297	0	0	13,763
Early Childhood Mental Health (CSS-08)	4,052,638	2,334,830	1,717,808	0	0	27,507
Supported Services to Adults with SMI (CSS-10)	444,788	341,652	103,135	0	0	0
Dual Diagnosis (CSS-11)	2,010,212	1,013,260	996,952	0	0	157,789
Homelessness Outreach and Treatment (CSS-15)	1,508,649	963,095	545,554	0	0	0
Responsive Crisis Interventions (CSS-16)	5,449,931	3,265,228	2,184,703	0	0	0
Children's Mental Health Services (CSS-17)	2,192,283	677,718	1,514,565	0	0	0
Mental Health Services for Adults (CSS-18)	4,628,165	2,353,234	2,274,931	0	0	0
<b>CSS Administration</b>	<b>4,175,254</b>	<b>4,175,254</b>				
<b>CSS MHSA Housing Program Assigned Funds</b>						
<b>Total CSS Program Estimated Expenditures</b>	<b>57,774,726</b>	<b>32,010,284</b>	<b>25,764,441</b>	<b>0</b>	<b>0</b>	<b>369,690</b>
<b>FSP Programs as Percent of Total</b>	<b>48.4%</b>					

Prevention and Early Intervention (PEI) Component Worksheet						
County: Monterey		Date: 5/19/2021				
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
Family Support and Education (PEI-02)	429,146	415,797	0	0	0	13,087
Prevention Services for the Early Identification of MH Symptoms & Disorders Throughout the Lifespan (PEI-12)	1,128,704	1,128,704	0	0	0	0
Student Mental Health (PEI-08)	795,793	795,333	0	0	0	451
Maternal Mental Health (PEI-15)	204,906	204,906	0	0	0	61,891
Stigma and Discrimination Reduction (PEI-04)	360,821	297,693	0	0	0	0
Suicide Prevention (PEI-06)	266,378	266,378	0	0	0	0
<b>PEI Programs - Early Intervention</b>						
Early Intervention Services for Older Adults (PEI-05)	311,667	311,667	0	0	0	0
Early Intervention Services for Adolescents, Transition Age & College Age Youth (PEI-13)	415,040	285,267	126,576	0	0	3,134
Culturally Specific Early Intervention Services (PEI-14)	363,873	363,873	0	0	0	0
Prevention and Recovery for Early Psychosis (PEI-10)	590,155	281,746	292,443	0	0	15,652
<b>PEI Administration</b>	<b>609,915</b>	<b>609,915</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>PEI Assigned Funds</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total PEI Program Estimated Expenditures</b>	<b>5,476,398</b>	<b>4,961,280</b>	<b>419,019</b>	<b>0</b>	<b>0</b>	<b>94,215</b>

Innovations (INN) Component Worksheet						
County: Monterey						Date: 5/19/21
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
Micro-Innovation Activities for Increasing Latino Engagement (INN-01)	0	0				
Screening to Timely Access (INN-02)	0	0				
Transportation Coaching by Wellness Navigators (INN-03)	0	0				
Residential Care Facility Incubator (INN-04)	400,000	400,000				
Psychiatric Advance Directives (INN-05)	250,000	250,000				
Trauma Healing and Wellness (INN-06)	500,000	500,000				
<b>INN Administration</b>	172,500	172,500				
<b>Total INN Program Estimated Expenditures</b>	1,322,500	1,322,500	0	0	0	0

Workforce, Education and Training (WET) Component Worksheet						
County: Monterey						Date: 5/19/21
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>WET Programs</b>						
1. Pipeline/Career Awareness [WET-01]	50,000	50,000				
2. Education and Training [WET-02]	700,000	700,000				
3. Retention [WET-03]	200,000	200,000				
4. Evaluation and Research [WET-04]	50,000	50,000				
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	1,000,000	1,000,000	0	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet						
County: Monterey						Date: 5/19/21
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>CFTN Programs - Capital Facilities Projects</b>						
East Sanborn St. Facility Construction	2,000,000	2,000,000	0	0	0	0
<b>CFTN Programs - Technological Needs Projects</b>	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	2,000,000	2,000,000	0	0	0	0

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

In accordance with MHSA regulations and procedures, the draft version of this FY22 Annual Update document was made available for public input and review for a minimum 30-day period prior to the Public Hearing conducted by the Monterey County Behavioral Health Commission (Commission) and then subsequently forwarded to the Board of Supervisors for approval and adoption.

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

Public comments were required to be submitted in writing via any of the following methods: email to: [MHSAPublicComment@co.monterey.ca.us](mailto:MHSAPublicComment@co.monterey.ca.us); regular mail; or delivered during business hours to MHSA Public Comment, Behavioral Health Bureau, 1270 Natividad Road, Salinas, CA 93906.

The 30-Day Public Comment Period began on May 25 through June 23, 2021. All written comments received during the 30-Day review period are included in **Appendix VII**.

Following the close of the 30-Day Public Comment Period, the Behavioral Health Commission conducted a Public Hearing on Thursday, June 24, 2021 via ZOOM. Spanish language interpretation services were available. The Hearing began with a staff presentation on the draft FY22 MHSA Annual Update, which included a summary of the written comments received and the staff responses to these comments. The staff presentation is included in **Appendix VIII**.

. After the presentation, members of the public were offered the opportunity to provide additional comments. Commissioners considered the comments received and offered their comments and questions. At the conclusion of the Hearing, the Commission passed a motion to approve the draft FY 2021-2022 MHSA Annual Update, to include the Public Comments, Staff Responses, and the Minutes of the Public Hearing to be included in the final document, and for forwarding the final version to the Monterey County Board of Supervisors for adoption, prior to submitting to the State Department of Health Care Services and the Mental Health Services Oversight & Accountability Commission, as required by the MHSA regulations. Please refer to **Appendix IX** for the draft Meeting Minutes of the June 24, 2021 Behavioral Health Commission.

**Please note: The following documents are in separate documents and available on the website at the same location as this Annual Update.**

[Appendix I: Community Needs Assessment: Provider and Community Member Survey and Key Stakeholder Interview Findings](#)

[Appendix II: Community Listening Sessions Presentation](#)

[Appendix III: Community Services & Supports FY 2019-20 Data](#)

[Appendix IV: Prevention & Early Intervention FY 2019-20 Evaluation Report](#)

[Appendix V: Innovation FY 2019-20 Evaluation Reports](#)

[Appendix VI: Training Summary Report FY 2019-2020](#)

[Appendix VII: Public Comments Received During the 30-Day Public Comment Period](#)

[Appendix VIII: Presentation at Public Hearing on the draft FY22 MHSR Annual Update, June 24, 2021](#)

[Appendix IX: Monterey County Behavioral Health Commission Meeting Minutes, June 24, 2021](#)