Thank You to Our Strategic Planning Steering Committee

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Brumm, Virdette — Mental Health Commissioner
Clark, Wayne — Behavioral Health Director
Coronado, Gonzalo — Mental Health Commissioner
Dugdale, Stephanie — Behavioral Health Staff
Hart, Karen — Family & Youth Advocate
Hendricks, Alica — MHSA Coordinator & Strategic Planning Project Co-Lead
Jackson, Robert — Behavioral Health Services Manager
Kurtz, Bob — Behavioral Health Medical Director
Lopez, Mark — Community Member
Miller, Amie — Quality Improvement Manager & Strategic Planning Project Co-Lead
Mitchell, Barbara — Mental Health Services Contract Provider Representative
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Pollard, Michelle — Behavioral Health Workforce, Education & Training Coordinator
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Sanchez, Linda — Mental Health Commissioner
Shannon, Chris — Mental Health & Substance Abuse Services Contract Provider Representative
Smith, Sid — Deputy Behavioral Health Director
Sulsona, Judy — Project Consultant
Vandenberg, David — Patient’s Rights Advocate
Director’s Message:

Monterey County Behavioral Health has been engaged in a strategic planning effort since January 2013. This review of our entire Behavioral Health service system is unprecedented. Previous strategic planning efforts have been tied to specific populations or funding sources, such as the Mental Health Services Act.

Our current planning effort has been a broad look into the entire Behavioral Health system in Monterey County. We have employed the data from our electronic medical record, and the wisdom of our consumers, providers, staff, and community stakeholders to develop this Strategic Plan. Over 400 individuals provided input; we can't thank you enough. We have used data specific to our service areas to focus on ways we can adjust our service delivery to improve the health outcomes of our community.

It is our intention that this Strategic Plan serve as a road map to help us reach our continuous quality improvement goals. With the support of the California Mental Health Services Authority “CalMHSA,” Behavioral Health managers received technical assistance on developing measurable program goals from the RAND Corporation, and a local consultant assisted us with the design, implementation, and documentation of the planning process. Monterey County’s strategic planning experience will be shared with, and potentially replicated in, other counties across California.

On behalf of our management team and staff, we look forward the continued collaboration with our consumers, families, County partners, contract providers, the Monterey County Mental Health Commission, the Board of Supervisors, and the community at large as we begin taking the steps to implement this Strategic Plan.

Respectfully yours,

Dr. Wayne Clark
Thank You to Our County Partners, Contract Providers and Community Stakeholders Who Participated in the Strategic Planning Focus Group Sessions

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<th>Service Area</th>
<th>Date of Focus Group</th>
<th>Stakeholders Who Participated (in addition to Behavioral Health Staff)</th>
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<tr>
<td>Juvenile Justice</td>
<td>3.8 &amp; 3.11.13</td>
<td>Students and Staff from Rancho Cielo, Monterey County Office of Education, Probation Department. Total: 24</td>
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<tr>
<td>Student Mental Health</td>
<td>04.17.13</td>
<td>Students, parents, Monterey County Office of Education, Gonzales, King City, Santa Rita, Salinas High &amp; Monterey Peninsula School Districts, Harmony at Home, Family Matters Group. Total: 40</td>
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<td>Adults Involved in the Criminal Justice System</td>
<td>04.24.2013</td>
<td>CNC Program Participants, Spouse/Parents/caregivers, District Attorney, Superior Court, Sheriff’s Department, Interim, Inc., Probation Department. Total: 28</td>
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<td>Transition Age Youth</td>
<td>05.29.2013</td>
<td>AVANZA youth, Monterey County Office of Education, Department of Social Services, Peacock Acres. Total: 26</td>
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<td>Crisis &amp; Hospitalization</td>
<td>05.31.2013</td>
<td>Natividad Medical Center, Community Hospital of the Monterey Peninsula, Interim, Inc., Mental Health Commissioner. Total: 14</td>
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<td>Adult System of Care</td>
<td>06.04.2013</td>
<td>Community Human Services, DeVilla’s Residential Care, Central Coast Center for Independent Living, Front St., Inc., Green Pines Board &amp; Care Home. Total: 20</td>
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<tr>
<td>Homeless Adults</td>
<td>06.07.2013</td>
<td>McHOME program participants, Interim, Inc., Probation Department, Department of Social Services/Community Action Partnership. Total: 16</td>
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<tr>
<td>Early Childhood Intervention</td>
<td>08.05.2013</td>
<td>Parents, Community members, Community Human Services, Door to Hope, Kinship Center, Action Council, Public Health Nursing, Women Infant Children Program, No. Monterey County School District, Hartnell College. Total: 38</td>
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<tr>
<td>Alcohol and Other Drug Prevention &amp; Treatment</td>
<td>08.07.2013</td>
<td>Consumers &amp; Staff at Sun Street Centers, Youth &amp; staff at Sunrise House, Community Human Services, Consumers &amp; Staff at Door to Hope. Total: 44</td>
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<tr>
<td>Adoption Preservation</td>
<td>08.08.2013</td>
<td>Youth &amp; Family Advocate, Parents and Staff from Kinship Center, Department of Social Services, Mental Health Commissioner. Total: 11</td>
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<td>Children Involved with Social Services</td>
<td>08.15.2013</td>
<td>Parent, Department of Social Services, Door to Hope, Voices for Children CASA, Action Council, Mental Health Commissioner, First 5. Total: 22</td>
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<td>Dual Diagnosis Treatment</td>
<td>08.19.2013</td>
<td>Consumers &amp; Staff at Interim, Inc., Consumers &amp; Staff at Door to Hope. Total: 36</td>
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<tr>
<td>Adults in Residential Placement/Supported Housing</td>
<td>08.26.2013</td>
<td>Consumers &amp; Staff at Interim, Inc., Peacock Acres. Total: 35</td>
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<td>Children at Risk of Placement</td>
<td>08.29.2013</td>
<td>Parents, Probation Department, Door to Hope, Public Health. Total: 18</td>
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**GRAND TOTAL OF PARTICIPANTS IN FOCUS GROUPS: 404**

(this data is from the sign-in sheets; not all participants chose to sign in).
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EXECUTIVE SUMMARY

Introduction

Behavioral Health, a bureau of the Monterey County Health Department, provides mental health and substance abuse services to residents of Monterey County. From January 2013 to April 2014, Behavioral Health engaged in a broad-based, comprehensive strategic planning process, to review and assess a system of services that reach a very diverse and geographically dispersed population. All systems of service delivery, ranging from prevention and early intervention to treatment and aftercare, were examined.

The Planning Process

The Strategic Planning process was coordinated by the Bureau’s Quality Improvement Manager and the Mental Health Services Act Coordinator, and supported by the Strategic Planning Steering Committee and the County’s Mental Health Commission. The California Mental Health Services Authority (Ca1MHSA) provided the administrative mechanism for technical support, which enabled Behavioral Health managers to receive training on developing measurable program goals from the RAND Corporation. A local consultant assisted with the design, implementation, and documentation of the planning process.

In identifying key strategies and formulating goals, the planners analyzed extensive data from electronic medical records and other service databases. To facilitate the understanding and analysis of complex data by planning stakeholders and community members, the coordinators shared the Data Driven Decisions (D3) reports that the Quality Improvement team produces for bureau supervisors and managers.

Structured focus groups and informal conversations were held with the participation of over 400 individuals, including service consumers and family members, community partners, public and nonprofit service providers, contractors, Health Department staff, and other community stakeholders.

The Strategic Planning Steering Committee, in collaboration with service managers, identified key stakeholders to participate in each of the 15 Service Area focus group sessions. The focus group sessions were collaborative meetings where participants reviewed services and needs data presented through the D3 reports. An interactive group exercise followed the data review, where participants identified:

- Strengths of current services provided
- Weakness or areas of program improvement
- Opportunities to improve the services or explore new ways of meeting needs
- Threats to the services functioning optimally

Facilitators worked with participants to identify and prioritize key areas of improvement or continued support. 2,667 ideas and recommendations were collected from participants and used to formulate the recommendations for system and program improvement detailed in this Strategic Plan document.

Community members who were not able to attend focus group sessions were able to provide feedback through an online survey. In addition, nine community-based informal sessions were convened to collect information about the community’s perception of accessibility and unmet needs. These were facilitated primarily in Spanish and conducted in rural communities.

A draft of the final plan was submitted to key stakeholders for review. Stakeholders included the Strategic Plan Steering Committee, contract providers, Behavioral Health management and staff, County partners, and the Mental Health Commission.
Snapshot of Significant Data Findings

As a data-driven planning process, every recommendation included in the Strategic Plan was informed by and substantiated with community demographic characteristics, and documented trends in service use and needs. Highlights included:

- County residents are often unaware of Behavioral health services available to them and lack the information necessary to navigate the system and its services.
- Stigma continues to be a significant barrier in engaging community members in services.
- Transportation is also a barrier: only 68% of adult clients surveyed in 2013 reported that the location of services was convenient for them.
- 30% of the 2013 survey respondents reported that services were not available at times convenient to them.
- Current wait times in Access to Treatment programs range from one to up to 50 weeks.
- Of hospitalizations last year, 43% of individuals did not receive follow-up care from Behavioral Health.
- 68% of individuals served in the Behavioral Health system have been impacted by trauma.
- Of individuals served in the Early Childhood Intervention service area, 30% list Spanish as their preferred language, 75% are Latino, and 70% have experienced trauma.
- Of 441 individuals treated in the Children Involved in Social Services program area, 93% had a history of trauma.
- Only 3% of services provided by the Student Mental Health programs were provided to families.
- In the Children at Risk of Placement programs, 66% of youth served are Latino, but only 54% of services are provided to Latino youth. 67% of the youth assessed needed treatment for family issues/problems.
- 78% of Medi-Cal eligible in Monterey County are Latino; 32% of individuals served by the Adult System of Care are Latino.
- Regional health inequities are impacting service access in communities throughout the Salinas Valley.

⇒ 13% of individuals receiving therapeutic services reside in South County, while 20% of the Medi-Cal population lives in that region. Only 7% of individuals served by Alcohol and Other Drug Prevention and Treatment services were from South County.
- 23% of Transition Age Youth program participants have a primary diagnosis of psychotic disorder.
- 59% of the youth served by the Juvenile Justice program have a substance use disorder.
- 84% of adults in residential placement or supported housing are diagnosed with a psychotic disorder; 30% also have a diagnosis of substance use disorder.
- 45% of individuals served by the Adult System of Care have a dual diagnosis.
- Individuals served by the Adult System of Care die on average 25 years younger than the general population. Local data mirrors national data.
- The 2013 Homeless Census estimates that 6,423 individuals are homeless during the course of a year in Monterey County. 22% of those reported a need for Mental Health services.
The Strategic Plan

The Strategic Plan identifies three levels at which changes and improvements are recommended:

I. Overarching Service Improvement Strategies (Key Themes)

Strategies that can contribute to improvement and/or expansion across a spectrum of services.

A. Outreach, Education and the Promotion of Services

⇒ Education about the availability of services to teachers, families, service providers, other key stakeholders, and the community at large.

⇒ Education to address stigma

Strategies:

- Allocate a bilingual/bicultural Resource Specialist staff position to act as point person to consolidate detailed information about services provided by county staff and contract providers in the community.
- Develop a marketing plan to provide information to identified high need populations, families, and the organizations who serve them.
- Partner with the statewide initiative of “Each Mind Matters” to reduce stigma, and provide public health messages to link Monterey County residents with key information about how to seek help.
- Develop a consistent, low-stigma brand for Behavioral Health clinic locations and educational material that is inviting to English and Spanish speaking community members.

B. Access and System Navigation

⇒ Ease of access and timeliness of services

⇒ Transportation

⇒ Regional health equities

⇒ Engagement with high need populations

Strategies:

- All programs will utilize a uniform method of tracking waitlists.
- Develop and implement a bilingual “Service Navigator” for each of the three regions.
-Continue to develop regional community based offices that are easily accessible to smaller communities.
-Continue the partnership with Monterey Salinas Transit to provide access to discount travel programs and specialty transportation services such as the RIDES program, and with the Health Department’s Health in All Policies initiative to identify policy level opportunities to address transportation challenges in Monterey County.
-Increase availability of technology that allows County and contract provider staff to provide additional field based services.
-Explore feasibility of addressing the shortage of psychiatry services by implementing telepsychiatry, i.e., the delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing.
-Work with contractors and staff to formulate action plans for service expansion within the Salinas and South County regions.
-Continue to prioritize development of bilingual, bicultural staff in all County operated and contract provided programs. Provide cultural competence training for all staff (County and contract providers). In all trainings, review content to assure relevance to the various racial/ethnic groups’ languages and cultures.
-Develop, annually update, and routinely monitor progress of the goals and objectives of the Cultural Competence Plan.
C. Service Improvement and Expansion

- Prevention and recovery support services
- Family support
- Supported housing
- Alcohol and other drug services

**Strategies:**

- Increase step-down and recovery support services in all programs to ensure a continuum of care.
- Increase community based access groups that provide prevention services to individuals without access to other treatment services, such as undocumented residents.
- Develop capacity to provide a family support group open to families of children currently engaged in mental health services as well as community members who do not currently have a child in mental health services.
- Identify child care options to support an increased number of individuals with small children to attend family support groups.
- Develop capacity for Family Partners in all regions who provide support to families of children and youth receiving mental health services.
- Use and prioritize identified needs for supported housing in applying for grants and developing new collaborative partnerships to meet the needs of consumers of mental health services.
- New employees will receive training during orientation on working effectively with individuals with a dual diagnosis, and current staff and contract providers will receive training on substance use screening, brief intervention, safety planning, and referral to treatment/recovery services.
- Collaborate with key community partners to identify a provider of medically supported detoxification services.

II. System Shift

Changing the lens through which services are provided:

**A. Trauma-informed system of care:**

- 68% of individuals served by the Behavioral Health System have experienced trauma. The Strategic Plan proposes that Behavioral Health develop a trauma-informed system of care.

**B. Cultural Responsiveness:**

- The Plan acknowledges that becoming a culturally responsive system is not an end goal but a commitment to learning and to identifying new and innovative strategies to meet the needs of culturally diverse and emerging populations.
- The Plan also acknowledges that “culture” does not identify only race and/or ethnicity, but also the unique characteristics of a population, such as geography, language, age, gender, sexual orientation, and economics.

III. Goals and Objectives for Improving and/or Expanding Specific Service Areas

Extensive data analysis and stakeholder input enabled staff and planning partners to develop detailed goals and objectives for fifteen service areas in the following categories:

**A. Gateway Services**

**B. Services for Children and Young Adults**

**C. Services for Adults**

**D. Alcohol and other Drug Prevention and Treatment Services**
A. GATEWAY SERVICES

1. Access to Treatment: Primary entry points for eligible residents of Monterey County seeking Behavioral Health services. These programs can decrease the incidence of prolonged suffering in the general population. The program works to address the barriers of untreated mental illness to employability and academic achievement.

**Needs and Priorities:**
- Increase access to timely and comprehensive services. Reduce wait list and provide an integrated mental health and substance abuse assessment.
- Increase the provision of group counseling services.
- Expand hours to meet needs of working community members.
- Increase percentage of individuals successfully engaged in treatment and recovery services.
- Increase capacity to treat the trauma experienced by individuals seeking Behavioral Health services.

2. Crisis and Hospitalization: Programs work to prevent suicides by providing crisis response when community members are a danger to themselves. The program improves public safety by providing services to community members who, due to their mental illness, are a danger to others. Hospitalization services are the gateway to intensive treatment in a locked setting for individuals who, due to their mental illness, cannot provide their own food, shelter, or clothing.

**Needs and Priorities:**
- Follow-up services to all individuals served by the Crisis Team and the Mental Health Unit (MHU).
- More timely linkage to services for those served by the Crisis Team and Mental Health Unit.
- Increase data sharing between hospitals and other service providers to improve care coordination.

B. SERVICES FOR CHILDREN AND YOUNG ADULTS

1. Early Childhood Intervention: Secure Families Program provides developmental and mental health assessment, therapy, and case management to children 0–8 and their families, and mental health consultation to Head Start Classrooms. McStart program provides intensive services to high risk children and their families. It also provides a comprehensive array of services to children 0–5 who were prenatally exposed to alcohol and other drugs, or who are at risk for developmental problems due to chronic neglect or exposure to violence.

**Needs and Priorities**
- Increase treatment for mothers/parents/caregivers of children 0–5.
- Increase services to families/caregivers of children served by these programs through collateral contact and dyadic and family therapy.
- Improve communication and information dissemination, linkage/referrals among providers and systems, and coordination of treatment and educational needs.
- Increase services to South County residents.
- Provide evidence-based practices in all regions, including Dyadic Therapy, Parent Child Interactive Therapy, and Occupational Therapy services.

2. Adoption Preservation: This program provides necessary education and support to adoptive families, foster parents, and next of kin to develop the skills to maintain placement stability and promote healthy development of the child.

**Needs and Priorities:**
- Educate the community regarding resources and treatment services available from the Kinship Center.
- Increase the provision of group services to effectively meet the needs of the population of focus.
- Expand services in South County.
• Increase services to parents/caregivers to help them best support children served by this program.

3. **Student Mental Health Services:** These programs address mental health barriers to learning and reduce absences related to Behavioral Health challenges.

   **Needs and Priorities:**
   - Increase prevention services, i.e., early intervention services and support in the schools.
   - Increase services to Medi-Cal beneficiaries in the general education population.
   - Increase family support and counseling services.
   - Increase the provision of group services to efficiently meet the increasing demand for student Mental Health services.

4. **Children Involved in Social Services:** These programs provide treatment necessary to reunify families and support to parents to address mental illness that impacts their ability to be effective parents.

   **Needs and Priorities:**
   - Increase the use of an evidence-based practice to treat trauma.
   - Improved staff training in family treatment, cultural responsiveness, evidenced-based practices, and approaches.
   - Address current waiting list for services.
   - Provide support services for reunited families.

5. **Children At Risk of Placement:** These programs work to keep children and youth in the community because most placements are outside of Monterey County, and they help students stay in school and stay connected to their support system.

   **Needs and Priorities:**
   Address the following issues:
   - Programs lack bilingual staff and there are disparities in service utilization among the Latino population.
   - Families of youth in residential treatment need psycho-education and support.
   - Currently, the referrals for Therapeutic Behavioral Services (or TBS) for South County residents have been very limited.
   - Inadequate aftercare services available to youth discharged from the hospital.

6. **Transition Age Youth (TAY):** This program provides early identification and treatment of severe mental illness and addresses mental health barriers to academic achievement and employability.

   **Needs and Priorities:**
   - Respond to the youths' request for additional linkage to Vocational/Occupational training.
   - Increase Substance Abuse Treatment/Recovery Services.
   - Increase services to TAY family members.
   - Increase the use of evidence-based practices.
   - Refine program so that more TAY can participate and receive timely and effective services to meet their needs.
7. **Juvenile Justice:** Behavioral Health staff works with many community based service providers to create a collaborative network to meet the needs of at-risk youth and juveniles involved in the justice system. This program increases public safety, reduces recidivism, and promotes positive youth development.

**Needs and Priorities:**
- Enhance trauma-informed treatment services.
- Provide crisis services to families of youth homicide victims.
- Increase services to family members.
- Support youth needing help in obtaining employment.

C. **SERVICES TO ADULTS**

1. **Adult System of Care:** A range of services provided to adults ages 18 years and older with serious and persistent mental illness. The primary goal is to maintain individuals in the least restrictive environment to enhance their quality of life. These programs give adults with severe mental illness the chance to safely live in the community as they work toward achieving their recovery goals.

**Needs and Priorities:**
- Increase services to the Latino population.
- Improve services to treat individuals with co-occurring substance use and mental health disorders.
- Increase the number of individuals who achieve their recovery goals and are successfully discharged from the Adult System of Care.
- Assist individuals to improve their engagement with their primary care physician to improve health outcomes.
- Help individuals create a supportive network of care to help them successfully discharge into the community.

2. **Homeless Adults:** Behavioral Health staff collaborates with local homeless service providers to provide outreach and engagement, assessments, intensive case management services, and psychiatry services for adults with a psychiatric disability who are homeless or at high risk of becoming homeless. This program reduces homelessness and prolonged suffering of homeless mentally ill community members.

**Needs and Priorities:**
- Increase timely access to therapeutic services.
- Facilitate an increased use of therapeutic groups to efficiently serve the population of focus.
- Increase homeless services to the South County region.
- Improve the treatment of trauma and substance use disorders for individuals served by this program.

3. **Adults Involved in the Criminal Justice System:** This program takes mentally ill offenders out of jail into treatment, and helps to reduce recidivism by treating mental illness as the underlying cause of criminal behavior.

**Needs and Priorities:**
- Recovery support services to help individuals safely remain in the community after they have completed treatment.
- Increase services to family members and other support persons, which will likely improve the individual’s ability to successfully re-engage in the community.
- Obtain program incentives for participation to provide positive reinforcement for successful program participants.
4. **Adults in Residential Placement / Supported Housing**: Interim, Inc. provides housing placements for community independent living for chronically mentally disabled adults age 18 and older. Individuals requiring more intensive services are placed in licensed board and care facilities and case managed by Behavioral Health staff. Programs reduce homelessness and help maintain individuals with severe mental illness in the community.

**Needs and Priorities:**
- Provide evidence-based effective treatment in all supported housing programs.
- Assist individuals in reaching their treatment/recovery goals and reintegrating into the community.
- Increase supported housing services to include a greater percentage of Latino individuals and South County residents.

5. **Dual Diagnosis Treatment**: These services are provided by local contractors, including Door to Hope and Interim, Inc. Programs reduce high risk behaviors associated with substance abuse and promote healthy, pro-social choices.

**Needs and Priorities:**
- Increased access to detox services.
- Improved aftercare/recovery support services for individuals completing dual diagnosis residential programs.
- Increased access to dual diagnosis residential treatment/recovery services.
- Collateral services available to support family members and supportive network of adults served in dual diagnosis treatment/recovery services.

D. **ALCOHOL AND OTHER DRUG PREVENTION AND TREATMENT SERVICES**

- **Alcohol and Other Drug (AOD) Prevention**: Collaboration with local contract providers to provide community education through community-based activities. AOD prevention services also work on changing community norms through prescription drug take-back events, safe home pledges, and support for the enforcement of laws to reduce store front signage advertising alcohol.

- **Alcohol and Other Drug Treatment/Recovery services** consist of intensive, structured recovery support for Monterey County residents age 18 years and older with a primary addiction to alcohol/other drugs.

**Needs and Priorities:**
- Increase treatment/recovery services to South County residents.
- Evaluate the mental health needs of individuals enrolled in substance abuse treatment/recovery services.
- Increase services to non-English speaking individuals seeking AOD treatment/recovery services.
- Reduce youth access in Monterey County to ATOD (Alcohol, Tobacco, Rx Drugs, and Marijuana) in residential and retail settings.
- Reduce the rates of use by youth of specific ATOD (Alcohol, Tobacco, Rx Drugs, and Marijuana) substances both County-wide and in specific regions.

The pages that follow present goals and objectives formulated to address identified needs. Strategies, goals, and objectives provide a road map for Behavioral Health to achieve its quality improvement goals and to continue to create an increasingly equitable and culturally responsive system of services for Monterey County residents.
Overview of the Strategic Planning Process

In January 2013 Monterey County Behavioral Health began the development of a strategic plan. The planning process involved a review of current services as well as exploring possible improvements. The system(s) of service delivery, ranging from prevention and early intervention to treatment and aftercare, were examined.

The Strategic Planning Steering Committee, in collaboration with service managers, worked to identify key stakeholders to participate in each of the 15 Service Area focus group sessions. These sessions involved consumers, community partners, county and contract provider staff, and leadership.

Focus Group sessions were collaborative meetings that began with a review of service and needs/prevalence data, followed by an interactive group exercise that identified the:

- Strengths of current services provided
- Weakness or areas of program improvement
- Opportunities to improve the services or explore new ways of meeting the community’s needs
- Threats to the services functioning optimally

The feedback collected was used to formulate recommendations regarding system and program improvements which are detailed in this Strategic Plan document.

To engage members of the community who were not able to attend the focus group sessions, an online survey was developed to collect feedback.

In addition, a series of community based outreach sessions, primarily facilitated in Spanish, were convened to collect information about the community’s perception of accessibility and unmet needs.

Prior to this document being finalized, a draft was shared with the Strategic Plan Steering Committee, contract providers, Behavioral Health management and staff, County partners, and the Mental Health Commission.
Strategic Planning By the Numbers:

9 community outreach sessions to learn from the community how Monterey County Behavioral Health can make services more accessible.

15 strategic planning “focus group” sessions focused on key Service Areas.

During these sessions, 2,667 feedback points or ideas from clients, staff, contractors, and community members were collected. The feedback is available at the following link: mtyhd.org

This word cloud depicts all of the feedback collected:

Using this and other data, the key themes for this strategic plan are identified and described on the following pages.
Key Theme: Outreach Education and Promotion of Services

Education about availability of services to teachers, families, service providers, other key stakeholders, and the community at large.

**Concern Statement:** We received feedback from staff, contract providers, and community members about the need to increase the marketing of Behavioral Health services. During strategic planning sessions, many participants noted they also learned more about services of which they had been previously unaware.

**Strategy 1:** By December 2014, allocate a bilingual, bicultural “Resource Specialist” staff position to function as the point person to consolidate detailed information about Behavioral Health services provided by county operated programs and contract providers in Monterey County. This position will work with contract providers to identify a single point of contact in each agency who will provide information about groups and other services.

**Strategy 2:** By July 2015, develop a marketing plan to provide information including, but not limited to:

- Education to teachers about linking high risk youth to preventive mental health services.
- Improve outreach education to Transition Age Youth, including youth who identify as LGBTQ.
- Education to the community regarding resources currently free and open to the public, such as family support groups and services to adoptive parents.
- Provide information to primary care providers about accessing Mental Health services and understanding the stigma of mental illness.
- Provide information to individuals in the hospital and to those providers serving the homeless population about low cost medication services.
- Provide marketing information in alternative formats to individuals who cannot read in English and/or Spanish.
- Provide concise information to key community partners such as the Department of Social Services, Education, and Law Enforcement on the spectrum of Behavioral Health services available.
- Provide information to individuals incarcerated as well as to providers in the jail setting about accessing Behavioral Health services.
- Provide information to the faith community about accessing Behavioral Health services.
- As more services are provided in smaller “satellite” locations, conduct community outreach education to let people know about the availability of new or expanded services.
Education to Address Stigma

**Concern Statement:** Stigma was identified as a key barrier to engaging community members in services and helping people to seek services early on. In our community based sessions stigma was identified as barrier to engaging Latino community members in Mental Health services.

**Strategy 1:** Partner with the statewide initiative of “Each Mind Matters” to reduce stigma, and provide public health messages to link Monterey County residents with key information about how to seek help.

**Strategy 2:** Develop a consistent, low-stigma brand for Behavioral Health clinic locations and educational material that is inviting to English and Spanish speaking community members. Use branding to create a more welcoming, trauma informed environment that provides a consistent outreach message, especially for Latinos and other communities who are not currently engaging in Behavioral Health services. In addition, evaluate the potential of the system wide use of the branding, developed with input from community members, as was used in the Soledad office “Mente Sana Cuerpo Sano” or “Healthy Mind & Healthy Body.” “Brand” refers to the name, term, design, symbol, or any other feature that identifies one provider’s services distinct from those of other providers.

**Comments from our strategic planning sessions about stigma:**

“There is a triple stigma if you have a mental illness, substance abuse history and criminal background”

“There is a stigma in my family and the system about being dual diagnosis”

“We need to help educate families to reduce the stigma of mental health services”

“People feel alienated when others learn they are in recovery”
Key Theme: Access & System Navigation

Ease of Access and Timeliness of Services

Concern Statement: In many of the focus groups and community outreach sessions, a theme emerged around the difficulty navigating the Mental Health system. Community members expressed concerns about how to best access services. Additionally, many members of the community reported difficulty understanding how to access the benefits and services available to them.

Strategy 1: By December 2014, develop and implement a “Services Navigator” position with an emphasis on hiring peers (consumers or family members) with bilingual capacity for each of the three regions to help community members in all age groups access County operated services, community based resources, and benefits.

Strategy 2: Starting July 2014, all programs will utilize a uniform method of tracking waitlists. Each program’s current waitlists, stratified by level of acuity, will be monitored by service managers on a monthly basis, or more frequently as needed. Using this data, evaluation can be conducted to identify needed operational changes and program augmentations to meet the demand for services in a more timely manner.

9 community meetings were convened in 2013 and participants were asked “in a perfect world of ‘access’ what would that look like in your community?”

Some place more private, if someone goes to a more public place, they are going to say there goes the crazy person - Gonzales resident

Be open on a Saturday once or twice a month

The clinic should be open during the day but also be able to make appointments after 5pm
Transportation

**Concern Statement:** In every one of our 15 focus group sessions, transportation came up as a key concern. The Behavioral Health system does not have a reimbursement method to provide transportation services; however, we can begin to address this concern as it impacts timely access to Behavioral Health services by employing the following strategies:

**Strategy 1:** Continue to develop regional community based offices that are easily accessible to smaller communities. Co-locate services at Family Resource Centers and with other service providers. For example, the recent implementation of providing services in Gonzales near City Hall.

**Strategy 2:** Continue the partnership with Monterey Salinas Transit to provide access to discount travel programs and specialty transportation services such as the RIDES program.

**Strategy 3:** By 2015, increase availability of technology that allows County and contract provider staff to provide additional field based services.

**Strategy 4:** Continue partnership with the Health Department’s Health in All Policies initiative to identify policy level opportunities to address transportation challenges in Monterey County.

**Strategy 5:** Explore feasibility of addressing the shortage of psychiatry services by implementing telepsychiatry, i.e., the delivery of psychiatric assessment and care through telecommunications technology, usually videoconferencing.

**Strategy 6:** Explore funding sources such as grants for transportation services.

---

In our 2013 client Satisfaction Survey:
- 68% of Adults
- 86% of Youth
- 88% of Parents reported the location of services was convenient for them

---

I am receiving counseling in Salinas and I have had to cancel already two appointments because I don’t have transportation.
- Gonzales resident
Regional Health Equities

**Concern Statement:** Monterey County Behavioral Health is a safety net provider, meaning that our mission is to serve low income community members who do not have access to behavioral health services in other settings. A key goal of the Health Department’s strategic plan is to ensure that a person’s zip code does not determine their health status and to ensure that services to underserved populations are prioritized.

**Strategy 1:** Identify opportunities to expand services within the Salinas and South County regions. Work with contractors and staff to formulate action plans for service expansion. *See the Glossary for a definition of each region.*

These charts show the contrast between:
1. the Medi-Cal eligible population
2. the percentage of clients served by region and
3. the service value in each region (or the total amount of service dollars to clients from the different regions).

Our goal is to see Charts 2 and 3 match Chart 1; this would indicate an equitable distribution of services among the regions.

In the last six years, Mental Health Service Act dollars have been used to open new Behavioral Health offices in King City, Soledad, and most recently, Gonzales.
Engagement with High Need Populations

**Concern Statement:** As a safety net provider, Monterey County Behavioral Health’s goal is to equitably engage and serve a client population that matches the Medi-Cal eligible population in the County. Currently, 78% of Medi-Cal beneficiaries in Monterey County are Latino.

**Strategy 1:** Continue to prioritize development of bilingual, bicultural staff in all County operated and contract provided programs.

**Strategy 2:** Develop a standard of providing at least one cultural competence training per year for all staff (County and contract providers). And in all trainings, review content to assure relevance to the various racial/ethnic groups’ languages and cultures.

**Strategy 3:** Develop, annually update, and routinely monitor progress of the goals and objectives of the Cultural Competence Plan, which is one of main documents that guides the staff training plan.

This chart shows contrast between the:
- clients served from each ethnic group in Fiscal Year 12/13
- total value of services provided to each ethnic group in Fiscal Year 12/13 and
- percentage of Medi-Cal eligible individuals by race/ethnicity in Monterey County.

Our goal is that the columns of clients served and value of services match the Medi-Cal eligible population. This would indicate we have successfully and equitably engaged the Medi-Cal or safety-net population in Monterey County.

**RACE/ETHNICITY OF INDIVIDUALS SERVED BY BEHAVIORAL HEALTH FY 2012-13**

In the 2013 Client Satisfaction Survey, 90% of the individuals surveyed in our Access to Treatment program agreed with the statement that “staff were sensitive to my cultural background (race, religion, language, etc.).”
Key Theme: Service Improvement and Expansion

Prevention and Recovery Support Services

Concern Statement: Many strategic planning groups noted the need for increased prevention activities that are designed to prevent the development of Behavioral Health issues from becoming serious, and the need for recovery support (sometimes called “aftercare”) services, which are services available after a consumer has met their treatment goals and is discharged from Behavioral Health services.

Strategy 1: Increase step down and recovery support services in all programs to ensure a continuum of care. This includes use of age-appropriate open support groups, alumni groups, and connections to peer run wellness centers in all regions of the county.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recovery Support Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>Linkage to primary care and open family support groups.</td>
</tr>
<tr>
<td>Transition Age Youth (16-25)</td>
<td>OMNI “After Hours” services.</td>
</tr>
<tr>
<td>Adult System of Care</td>
<td>OMNI Resource Center, a wellness center in Salinas, and Our Voices on the Monterey Peninsula are staffed by peers who guide the services offered at</td>
</tr>
<tr>
<td>Older Adults</td>
<td>Senior Peer Counseling and Senior Companion programs.</td>
</tr>
</tbody>
</table>

Strategy 2: Increase community based access groups that provide prevention services to individuals without access to other treatment services, such as undocumented residents. Conduct a pilot project by providing open access prevention groups in partnership with the Health Department’s safety net primary care clinics. Collect data to evaluate the potential of reducing hospitalizations by engaging high risk individuals, especially those with depression, bipolar disorder and psychosis, and make program improvements as indicated by the analysis of data.
Family Support

Concer Statement: Throughout the strategic planning focus group process, the need to increase family support services was identified in 12 of the 15 sessions. Based on the service data and feedback received, several of the Service Areas in this strategic plan have identified goals to increase the provision of services to family members and the consumer’s identified support system. One of the barriers to accessing services identified by families was the lack of “after hours” services.

Strategy 1: Develop capacity to provide a family support group open to families of children currently engaged in mental health services as well as community members who do not currently have a child in Mental Health services. The Adult System of Care has provided these groups for a number of years; they often assist families and their loved ones to take the first step to engage in treatment. By January 2015, these open family support groups will be available in all three regions. Groups will be provided in both English and Spanish. By January 2015, include the promotion of the availability of these groups in our Outreach Education plan.

Strategy 2: By January 2015, identify child care options to support an increased number of individuals with small children to attend family support groups.

Strategy 3: By June 2015, develop capacity for Family Partners in all regions, to provide support to families of children and youth receiving Mental Health services.
**Supported Housing**

**Concern Statement:** In our strategic planning sessions, the need for housing was mentioned 225 times. Funding housing projects involves partnerships with community providers and the identification of new funding sources. The following key needs were identified, and will be used to prioritize our efforts in applying for grants and developing new collaborative partnerships to meet the needs of our consumers of Mental Health services.

**Key Housing Needs**

- Sober living environments for Adult System of Care consumers including adults involved in the criminal justice system.
- A range of housing options for homeless individuals including individuals with families and housing for homeless individuals who are currently using substances in order to reduce risk and use of high cost hospital services, until they can be engaged in substance abuse treatment services.
- Housing for adults with serious mental illness in South County.
- Transitional housing for Transition Age Youth, including youth aging out of Social Services, Foster Care, and Juvenile Justice programs.
- Accessible housing for individuals with serious mental illness and complex medical needs and/or physical disabilities.
Alcohol and Other Drug Services

**Concern Statement:** In 11 of our 15 strategic planning focus group sessions, the challenges of serving individuals across the age spectrum with substance use disorders were identified.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention, Children Involved with Social Services</td>
<td>Train staff on “Motivational Interviewing”* and other evidence-based and community defined practices to encourage parent engagement in substance abuse treatment/recovery services.</td>
</tr>
<tr>
<td>Juvenile Justice, Student Mental Health Services, and Transition Age Youth</td>
<td>Identify and implement training on a culturally relevant dual diagnosis evidence based practice, such as “7 Challenges.” Engage contract providers in training to ensure consistency of message and treatment methods.</td>
</tr>
<tr>
<td>Access to Treatment</td>
<td>Implement “Seeking Safety”* groups in all regions to meet the needs of individuals with substance use and mental health disorders.</td>
</tr>
<tr>
<td>Adult System of Care</td>
<td>Develop a dual diagnosis specialty team trained in “Motivational Interviewing”* to support high risk individuals to achieve their recovery goals.</td>
</tr>
</tbody>
</table>

*See the Glossary for a description of these evidence based practices*

**Strategy 1:** By July 2015, all new employees will receive training during orientation on working effectively with individuals of all ages with a dual diagnosis. All current Behavioral Health staff and contract providers will receive training on substance use screening, brief intervention, safety planning, and referral to treatment/recovery services.

**Strategy 2:** Collaborate with key community partners to identify a provider of medically supported detoxification services, providing a safe place for individuals to begin engagement in recovery services and reduce substance induced hospitalizations. Identify grant funding opportunities to increase availability of detox services.
System Shift: Changing the Lenses through which Services are Provided

Trauma-Informed System of Care

**Concern Statement:** Our assessment data shows that 68% of the individuals served by the Behavioral Health system are victims of trauma. In reviewing the data and the feedback from the community, Monterey County Behavioral Health has identified the need to develop a trauma-informed system of care.

**What is Trauma-Informed Care?** Most individuals seeking Behavioral Health services have histories of physical and/or sexual abuse and other types of trauma-inducing experiences, including being a witness to violence. These experiences often lead to mental health issues and co-occurring disorders such as chronic health conditions, substance abuse, eating disorders, and HIV/AIDS, as well as contact with the criminal justice system.

When a Behavioral Health system takes the step to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking services and their family members. Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

**What are Trauma-Specific Interventions?** Trauma-specific interventions are designed specifically to address the consequences of trauma in the individual and their family, and to facilitate healing. Treatment programs generally recognize the following:

- The individual's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety)
- The need to work in a collaborative way with individuals, family and friends of the individuals, and other human services agencies in a manner that will empower individuals to seek services.

**Key Goals of Developing a Trauma-Informed System of Care**

- Educate all Behavioral Health service providers in techniques to effectively engage and serve victims of trauma.
- Ensure all providers and staff at all levels are trained on engaging individuals through the lens of trauma.
- Review and make revisions to all policies and procedures to ensure conformity with the values of a trauma-informed system of care.

68% of individuals served by Monterey County Behavioral Health programs are victims of trauma.

= 1% of population served in Fiscal Year 12/13
Cultural Responsiveness

**Concern Statement:** The goal to become a culturally responsive system of care does not have an end point. Being a culturally responsive system is a learning goal and a commitment to identifying new and innovative strategies to meet the needs of culturally diverse and emerging populations.

Culture not only refers to race and/or ethnicity but also the unique characteristics of a population such as geography, gender, age, language, sexual orientation, and economics. Taking specific cultural characteristics into consideration is important to improving the effectiveness of services and can help Behavioral Health more adequately serve underserved and unserved populations.

**What are the Key Goals of Developing a Culturally Responsive System of Care?**

- Screening, assessment, and treatment tools are designed to be culturally sensitive and responsive.
- Ensure program expansion involves efforts to provide services in all languages including indigenous languages.
- All evidence-based and community defined practices must be validated to work with the Latino population or another key population of focus that is also underserved.
- Increase partnerships with health interpreters in different languages.
- Work with contractors and County staff, e.g., the Cultural Competence Committee, to identify training needs in working with specific populations.

**New Idea:** As part of our Innovation programming, each May in celebration of Mental Health Awareness Month, Behavioral Health will develop an annual collection of nominations for “Outstanding Innovations in Culturally Responsive Care” and award a program with the stand out ideas.
Service Area: Access to Treatment

Description of Services & Who is Served by These Programs

Access to Treatment programs are primary entry points for eligible residents of Monterey County seeking Behavioral Health services. After an initial assessment, treatment services are typically provided in group settings and/or individual counseling sessions that focus on skill-building and support. In addition, specialty counseling services for LGBTQ, HIV/AIDS, and persons with cultural/linguistic differences are provided by Behavioral Health and/or contract providers. Post Release Community Supervision individuals receive Access Services through the AB109 Team co-located at the Monterey County Probation Department. See pages 36-37 for information regarding access services provided to juveniles detained in the Juvenile Hall and Youth Center.

What are the Needs and Priorities for this Service Area?

| 1. Increase access to timely and comprehensive services. Reduce wait list and provide an integrated mental health and substance abuse assessment. |
|---|---|
| Data to Support Need: | Current wait times can range from one up to 50 weeks. In 2013, 19% of clients served in this program had a substance use diagnosis. |
| Goals: | By December 2014, implement pre-assessment screening tools to streamline assessment process; begin pilot test of self-administered assessment tools in the Coastal Regional office. By December 2015, decrease the average wait time to two weeks. |

In the community based strategic planning sessions, San Ardo community residents reported:

> There should be a maximum of a two week waiting period

12% of individuals served by these programs received group services

| 2. Increase the provision of group counseling services. |
|---|---|
| Data to Support Need: | In FY 12/13, only 12 percent of individuals received group counseling services. Group services can provide more therapeutic value as individuals benefit from a shared experience with others. Additionally, group services are cost effective, can reduce system wait times, and improve system capacity. |
| Goal: | By June 30, 2015, increase group counseling from 12% to 25% of total amount of services. Groups will be offered in English and Spanish, using evidence-based and community defined practices that provide skill building and other supports. |
3. Expand hours to meet needs of working community members.

Data to Support Need: In the 2013 Client Satisfaction Survey, 30% of respondents reported services were not available at times that were convenient for them.

Goal: By September 30, 2014, develop weekend hours in each region.

4. Increase percentage of individuals successfully engaged in treatment and recovery services.

Data to Support Need: 56% of the individuals served by the Access to Treatment programs received between one and five services. Receiving less than ten services is considered below a therapeutic dosage of care, meaning that it’s unlikely the individual’s Behavioral Health needs were adequately addressed.

Goal: By June 30, 2015, increase level of client engagement in order to reduce the current rate of individuals receiving five services or less from 56% to 30%.

5. Increase capacity to treat the trauma experienced by individuals seeking Behavioral Health services.

Data to Support Need: 70% of individuals served by the Access to Treatment programs have a history of trauma.

Goal: Implement an evidence-based practice for the treatment of trauma.

What are the Public Health Benefits Achieved by the Access to Treatment Programs:

- These programs can decrease the incidence of prolonged suffering in the general population. Untreated mental illness can negatively impact an individual’s employability and academic achievement.
Service Area: Crisis & Hospitalization

Description of Services & Who is Served by These Programs

Crisis intervention services are provided by Behavioral Health staff who intervene in situations where an individual’s mental or emotional condition results in behavior that may pose an imminent danger to him/herself or to another, or they are potentially gravely disabled. Psychiatric inpatient treatment in a hospital setting is provided to individuals who are gravely disabled or likely to do serious harm.

Short-term crisis residential services, an alternative to hospitalization, is available for individuals age 18 and older who are experiencing an acute psychiatric episode or mental health crisis, and who do not meet the criteria for acute psychiatric inpatient care. State hospitals provide mental health services for individuals on a forensic commitment, as well as for individuals who are under conservatorship and require a secure treatment setting.

What are the Needs and Priorities for this Service Area?

1. **Follow-up services to all individuals served by the Crisis Team and the Mental Health Unit (MHU).**

   **Data to Support Need:** The number one opportunity identified in strategic planning was follow-up services.

   **Goal:** Provide more follow-up treatment opportunities for patients post-crisis and post-hospitalization who are not already in treatment elsewhere through the following objectives:
   
   a. By June 30, 2014, each region will have at least one licensed clinician to provide “Gap Access”* services.
   b. By November 2014, 33% of all individuals over age 18 will receive one session provided by a regional “Gap Access” staff.
   c. By November 2014, 90% of all individuals age 17 and younger post-hospital will have one session provided by a Children’s Behavioral Health staff member.

   *See Glossary for a description of Gap Access services.

2. **More timely linkage to services for those served by the Crisis Team and Mental Health Unit.**

   **Data to Support Need:** Of the hospitalizations last year, 43% of individuals did not receive follow-up care from Monterey County Behavioral Health.

   **Goal:** By June 2015, staff will link with 100% of the individuals whose condition meets “medical necessity”* and who are not already engaged in services elsewhere, and their family members and other supports, to provide collateral services after discharge from the hospital.

   *See Glossary for a description of medical necessity.
Increase data sharing between hospitals and other service providers to improve care coordination.

Data to Support Need: Data sharing between partners was identified as an opportunity in our strategic planning session.

Goal: Work with Safety Net Provider Council to develop collaborative data sharing agreements that allow hospitals to share information.

### Review of 2013 Hospitalization Data:

<table>
<thead>
<tr>
<th></th>
<th>Hospital Episodes of Clients engaged in the Behavioral Health outpatient system prior to their hospitalization</th>
<th>Hospital Episodes of Clients not previously served by the Behavioral Health outpatient system prior to their hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clients Served</td>
<td>395</td>
<td>654</td>
</tr>
<tr>
<td>% of total hospitalizations</td>
<td>37%</td>
<td>62%</td>
</tr>
<tr>
<td>% of episodes with a follow up within seven days of discharge from the hospital</td>
<td>90%</td>
<td>11%</td>
</tr>
<tr>
<td>% re-hospitalized within seven days</td>
<td>21%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Clients engaged in the Behavioral Health outpatient system are known to have more acute mental illness which can lead to a higher frequency of hospitalization.

### Community Level Data Indicators

Monterey County Suicide Rate per 100,000

What are the Public Health Benefits Achieved by the Crisis and Hospitalization Programs:

- These programs work to prevent suicides by providing crisis response when community members are a danger to themselves.
- This program improves public safety by providing services to community members who, due to their mental illness, are a danger to others.
- Hospitalization services are the gateway to intensive treatment in a locked setting for individuals who, due to their mental illness, cannot provide their own food, shelter, or clothing.
Service Area: Early Childhood Intervention

Description of Services & Who is Served by These Programs

The Secure Families program provides developmental and mental health assessments, therapy, and case management to children ages 0-8 and their families. Mental health consultation to Head Start Classrooms is also provided. The McStart program involves Behavioral Health and Door to Hope staff working in collaboration with other agencies to provide intensive services to high risk children and their families. Children ages 0-5 who have been prenatally exposed to alcohol or other drugs, or who are at high risk for developmental problems due to chronic neglect or exposure to violence, receive a comprehensive array of services.

What are the Needs and Priorities for this Service Area?

1. Increase treatment for mothers/parents/caregivers of children 0-5.
   - **Data to Support Need:** The highest rated weakness in our focus group session was “Lack of services or limits to services.” Specifically, the participants noted there are not services for post-partum mothers.
   - **Goal:** By September 2014, build partnerships with public health nurses and primary care to increase identification and medical treatment for post-partum depression. Develop increased capacity to provide home-based supportive services to mothers with post-partum depression.

2. Provide increased services to families/caregivers of children served by these programs through collateral contact and dyadic and family therapy.
   - **Data to Support Need:** Current data reporting practice shows 27% of children received collateral services. Program will now track services provided to families/caregivers under new Family Therapy Code to more accurately reflect these collateral services.
   - **Goal:** By December 2014, provide collateral or therapeutic services to parents/caregivers of at least 90% of children served.

What are the Public Health Benefits Achieved by the Early Childhood Intervention Programs:

- These programs give parents and caregivers the skills needed to meet the needs of their children.
- These preventive services address challenges prior to children enrolling in school and potentially falling behind.
- As part of this program, consultation is given to teachers and Head Start programs so they can effectively support the needs of young children as well as identify and refer high risk children.
3. Improvements are needed in the following areas:
   a. communication and information dissemination
   b. linkage/referrals amongst providers and systems
   c. coordination of treatment and educational needs

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the focus group session the participants prioritized the need for improved communication and community education about the services available.</td>
<td>Build relationships with medical providers and others in the community to help them understand services. Develop robust information section of the Behavioral Health website and others such as 2-1-1 to educate the community and service providers about the importance of identification and referral of at-risk children and how to access Behavioral Health services.</td>
</tr>
</tbody>
</table>

4. Increase services to South County residents.

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Fiscal Year 12/13, 16% of individuals served by these programs were from South County. In the focus group session, the lack of services to South County residents was identified as a key weakness.</td>
<td>By June of 2014, continue to increase services to South County so that 20% of the total individuals served will be residents of South County, which matches the percentage of Medi-Cal beneficiaries residing in this region.</td>
</tr>
</tbody>
</table>

5. Provide evidence-based practices in all regions, including Dyadic Therapy, Parent Child Interactive Therapy, and Occupational Therapy services.

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Fiscal Year 12/13, 24% of services were tied to an evidence-based practice.</td>
<td>By June 2014, install equipment needed for therapy services in all regions.</td>
</tr>
</tbody>
</table>

30% of individuals served by these programs have a preferred language of Spanish
70% of individuals served by these programs are victims of trauma
75% of individuals served by these programs are Latino
Service Area: Adoption Preservation

Description of Services & Who is Served by This Program

Adoption Preservation services are designed to improve the adoptive/foster child’s overall functioning, support the child’s parent/caregiver, reduce parental stress, and improve the family’s well-being. Kinship Center is a local agency that provides mental health, case management, and psychiatry services to children and their families. Key Services provided by this program:

1. Provide psycho-education on child development.
2. Assist community and stakeholders to understand how significant issues in a child’s life impact their behavior.
3. Identify family needs through the development of a family centered treatment plan.
4. Provide a range of services from prevention to early intervention.
5. Support the stability of children not living with their families of origin.

What are the Needs and Priorities for this Program?

<table>
<thead>
<tr>
<th>1.</th>
<th>Marketing: Educate the community regarding resources and treatment services available from Kinship Center/Seneca Family of Agencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>During the focus group session, marketing was ranked as the highest opportunity for program improvement.</td>
</tr>
<tr>
<td>Goal:</td>
<td>Develop educational materials to support teachers in providing sensitive and appropriate support to children not living with their families of origin including those living with relative caregivers, foster parents, and same sex couples.</td>
</tr>
<tr>
<td></td>
<td>Appoint a resource liaison for Kinship Center to help educate the community about available services and how to access them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>Increase the provision of group services to effectively meet the needs of the population of focus.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>Group counseling represented 7% of the total services provided by this program in Fiscal Year 12/13.</td>
</tr>
<tr>
<td>Goal:</td>
<td>By June of 2015, increase the provision of group services from 7% to 10% of total services.</td>
</tr>
</tbody>
</table>
3. **Expand services in South County.**

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Currently 13% of services are provided to South County residents, while 20% of the Medi-Cal population lives in South County.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By the end of 2014, increase services to South County residents by opening a new regional office in King City. Services to the residents of the South County region will increase to 20%.</td>
</tr>
</tbody>
</table>

Currently 13% of services are provided to South County residents

With the opening of a new regional office in King City, by the end of 2014, 20% of individuals served will be from South County

4. **Increase services to parents/caregivers to help them best support children served by this program.**

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>In FY 12/13 only 13% of service time went to parents/caregivers. Working more with parents/caregivers can support maintaining a successful adoption.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2015, increase percentage of services to parents/caregivers from current rate of 13% of total services to 18%.</td>
</tr>
</tbody>
</table>

What are the Public Health Benefits Achieved by the Adoption Preservation Program:

- This program provides necessary education and support to adoptive families, foster parents, and next of kin to develop the skills to maintain placement stability and promote healthy development of the child.
Service Area: Student Mental Health Services

Description of Services & Who is Served by These Programs

Behavioral Health staff serves students who are in special education and who are referred by a school psychologist due to social/emotional concerns that are interfering with their academic performance. The services are approved in an Individualized Education Program (IEP) meeting and may include individual counseling, group counseling, teacher consultation, and family counseling. If a student requires intensive services in order to be maintained in school and in the community, Behavioral Health staff also provides a service called “Home Alternative to Residential Treatment Services or HART.” Students in the general education population who are Medi-Cal beneficiaries are provided Mental Health services by trainees or interns at a limited number of school sites. These children can also be referred to the Access to Treatment program for services. A local service provider offers school-based Mental Health services to North Monterey County children who reside in the Pajaro/Las Lomas area and attend Santa Cruz County schools. A County-wide nonprofit agency also provides services to students exposed to domestic violence or bullying.

What are the Needs and Priorities for this Service Area?

1. **Increase prevention services, i.e., early intervention services and support in the schools.**

   **Data to Support Need:** The biggest weakness identified by the focus group was a lack of services. The community-based strategic planning feedback sessions also heard from many community members who stated they have insurance but cannot access Mental Health services for their school-aged children.

   **Goal:** By June 2015, conduct a cost feasibility study to evaluate options for providing school-based Mental Health services to students who are privately insured.

2. **Increase services to Medi-Cal beneficiaries in the general education population.**

   **Data to Support Need:** The highest ranked opportunity in the focus group session was the need to expand services to serve more children in the school-based setting.

   **Goal:** By June 30, 2015, increase community-based Mental Health services for children by providing a therapist in every Monterey County school where 70% of the student population are Medi-Cal beneficiaries.
3. Increase family support and counseling services.

Data to Support Need: In the focus group session, one of the highly ranked opportunities was providing services to families and increasing family education. Correspondingly, a threat identified was a difficulty for families in navigating the Mental Health system.

Goal: By July 1, 2014, develop family support groups in English and Spanish to increase education and supportive services to parents.

4. Increase the provision of group services to efficiently meet the increasing demand for student Mental Health services.

Data to Support Need: In the last fiscal year, only 23% of students received services in a group modality. Program capacity can be increased by expanding group treatment services.

Goal: By June 30, 2015, increase the provision of evidence-based group services in the school setting from current level of 23% of students served to 50%.

What are the Public Health Benefits Achieved by Student Mental Health Services:
- These programs address mental health barriers to learning.
- These programs reduce absences related to Behavioral Health challenges which helps keep students in school, improves learning, and increases school funding.
Service Area: Children Involved with Social Services

Description of Services & Who is Served by These Programs

County Behavioral Health staff provides extensive Mental Health and family assessments to all families involved with the County Dependency Court. Mental Health treatment and case management services are provided to children and their families who are involved in the Dependency Court and Child Welfare system due to severe abuse and neglect. This includes children who may be adopted, children who are not being reunited with their families and therefore placed in long-term foster care, and children and their families who are working toward reunification after children have been removed from home.

What are the Needs and Priorities for this Service Area?

<table>
<thead>
<tr>
<th>1.</th>
<th>Increase the use of an evidence-based practice to treat trauma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>93% of individuals treated in these programs have a history of trauma.</td>
</tr>
<tr>
<td>Goal:</td>
<td>By June 2014, identify an evidence-based practice to more adequately address trauma. By December 2014, train staff and begin implementation.</td>
</tr>
</tbody>
</table>

Of the 441 individuals served by these programs last fiscal year, 93% had a history of trauma.
2. **Address current waiting list for services.**

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Feedback from the focus group sessions noted one of the biggest weaknesses was the need for training. A key opportunity for program improvement identified during the sessions was the increased use of evidence-based practices/approaches.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2014, implement use of Intensive Care Coordination meetings to increase treatment and decrease case management services from 35% of total services to 25%. This shift will create capacity to serve additional families in these programs.</td>
</tr>
</tbody>
</table>

3. **Provide support services for reunified families.**

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Lack of services after a family is reunified was identified as a key weakness during the focus group session.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By 2015, develop recovery support group services to serve families after reunification.</td>
</tr>
</tbody>
</table>

4. **Improved staff training in the following areas:**

- Family treatment
- Cultural competency
- Evidence-based practices/approaches

**What are the Public Health Benefits Achieved by the Children Involved with Social Services programs:**

- These programs provide the treatment necessary to re-unify families.
- These programs provide support to parents to address mental illness that impacts their ability to be effective parents.
Service Area: Children at Risk of Placement

Description of Services & Who is Served by These Programs

These services are designed to prevent the out-of-home placement of children whose emotional, social, and/or behavioral problems create a substantial risk of placement in publicly funded care, such as foster homes, group homes, correctional institutions, or psychiatric facilities. If out-of-home placement is required, the goal of residential treatment services is to return children to their families or transfer them to a lower level of care by reducing emotional/behavioral symptoms, and to assist these youth to develop age-appropriate potential and functionality, including improved academic achievement.

What are the Needs and Priorities for this Service Area?

1. There is a lack of bilingual staff in these programs, and there are disparities in service utilization among the Latino population.

Data to Support Need: There is a gap between the percentage of Latino individuals served and the percentage of services or service value provided to Latino individuals.

Goal: By June 2015, increase bilingual staff assigned to these programs. Reduce service utilization variance provided by contract providers to Latinos from the current 12% to 5%.

In this program 66% of youth served are Latino, but only 54% of services are provided to Latino youth. To reach our Health Equity Goals, the two numbers should match, meaning this program successfully engages Latino youth.

2. Families of youth in residential treatment need psycho education and support.

Data to Support Need: 67% of the youth assessed by these programs are experiencing family issues/problems.

Goal: By June 2014, develop and implement a “general” parent support group to serve families with children in residential services.
We asked South County residents what services they need:

Individual counseling for the children. Children are not attaching to their parents because parents are on drugs. They need help.

<table>
<thead>
<tr>
<th>3.</th>
<th>Currently, the referrals for Therapeutic Behavioral Services (or TBS) for South County residents have been very limited.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>Contractors providing TBS services are currently challenged to meet the service needs of South County residents. Only 13% of individuals served by these programs reside in the South County region, while 20% of the County’s Medi-Cal population resides in South County.</td>
</tr>
<tr>
<td>Goal:</td>
<td>By June 2015, create increased capacity for post hospital/residential placement groups to provide aftercare services; link these services to “Access to Treatment.”</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.</th>
<th>There are inadequate aftercare services available to youth discharged from the hospital.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>In focus group sessions, a need was identified to increase the follow-up care offered to individuals who do not fit into other intensive service group models, especially for those recently discharged from inpatient and residential settings.</td>
</tr>
<tr>
<td>Goal:</td>
<td>By June 2015, create increased capacity for post hospital/residential placement groups to provide aftercare services; link these services to “Access to Treatment.”</td>
</tr>
</tbody>
</table>

What are the Public Health Benefits Achieved by the Children at Risk of Placement Programs:

- These programs work to keep children and youth in the community because most placements are outside of Monterey County. These services help students stay in school and stay connected to their support system.
Service Area: Transition Age Youth (TAY)

Description of Services & Who is Served by This Program

County Behavioral Health staff provides a continuum of services ranging from outreach and engagement to post-hospitalization services to youth ages 16 through 25 (known as Transition Age Youth or TAY) with a mental health diagnosis or who are at risk of developing a diagnosis, and who are experiencing difficulties transitioning to adulthood.

Collaborative partners of this program are: TAY, family members, community-based youth serving organizations, juvenile probation, education, and social services.

What are the Needs and Priorities for this Program?

1. Respond to the youths’ requests for additional linkage to Vocational/Occupational training.
   Data to Support Need: During the focus group session attended by many youth, they noted receiving assistance obtaining jobs as a key goal.
   Goal: Build partnerships with existing community partners, the Office of Employment & Training, and the Department of Rehabilitation to link more youth to available supportive employment.

2. Increase Substance Abuse Treatment/Recovery Services.
   Data to Support Need: 28% of TAY served by this program have a substance use disorder.
   Goal: By June 2015, implement an evidence-based practice to address the needs of TAY with substance use disorders.

What are the Public Health Benefits Achieved by the Transition Age Youth Program:

- This program provides early identification and treatment of severe mental illness.
- This program addresses barriers to academic achievement and employability due to untreated mental illness.
### 3. Increase services to family members of TAY.

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>28% of youth received collateral supports of services to family members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2014, implement a multi-family therapy group using the Portland Intervention and Early Recovery (PIER) model in Spanish. By June 2015, increase collateral services to 50%.</td>
</tr>
</tbody>
</table>

### 4. Increase the use of evidence-based practices.

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>23% of TAY in this program have a primary diagnosis of a psychotic disorder.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By July 2014, increase use of evidence-based practices, especially Dialectical Behavioral Therapy &amp; Cognitive Behavioral Therapy for Psychosis. By June 2014, provide training to staff.</td>
</tr>
</tbody>
</table>

### 5. Refine program so that more TAY can participate and receive timely and effective services to meet their needs.

<table>
<thead>
<tr>
<th>Data to Support Need</th>
<th>During FY 2012-13, 15% of TAY served were discharged with their treatment/recovery goals met, or partially met.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By December 2014, implement a “Level of Care” system to enroll TAY into the Full Service Partnership (FSP) intensive services or the System Development level, based upon their needs. Develop a continuum of care to help youth progress in their goals as they transition to adulthood, including a “Graduation Checklist” and an Alumni group that supports youth in natural settings in the community.</td>
</tr>
</tbody>
</table>

During the focus group session, the TAY program participants had a lot to say about their program! 

- I like the youth mentors; peer to peer support
- I like the flexible time, after 5pm
- They are very understanding and non-judgmental
- Staff are easy to talk to
- In this program they take all comers

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Service Area: Juvenile Justice

Description of Services & Who is Served by These Programs

Behavioral Health staff works with many community-based service providers to create a collaborative network to meet the needs of at-risk youth and juveniles involved in the justice system. Services include:

1. Prevention services to youth at risk of becoming involved in juvenile justice system: Services at the Silver Star Resource Center and the collaborative Youth Diversion program with the Seaside Police Department.
2. Screening and assessment services for youth at Juvenile Hall to identify treatment needs.
3. Provide recommendations to the court system.
4. Outpatient services to youth in the community to keep them at home and in school. Services are primarily provided to youth on Probation, with the goal of decreasing re-offenses.
5. Services provided at Rancho Cielo to address the Mental Health needs of high risk youth attending programs to help them reach their academic and vocational goals.

6. Mental Health Court services: collaboration with Probation, providing intensive services for youth and their families.
7. Dual diagnosis services: drug court; Integrated Co-occurring Treatment; Santa Lucia residential treatment program.
8. Youth Center services to juveniles incarcerated and sentenced for nine months. Provide Mental Health screening, treatment, and family therapy.
9. Aftercare services to youth after incarceration to help them reintegrate into the community. Services can include supportive housing for youth who cannot return to their homes.
10. Specialty Mental Health services to youth who have been convicted of sexual offenses.

What are the Needs and Priorities for this Service Area?

1. Enhance trauma-informed treatment services.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>67% of youth in these programs are victims of trauma. In the Full Service Partnership, 94% of the youth have experienced trauma.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2014, identify and begin staff training on the use of an evidence-based practice to treat trauma.</td>
</tr>
</tbody>
</table>

2. Provide crisis services to families of youth homicide victims.

<table>
<thead>
<tr>
<th>Data to Support</th>
<th>Monterey County’s young people suffer a murder rate that leads all California counties and is nearly three times the overall state rate for the same age range.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By July of 2014, identify funding to restore a part-time position to provide short-term counseling to family members of youth homicide victims.</td>
</tr>
</tbody>
</table>

Source: “Lost Youth: A County-by-County Analysis of 2010 California Homicide Victims Ages 10 to 24” released by the Violence Policy Center.

Monterey County Gang Membership by Grade Level

<table>
<thead>
<tr>
<th>Grade</th>
<th>7th Grade</th>
<th>9th Grade</th>
<th>11th Grade</th>
<th>Non-traditional School Students</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10%</td>
<td>9%</td>
<td>7%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: California Healthy Kids Survey, 2013
Youth report needing support obtaining employment.

Data to Support Need:
During the focus group session, youth identified support with employment and school as one of the highest ranked needs.

Goal:
By December 2014, evaluate vocational/occupational resources and collect information, making these available to all youth.

Data to Support Need:
In Fiscal Year 12/13 only 30% of youth received collateral support or services for their family and their support network.

Goal:
By June 2015, reduce the percentage of staff time spent on case management and increase provision of collateral services, including family therapy, from 3% of services to 13% of total services.

Increase services to family members.

Data to Support Need:
By June 2015, reduce the percentage of staff time spent on case management and increase provision of collateral services, including family therapy, from 3% of services to 13% of total services.

Goal:
By June 2015, reduce the percentage of staff time spent on case management and increase provision of collateral services, including family therapy, from 3% of services to 13% of total services.

What are the Public Health Benefits Achieved by the Juvenile Justice Programs:
- This program increases public safety.
- This program reduces recidivism.
- This program promotes positive youth development.
**Service Area: Adult System of Care (ASOC)**

**Description of Services & Who is Served by These Programs**

Behavioral Health staff collaborates with local agencies to provide a range of services to adults ages 18 years and older with serious and persistent mental illness. The overarching goal is to help consumers establish and/or maintain independence, self-sufficiency, and recovery through the provision of integrated health care services that include psychiatric, mental health, physical health, and case management services. These services are provided at locations in four regional clinics (Monterey Peninsula, Salinas, Soledad, and King City). The primary goal is to maintain individuals in the least restrictive environment to enhance their quality of life.

**What are the Needs and Priorities for this Service Area?**

<table>
<thead>
<tr>
<th>1.</th>
<th>Increase services to the Latino population.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data to Support Need:</strong></td>
<td>Of the Medi-Cal beneficiaries in Monterey County, 78% are Latino. In FY 12/13, 32% of the individuals served by the Adult System of Care were Latino.</td>
</tr>
<tr>
<td><strong>Goal:</strong></td>
<td>Conduct a six month trial of an assertive community-based outreach team to engage Latino individuals accessing acute services (crisis and hospitalization) who are not engaged in the Adult System of Care. <em>Note: this pilot project was implemented in March 2014.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2.</th>
<th>Improve services to treat individuals with co-occurring substance use and mental health disorders.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data to Support Need:</strong></td>
<td>45% of individuals served by the Adult System of Care have a dual diagnosis. In several focus groups, the lack of dual diagnosis services were identified as a weakness. Additionally, the creation of a dual diagnosis specialty team was recognized as an opportunity to improve treatment outcomes.</td>
</tr>
<tr>
<td><strong>Goal:</strong></td>
<td>By July 1, 2014, develop a dual diagnosis intensive “whatever it takes” program to better coordinate the delivery of evidenced-based treatment to individuals currently receiving ASOC services who have been assessed as needing substance use treatment.</td>
</tr>
</tbody>
</table>

45% of individuals served by the ASOC have a need for substance use treatment
3. Increase the number of individuals who achieve their recovery goals and are successfully discharged from the Adult System of Care.

Data to Support Need: 16% of individuals served by the Adult System of Care are discharged with having met their recovery goals.

Goals: By June 2015, implement a “Level of Care” system to help individuals successfully move through the Adult System of Care and discharge to primary care services. By June 2015, increase capacity to treat high functioning individuals in the primary care clinic setting.

4. Assist individuals to improve their engagement with their primary care physician to improve health outcomes.

Data to Support Need: Individuals served by the Adult System of Care die on average 25 years younger than the general population. This local data replicates a statistic seen across the nation.

Goals: By June 30, 2015, increase engagement with a primary care physician from the current rate of 50% of individuals seeing a primary care physician to 80% . By June 30, 2015, develop a medically intensive team to treat the needs of individuals with high physical health care needs.

5. Help individuals create a supportive network of care to help them successfully discharge into the community.

Data to Support Need: In the last year, only 19% of individuals served by the Adult System of Care received services geared toward increasing their “collateral supports” or assistance to their family and friends. Supporting an individual’s network can help them meet their recovery goals.

Goal: By June 30, 2014, increase the provision of collateral services, including services for the individual’s family and supportive network, from the current rate of 19% to 25% and by June 30, 2015, increase this rate to 30%.

What are the Public Health Benefits Achieved by the Adult System of Care Programs:
• These programs give adults with severe mental illness the opportunity to safely live in the community as they work toward achieving their recovery goals.
Service Area: Homeless Adults

Description of Services & Who is Served by This Program

Behavioral Health staff collaborates with local homeless service providers to provide outreach and engagement, assessments, intensive case management services, and psychiatry services for adults with a psychiatric disability who are homeless or at high risk of becoming homeless.

The County’s partnership with Interim Inc.’s McHome program created the ability to serve 71 individuals in Fiscal Year 12/13. A new partnership with California State University Monterey Bay provides funding for the “Chinatown Learning Center” in Salinas.

What are the Needs and Priorities for this Service Area?

1. Increase timely access to therapeutic services.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Individuals who have experienced homelessness and service providers have expressed concerns regarding the wait time to access therapeutic assessment and treatment services. The number one weakness identified during the focus group session was timely access to services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals:</td>
<td>By June 2015, increase capacity in County operated homeless services by reducing linkage services from 27% of total services to 17%. Increase clinical staff assigned to this program to support an increase in program capacity. Note: this was implemented in March 2014.</td>
</tr>
</tbody>
</table>

2. Facilitate an increased use of therapeutic groups to efficiently serve the population of focus.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Group services help to efficiently meet the increasing demand for services. Currently 50% of individuals served by these programs have received a group therapy service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2015, increase percentage of individuals engaged in group services from 16% of total services to 20%.</td>
</tr>
</tbody>
</table>

3. Increase homeless services to the South County region.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>In the last fiscal year, only 1% of homeless services were provided to individuals residing in South County.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By June 2014, increase services to the homeless in South County by implementing outreach and engagement services one day per week.</td>
</tr>
</tbody>
</table>

What are the Public Health Benefits Achieved by the Homeless Adults Program:

- This program reduces homelessness.
- This program reduces prolonged suffering of homeless mentally ill community members.
84% of individuals served by this program are victims of trauma

4. Improve the treatment of trauma and substance use disorders for individuals served by this program.

Data to Support Need: A clear majority of homeless individuals have a history of trauma and/or substance abuse.

Goal: By December 2014, engage 50% of individuals served by this program in evidence-based treatment/recovery services for trauma and substance use disorders.
Service Area: Adults Involved in the Criminal Justice System

Description of Services & Who is Served by This Program

Behavioral Health staff collaborates with the Superior Court, law enforcement, and Interim, Inc. (a supported housing services provider) to address the significant challenges of unserved or underserved mentally ill individuals involved in the criminal justice system. The Creating New Choices or CNC program is a Full Service Partnership that provides a stable supported housing environment and a positive peer culture. The CNC program uses a philosophy of “whatever it takes” to assist consumers to integrate successfully back into the community and helps to reduce criminal recidivism. CNC program participants have access to CNC staff 24/7, a unique service that helps them maintain stability in the community.

What are the Needs and Priorities for this Program?

1. Recovery support services to help individuals safely maintain in the community after they have completed treatment.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>The opportunities identified by the focus group included increasing services in the community and increasing education and training for staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>By December 2014, train all program staff in Wellness Recovery Action Planning (WRAP). This training will help individuals to engage in community based services.</td>
</tr>
</tbody>
</table>

Of the individuals surveyed by the Monterey County 2013 Homeless Census, 13% list incarceration as the reason for homelessness.

45% of individuals served in this program have a substance use diagnosis.
Obtain program incentives for participation to provide positive reinforcement for successful program participants.

Data to Support Need: Developing a step-down program will increase program capacity, which is a key need identified in our focus group session.

Goal: By July 2014, develop a step-down program from the intensive services that helps individuals successfully transition to community-based services.

Increase services to family members and other support persons, which will likely improve the individual’s ability to successfully re-engage in the community.

Data to Support Need: In Fiscal year 12/13, 7% of individuals received collateral supports or services to their families/support network. One of the weaknesses identified by the focus group was lack of services to family members.

Goal: By June 30, 2015, increase the provision of collateral services which can assist the individual with engagement in community-based services and family supports. Currently 7% of individuals served by this program received a collateral service. By June 30, 2015, 50% of individuals will receive collateral services.

What are the Public Health Benefits Achieved by the Adults Involved in Criminal Justice System Program:
- This program takes mentally ill offenders out of jail into treatment.
- This program helps to reduce recidivism by treating mental illness as the underlying cause of criminal behavior.
Service Area: Adults in Residential Placement/Supported Housing

Description of Services & Who is Served by These Programs

Interim, Inc. provides 100+ housing placements for community independent living for chronically mentally disabled adults age 18 and older. These placements are provided as individual apartments and cooperative group housing units. Housing is secured by Interim, Inc. through purchase or lease agreements and then sublet or rented to individuals who are enrolled in County Behavioral Health services. Interim, Inc. works with the local housing authority to provide Section 8 housing subsidies whenever possible. Units are located in Salinas and on the Monterey Peninsula. In addition, Interim, Inc.’s administrative staff works on the development of additional units to accommodate future growth. Individuals requiring more intensive services are placed in licensed board and care facilities and case managed by Behavioral Health staff.

What are the Needs and Priorities for this Service Area?

<table>
<thead>
<tr>
<th>1.</th>
<th>Provide evidence-based effective treatment in all supported housing programs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data to Support Need:</td>
<td>Focus group sessions highlighted the need to help individuals move through different levels of supported housing.</td>
</tr>
<tr>
<td>Goal:</td>
<td>By July 1, 2014, identify and implement an evidence-based approach to providing supported housing. The evidence-based approach can include Mental Health and dual recovery services.</td>
</tr>
</tbody>
</table>

Of individuals served by these programs also have a diagnosis of substance use disorder

| 30% |

Of individuals served by these programs are diagnosed with a psychotic disorder

| 84% |

Of individuals in supported housing have a bi-polar diagnosis

| 11% |

The goal of these programs is to move individuals from:

- Residential placements
- Supported Housing
- Independence in the Community

2. Assist individuals in reaching their treatment/recovery goals and reintegrate into the community.

| Data to Support Need: | Behavioral Health currently assigns one staff member who is very successful in moving individuals from locked settings into community-based supported housing; however, there is an increased number of individuals needing these specialized case management services. |
| Goal: | By July 2015, increase the “Intensive Placement Coordination” team by one additional staff member to help individuals move through the levels of residential treatment toward reintegration into the community. |
Increase supported housing services to include a greater percentage of Latino individuals and South County residents.

Data to Support Need:
Currently, there are no supported housing services for adults with serious mental illness in South County.

Goals:
By July 2015, increase supported housing services in South County by identifying a residential provider in this region. Implement a culturally relevant service array to meet the increasing needs of the South County region. By June 2016, increase total supported housing services provided to South County residents to 12%.

What are the Public Health Benefits Achieved by the Adults in Residential Placement/Supported Housing Programs:
• These programs reduce homelessness.
• These programs help maintain individuals with severe mental illness in the community.
Service Area: Dual Diagnosis Treatment

Description of Services & Who is Served by These Programs

This service area includes full service partners, outpatient services, and specialized residential treatment/recovery services for dually-diagnosed pregnant or parenting women over the age of 18 and their young children, as well as for adolescent females with co-occurring disorders. Aftercare/Recovery support services are also available to adults and adolescents upon completion of residential dual diagnosis treatment. Outreach and outpatient Mental Health services are provided to dually-diagnosed adults. An integrated co-occurring outpatient treatment/recovery program serves youth ages 12-17 with serious substance abuse problems and mental health issues, and their families.

These services are provided by local contract providers including Door to Hope and Interim, Inc.

What are the Needs and Priorities for this Service Area?

1. Increased access to detoxification or "detox" services.

   Data to Support Need: Multiple focus group sessions noted the need for detox services to help engage individuals in recovery and reduce the risk of hospitalizations.

   Goal: During the next five years establish and expand detox services. Identify funding for detox services such as grants or other new funding sources.

2. Improved aftercare/recovery support services for individuals completing dual diagnosis residential programs.

   Data to Support Need: Consumers participating in focus group sessions noted the need for more recovery support services to help individuals in their recovery journey. Services need to include those specifically designed for individuals with mental health and substance use disorders.

   Goal: Implement evidence-based dual diagnosis recovery support services that are accessible in all regions. Provide linkage with 12-Step Programs. Launch a small pilot project in 2015, evaluate outcomes, and modify as needed for implementation in all regions.

Feedback from the Focus Group Session

“People do not know where to start—there is no clear entry point.”

“We need more collaboration between agencies.”

“The process to enter the system is too long and sometimes people do not want to wait.”
3. Increased access to dual diagnosis residential treatment/recovery services.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>Long wait lists for entry to services indicate the need for more dual diagnosis treatment/recovery services capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>Increase number of residential bed days available. In 2015, conduct a study to evaluate current occupancy for service trends; implement evidence-based practices to improve treatment/recovery outcomes and reduce relapse and re-entry into services.</td>
</tr>
</tbody>
</table>

4. Collateral services to support family members and other support persons of adults served in dual diagnosis treatment/recovery services.

<table>
<thead>
<tr>
<th>Data to Support Need:</th>
<th>22% of individuals in dual diagnosis treatment/recovery services received collateral supports.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal:</td>
<td>In collaboration with Behavioral Health staff and contract providers, identify methods of providing increased collateral services, including group services for families and other support persons of adults in dual diagnosis treatment/recovery services. By June 2015, increase the number of individuals who receive support services for their families from 22% to 50%.</td>
</tr>
</tbody>
</table>

What are the Public Health Benefits Achieved by the Dual Diagnosis Treatment Programs:

- These programs reduce high risk behaviors associated with substance abuse.
- These programs promote healthy, pro-social choices.
Service Area: Alcohol and Other Drug Prevention and Treatment

Description of Services & Who is Served by These Programs

ALCOHOL AND OTHER DRUG (AOD) PREVENTION services involve collaboration with local contract providers that provide community education though activities like using youth peers in Friday Night Live (the safe teens empowerment program), gateway drug training, and youth alternatives to violence. Additionally, AOD prevention services work on changing community norms through prescription drug take-back events, safe home pledges, and supporting the enforcement of the Lee Law, which reduces store front signage advertising alcohol.

ALCOHOL AND OTHER DRUG (AOD) TREATMENT/RECOVERY services consist of intensive, structured recovery support for Monterey County residents age 18 years and older with a primary addiction to alcohol/other drugs. Intravenous drug users, those who are HIV+, and pregnant/parenting women receive priority admission. Narcotic maintenance services are available to Medi-Cal eligible adults with a primary addiction to heroin or other opiates to stabilize and decrease their addiction. AOD treatment/recovery services are provided by local contract providers.

What are the Needs and Priorities for this Program?

1. Increase treatment/recovery services to South County residents.
   - **Data to Support Need:** In Fiscal Year 2012/13, of the total number of individuals served, 7% were from South County; 20% of Medi-Cal beneficiaries are from the South County region.
   - **Goal:** By 2015, explore opportunities to increase services to South County by 20% by working in collaboration with contract providers to meet the expanding needs in this region.

2. Increase services to non-English speaking individuals seeking AOD treatment/recovery services.
   - **Data to Support Need:** In Fiscal Year 12/13, 7% of services were provided to individuals whose preferred language is Spanish. System wide, 21% of individuals served indicated Spanish as their language of preference.
   - **Goal:** By June 2015, identify evidence-based practices that help engage Latinos effectively in AOD treatment/recovery services. Provide training to contract providers on evidence-based, culturally relevant treatment/recovery practices.

3. Evaluate the Mental Health needs of individuals enrolled in Substance Abuse treatment/recovery services.
   - **Data to Support Need:** During the focus group session, consumers as well as providers voiced concerns that many individuals in AOD treatment/recovery services are not getting their mental health needs met. Participants also expressed concern that their peers could not benefit from treatment/recovery services without access to Mental Health services and medications.
   - **Goal:** By January 2016, modify assessment protocols to identify Mental Health and Substance Use needs at an integrated access point.

What are the Public Health Benefits Achieved by the Alcohol and Drug Treatment Programs:
- Reduces high risk behaviors associated with substance abuse.
- Promotes healthy, pro-social choices.

In the 2013 Monterey County Homeless Census, 20% of the individuals surveyed listed alcohol and other drug use as the primary cause of their current episode of homelessness.

“In our programs it is hard for some people to keep up because of their mental illness.” - Consumer in the focus group session

"In our programs it is hard for some people to keep up because of their mental illness.” - Consumer in the focus group session
What Program Participants Said about the Program Strengths During the Focus Group Session

- Sun Street is committed to help the community
- Youth know what is going on in the street and how to connect with youth
- Staff supports youth in their development
- There is a good use of the graduates in the program

Problem Statement 1: Monterey County youth are able to access ATOD (Alcohol, Tobacco, Other Drugs) in residential and retail settings.

Goal 1: Reduce the access to Alcohol, Marijuana, Rx Drug Misuse, and Tobacco among current youth users in Monterey County
- By June 30, 2017, increase awareness of risks and consequences of youth ATOD use among parents, caregivers, and family members of Monterey County youth by 5% as measured by pre/post surveys of all parents, caregivers, and family members engaged in prevention programs and services.
- By June 30, 2017, increase Monterey County merchant compliance with tobacco regulations for sales to minors (e.g., compliance checks) from 44% to 48% as measured by the number of tobacco sales made to underage youth.
- By June 30, 2017, increase merchant compliance with alcohol regulations (e.g., sales and signage) from 11.9% to 15.9% as measured by the number of alcohol sales made to underage youth and the number of stores who are in compliance with signage regulations.
- By June 30, 2017, increase the number of municipal Social Host Ordinances from three to seven and enact a County-wide Social Host Ordinance.

Problem Statement 2: Youth in Monterey County have high rates of use for specific ATOD substances, i.e., Alcohol, Tobacco, Rx Drugs, and Marijuana, both County-wide and in specific regions.

Goal 2: Reduce the use of Alcohol, Marijuana, Prescription and Over-the-Counter Drug Misuse, and Tobacco among current youth users in Monterey County.
- By June 30, 2017, reduce 30 day alcohol use among high school students at non-traditional schools in Monterey County from 48% to 45% as measured by pre/post surveys of all students engaged in prevention programs and services.
- By June 30, 2017, reduce 30 day ATOD use among Monterey County middle and high school students at traditional schools by 5% (each substance) as measured by pre/post surveys of all students engaged in prevention programs and services. For 7th grades, the use will be reduced from 18% to 13%; for 9th grades, from 29% to 24%; and for 11th grades, from 35% to 30%.
- By June 30, 2017, reduce lifetime misuse of over the counter and prescription drugs among middle and high school students at traditional schools in North Monterey County Unified School District by 5% as measured by pre/post surveys of all students engaged in prevention programs and services. For 9th grades, misuse will be reduced from 25% to 20%, and for 11th grades, from 20% to 15%.
Case Management Services are the coordination of community services by a professional who is responsible for the assessment of need and implementation of treatment plans. Case management includes ongoing support in areas such as housing, employment, social relationships, and community participation. A more intensive form of case management is called Assertive Community Treatment.

Collateral Services are services provided to a parent, spouse, or another significant support person in an individual’s life for the purpose of meeting the needs of the individual in terms of achieving the goals of the individual’s treatment/recovery plan. Collateral services may include but are not limited to consultation and training of the significant support person(s) to assist in better utilization of Mental Health services by the individual, consultation and training of the significant support person(s) to assist in better understanding mental illness, and family counseling with the significant support person(s). The individual may or may not be present for these services.

Community-Defined Practices are typically community-defined, strength-based promising practices, models, resources, and approaches that are used as strategies to reduce disparities in mental health in racial/ethnic and cultural groups.

Co-Occurring Disorder is when an individual is diagnosed with both alcohol or drug addiction and a mental health disorder. This is also referred to as a “dual diagnosis.”

Dual Diagnosis see Co-Occurring Disorder, above.

Dyadic (Developmental) Therapy is a treatment approach to trauma, loss, and other stressful experiences that a child may experience and is based on the premise that the parent-child attachment relationship will be the central factor in the child’s subsequent healthy development.

Early Childhood Intervention is a system of coordinated services that promotes the child’s growth and development and supports families during the critical early years. Early intervention services can: improve developmental, social, and educational gains; reduce the future costs of special education, rehabilitation, and health care needs; reduce feelings of isolation, stress, and frustration that families experience; help alleviate and reduce behaviors by using positive strategies and interventions; and help children with disabilities grow up to become productive and independent individuals.

Evidence-Based Practices are well-researched interventions that use clinical experience and ethics, client preferences, and culture to guide and inform the delivery of treatments and services.

Full Service Partnership or “FSP” is a core program element of the Mental Health Services Act which defines FSP as the collaborative relationship between the service provider and the consumer, and when appropriate the consumer’s family, through which the provider plans for and provides the full spectrum of community services so that the consumer can achieve their identified goals.

Gap Access Services are designed to expand service capacity and provide quality follow-up care to individuals who have recently experienced an acute psychiatric crisis and are at risk for crisis intervention and/or psychiatric inpatient placement. Services include therapeutic support and linkage to both county and community resources so that use of crisis/inpatient placement services can be greatly reduced. This program serves individuals of all ages including those who are limited in their ability to pay.

Medical Necessity refers to the criteria in Title 9 of the California Code of Regulations, Chapter 11, Medi-Cal Specialty Mental Health Services.

Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is an empathic, supportive counseling style that supports the conditions for change.
Peers are described as persons with lived experience, consumers of mental health services, and parents who provide support to other parents/caregivers who also have a child with mental health challenges.

Post-Release Community Supervision & AB 109: Criminal Justice Realignment shifted the responsibility for who houses, supervises, and rehabilitates certain groups of offenders from the State of California to Counties. Specifically, “N3’s” (non-violent, non-serious, and non-sexual criminals who also have no prior convictions for these types of offenses) can now serve sentences locally. A new group of offenders now falls under Post-Release Community Supervision (PRCS): those released from prison after serving sentences for non-violent and non-serious offenses who also have prior convictions for those types offenses and low and medium-risk sex offenders released from prison.

Prevention Services are interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.

Recovery Support Services (also called “Aftercare”) provide a vehicle to prevent relapse or to prevent lapses from progressing into full relapses.

Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential). Seeking Safety focuses on coping skills and psycho education and has five key principles: (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions); (2) integrated treatment, i.e., working on both post-traumatic stress disorder (PTSD) and substance abuse at the same time; (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse; (4) four content areas: cognitive, behavioral, interpersonal, and case management; and (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

(The) Seven Challenges® Program is designed specifically for adolescents with drug problems, to motivate a decision and commitment to change - and to support success in implementing the desired changes. The Program simultaneously helps young people address their drug problems as well as their co-occurring life skill deficits, situational problems, and psychological problems.

Substance Use Disorder is an inclusive term referring to either substance abuse or substance dependence.

Waitlist or Waiting list refers to a list of persons waiting for an appointment.

Monterey County Regions

<table>
<thead>
<tr>
<th>Coastal Region</th>
<th>North County Region</th>
<th>Salinas Valley Region</th>
<th>South County</th>
</tr>
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<tbody>
<tr>
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