ACCOMPLISHMENT REPORT 2018
MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together
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ACCESS TO SERVICES

ACCOMPLISHMENTS & CHANGES:

• **Call Center:** We now have Clinical Team ready, willing and able to take calls from the community, family members, friends and health care providers around accessing our Behavioral Health Services. People can also call to receive information and referrals to other supportive services in our County. This new mode of service delivery has improved our timeliness to services, including responding to some urgent Behavioral Health needs, such as triage and assessments. The toll-free number is 1-888-258-6029.

• **Walk-Ins:** Our 4 Access Clinics, in 3 regions, have improved their ways of assisting “walk-ins” from 10am -2 pm ensuring that people will be assessed either on the same day or within 2 weeks, depending on the level of need. People no longer need to attend a “Welcome and Orientation” Group.

• **New Appointment Scheduling System:** Both the Call Center and Walk-in clinics have access to a new automated scheduling appointment system. This allows for a more streamlined process, so less calling and/or e-mailing, waiting for responses, for both staff and people seeking our services.

• **Cal Works Collaboration:** The long-standing working relationships with Cal Works Employment Services (CWES) is going on 20 years strong! Our clinical staff continue to provide treatment to clients, so they can become successful with education and employment goals, thus living more independently for themselves and children.

• **Integrated Services:** With the implementation of the Organized Delivery System (ODS) related to the Drug Medi-cal Waiver, in July 2018, our Access staff have all been trained, including the Crisis team staff, in using the American Society of Addiction Medicine (ASAM) assessment/level of care tool. Therefore, people seeking services for addiction and/or mental health issues can receive assistance from our Access staff, either by walking-in or using the Call Center.

• **USC Telehealth:** This contract continues to provide opportunities for new clients, in all Regions, to receive timely services, in their preferred language and by using their own personal devices. Treatment outcomes have been successful for 78 clients served so far in 2018.

• **Crisis Team:** In early 2017, our Crisis Team staffing was about 50% which was causing staffing challenges and low morale. During most of 2018, the team has been fully or nearly fully staffed. Given this, moral has improved, the team has been able to attend trainings, and shifts are effectively covered. In addition, the team has been able to track transfers which is helping to improve client care and make some positive system changes. The crisis team is no longer in crisis!

• **Access to Services:** The team has been able to track transfers which is helping to attend trainings, and shifts are effectively covered. In addition, they can receive assistance from our Access staff, either by walking-in or using the Call Center.

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2019 GOALS:

• **Help children, adults and families get to the appropriate level & type of care sooner:** So far in 2018, Access Salinas, alone has had about #800 referrals from Primary Care clinics. However, approximately 40-50% of these referrals were more “mild-moderate” so Beacon would have been the correct referrals source. Thus, reducing the time, inconveniences and sometimes shame, of youth, adults and families, in sharing their struggles. Our goal would be to reduce the numbers of Primary Care referrals to #400/year. This would have people seen @ the right time, in the right place.

• **Increase the numbers of clients seen in groups:** Currently, Access has a total of 13 groups, in All Regions, with the percentage of those seen in group being 2.6%. Our goal would be to have #20 total groups and/or 10% of our clients being involved in group settings. I believe this will be realistic this year since our staffing levels are higher, we have received training, we are streamlining our workflows and we know that this is an effective way of serving our large numbers of clients entering our Access to services.

• **To have a fully functional integrated multi-disciplinary response team with Cal Works Employment Services:** At this time, our new job duties of supporting the team that helps clients not lose their cash aid and other work/school benefits is just getting started. This new endeavor will provide opportunities to our Behavioral Health staff to join with the Employment Services staff in meeting the clients out in their homes and/or community. We will be using more of an Assertive Case Management/Treatment model (ACT) which will allow us to be proactive in helping people engage in options for recovery, with mental health and/or substance use issues.

• **To have our Access Staff trained in Peri-natal/Post-Partum Depression:** With the rise in peri-natal and post-partum depression, effecting both the mother and child, sometimes other family members, too, our goal is to train 100% of our Access staff. They will learn how to better assess for these situations, so that effective timely treatment can be started. We will draw upon subject matter experts, within our Bureau.
ACCOMPLISHMENTS & CHANGES:

• Expanded our services to work with clients who are at risk of being sanctioned from CalWORKs’s Employment Services program due to non-engagement in services. Our designated social worker provided outreach and home visits to engage individuals and families who have had difficulty utilizing supportive services and who are high risk. The goal of this service is to work with individuals and families to assess their needs and develop a comprehensive case plan with a trauma informed, culturally competent, strengths based perspective.

• Our team has expanded outreach to the community by providing educational presentations to the community through Monterey County’s Employment Development Department. Our team provides four presentations a week in English and Spanish. The presentations offer information on our county’s Behavioral Health Services, as well as provide information on community resources.

2019 GOALS:

One of our goals is to continue our efforts in engaging clients who are at most risk, yet reluctant to participate in our program. We hope to do this by expanding awareness of mental health issues, and providing education to reduce stigma.

SUCCESS STORIES:

We have been fortunate to work collaboratively with CalWORKs’s Employment Specialists (CWES) to support clients address their mental health challenges to reach their educational and employment goals. At times our work is recognized by the CWES staff.

As an example of an e-mail sent to Carmen Siordia, PSW Noralyn Jackson worked with a client struggling with anxiety. Because of this client’s anxiety she was having problems in school and was anxious about driving.

“Good Morning Carmen,
I just wanted to let you know how pleased my customer has been while receiving EAP (Therapy) services from Noralyn. A client has been a victim of DV at a very young age and has been attending Hartnell College. With the help from N. Jackson, customer has been able to make better decisions and prioritize the important things in life. On her last report card she received A’s and B’s and has recently attained her driver’s license. Customer is continuing with her Education and I know she will be successful as she continues to receive EAP Services.” Alice Garcia, CWES staff
ACCOMPLISHMENTS & CHANGES:

This year has seen improved collaboration with probation partners and the County contracted SUD providers.

- We have opened all referrals on our EMR, therefore there is a more accurate representation and tracking of service delivery.
- Increased collaboration with Social Services to assist clients in signing up for Medi-Cal and/or getting services reinstated after being released from jail/prison.
- Increase in the number of clients that are successfully completing probation, graduating from SUD treatment and transferring to lower levels of care and/or probation supervision.

2019 GOALS:

- Provide a minimum of 3 EBP groups
  * CBT and Seeking Safety groups for men and women
  * We would also like to get material to provide Spanish skill building groups
- Reduce the no show rate for psychiatry and individual sessions with primary clinician

SUCCESS STORIES:

- Client, a 32 year old female with a history of mental illness and substance use issues, was disoriented and unable to manage appointments or navigate transportation. After one year of medication compliance and BH support, the client can navigate the bus system independently, her level of probation supervision has dropped and she will be transferring out of forensic services to a regular adult system of care caseload. Client has sustained her sobriety for 2 years.
- Client, a 46 year old female with a history of mental illness and substance use issues, was referred when released from prison and was previously chronically homeless. Once connected to BH services the she was connected to Women’s in transition and maintained sobriety for 2 years and is now living in transitional housing at Shelter Cove. The client was also recently approved for Section 8 voucher and she is in the process of looking for permanent housing.
ACCOMPLISHMENTS & CHANGES:

- As of July 2018 we have been fully staffed, hiring three new PSWs two are bi-lingual/bi-cultural.
- We have reorganized the incoming Primary Care Physician referrals to track where they are being referred from, number we are receiving, consistent outcome feedback loop to the clinics has been put in place.
- Created the internal workflow for the Urgent Care referrals. This process uses a generic ‘urgent care clinician’ account enabling staff to immediately open an access episode and not wait to be assigned to a particular access staff. We have multiple staff that can review the caseload and follow up on these urgent client cases to ensure they are linked.
- We had several staff on the American Society of Addiction Medicine (ASAM) implantation committees. All staff have been trained and are utilizing the ASAM criteria.

2019 GOALS:

- Increase the number of groups we offer our clients and establish a protocol around criteria for group eligible clients.
- To build staff’s individual caseloads. We are now able to provide more services within the clinic due to new hires.

SUCCESS STORIES:

- Increased in number of bi-lingual staff and better able to serve our clients.
- University of Southern California (USC) telehealth program: Increasing the number of clients that prefer to connect using their personal devices rather that come to the clinic.
ACCOMPLISHMENTS & CHANGES:

- Tightened up workflows — streamlined the process in handling:
  - Incoming referrals from clinics
  - Clinician of the day duties
  - Integrating the ASAM into the assessment
  - Call center assistance
- Ran several groups in both offices. Groups included:
  - Creative Arts Group for Adults
  - Creative Arts Groups for Teens
  - Parenting Group
  - 2 Skills Group
  - Inside Out
  - Seeking Safety
  - Loss, Women’s Group
  - Family Support group in each clinic.

2019 GOALS:

We want to continue to work on integrating substance use assessment and treatment into our core practices. We want to reduce our nonbillable time while maintaining sustainability and hopefully improving it at the same time. We will continue to monitor and explore how the changes in both Access and ASOC are impacting the team and be open to examining change within our own programs. We would like to see the line staff participate in community events as we want MCBH to be a community resource in South County. We also want to explore how we can serve the community of Greenfield more effectively.
ADULT SYSTEM OF CARE (ASOC)

MISSION

Provide excellent strength-based person-centered welcoming services to adults with serious mental illness. Our services focus on supporting growth in the seven domains of wellness; including Daily Living Situation, Vocational/Educational, Health/Mental Health, Social Supports, Finance/Insurance, Leisure/Recreational and Cultural/Spiritual. Our goal is to provide the right type of service to the right client, with the right intensity for the right amount of time, by the right staff.

ACCOMPLISHMENTS & CHANGES:

• Reaching Recovery on ASOC Teams: Reorganization of ASOC Teams based on Reaching Recovery Practices. Implementation of Recovery Markers Inventory and Consumer Recovery Measures. This change effort created levels of care on teams where the type of service, the amount of service, the intensity of service is guided by these levels of care. Additionally, the instruments utilized are based on a recovery-oriented set of principles that supports life affirming goals, community integration, self-sufficiency and overall wellness.

• Welcoming and Support from Wellness Navigators: Co-location of Wellness Navigators within ASOC Clinics providing welcoming in the waiting room, peer support, community connections and assistance with transportation training.

• Interim Supported Employment and Education Services (SEES) on ASOC Teams in all regions: Integration of SEES/IPS Supported Employment Education Services into all four ASOC Clinic sites.

• Manzanita Monterey Crisis Stabilization Unit Opening: Manzanita Monterey was established to provide co-occurring crisis stabilization in the Coastal Region.

• Bridge House and Academy Openings: A New Bridge Residential Program and Academy Program providing co-occurring substance use disorder services to ASOC clients was opened in Marina.

2019 GOALS:

Full Implementation of Reaching Recovery: Full integration of Reaching Recovery within all ASOC Teams. 60% of clients in Level 1 will have received the minimum duration of services during FY1819. 60% of clients in Level 2 will have received the minimum duration of services during FY 1819. 70% of clients will in Level 3 will have received the minimum duration of services during FY1819. 100% of clients in Level 4 and Level 5 will have received the minimum duration of services during FY 1819. 10% of clients will achieve gains in employment amongst all beneficiaries enrolled in service. 30% of clients enrolled in services will show improvements in symptom management and 20% will sustain their level of symptom management by the end of fiscal 2019.

Mobile Crisis Expansion: Mobile Crisis will expand to 7 days a week to serve adults, youth, children and families throughout Monterey County during FY 1819.

MCHOME Expansion: MCHOME Program will expand services to homeless adults with serious mental illness throughout Monterey County.

Latino FSP: A new Latino FSP Program utilizing ACT evidence based practices will be established starting in January 2019 serving Latinos in Salinas and South County.

Transportation Wellness Navigators: A New Innovation Grant to add Wellness Navigators focusing on Transportation will be implemented at each of our four ASOC Clinic Sites.

Homeless Emergency Assistance Services: Collaboration with Health Department, Social Services, Housing Authority, Homeless Providers and Governmental Agencies to develop and expand homeless emergency assistance programs throughout Monterey County.

Development of Housing for Adults with Serious Mental Illness: Working together with the Health Department, Social Services, Housing Authority, Homeless Providers and Government Agencies to develop and expand supported housing units throughout Monterey County.
ACCOMPLISHMENTS & CHANGES:

• Implementation of Reaching Recovery (June 2018)
• Implemented daily Group Therapy (5x/week)
  * Healthy Relationships
  * Drug and Alcohol Recovery
  * Creative Expressions
  * Wellness Action Recovery Plan (WRAP) Group
  * En Busca de la Seguridad (Seeking Safety in Spanish)
  * Accessing our community
  * Quit the Butt (quit smoking)
  * Walk and Talk
  * Relaciones Saludables (Healthy Relationships in Spanish)
  * Intuitive Eating and Body Image Group
  * Think-Feel-Do! (CBT Group)
  * Time to Talk
  * Pensar-Sentir-Hacer
  * Board & Care Group at: New Horizon 1/2, MBGH
  * Horticulture Group: NH1

2019 GOALS:

• Overall clinic Facelift- culturally inviting, welcome space, improved customer service
• Accountability-individual, consumer level

SUCCESS STORIES:

The “Self-Care Initiative” was an idea spear-headed by Merideth. The goal was to promote self-care and boost office morale. Several approaches for staff self-care we implemented. A self-care corner was set up with resources for staff, a gratitude board was created and the month of May had lots of mental health awareness activities for the staff to enjoy.

2018 Recap:
* June 12th - Workshop on Compassion Fatigue
* July 12th - Mandala Mindfulness
* Aug 9th - Simple office/work-desk Yoga
* Oct- Therapy dogs visited the clinic.

The actual 1-hr self-care events were offered once a month.
ACCOMPLISHMENTS & CHANGES:

- Marina Adult System of Care has transformed to a recovery and strength-based service delivery system, implementing the Reaching Recovery in June 2018. This model helps clients achieve mental health wellness, purpose, independence and safety through recovery. The team at MCBH ASOC hopes to join with clients in their recovery journey, as they focus on setting strong foundations for long term wellness.

- Developed a Reaching Recovery Workgroup for staff input in RR implementation

- ASOC Coastal has created an Orientation Packet to give to new clients and to use when meeting with a client for the first time to explain Reaching Recovery as well as obtain needed forms to assist with linking clients to resources early on.

- Marina ASOC has welcomed a Wellness Navigator, Antonio Garibaldi to our team who is working with clients on all levels of recovery, sharing his own story and is an inspiration to all. He brings a wonderful perspective and has been an excellent addition to our team. He provides referrals and links clients to many resources in the community and has helped clients learn to utilize the bus system.

- Building improvements: safety lighting in all restrooms and in parking lot, outside of building

- Established a monthly meeting with SEES to improve communication and collaboration for client care

- Improved PSR function: make confirmation calls daily, indicate show and no-shows in Avatar, streamlined other duties

- Implemented Staff Appreciations to increase morale and create a greater sense of a larger team

2019 GOALS:

- To continue to work on improving morale to retain quality clinicians

- To have every ASOC staff member trained in CBT including SW III’s and BHA’s-staff are interested in developing their clinical skills

- Develop and implement additional groups for clients

- Implement a group at our local and board & care

SUCCESS STORIES:

ASOC Coastal worked with a homeless woman who had been living in her vehicle at the One Starfish Safe Parking Program. She was referred to ASOC Coastal from the Whole Person Care Program. Social Worker III, Jose Barajas connected with this individual and found that she had many strengths with great resilience. She was organized, able to complete applications with minimal assistance and had her own phone. She very appreciative of the ongoing support that Jose provided. After six months she was finally able to receive housing at a senior housing development, Montecito in Salinas. The ASOC Coastal Team has found this to be really rewarding and a huge success!
HOSTAGE NEGOTIATION TEAM (HNT/CNT)

ACCOMPLISHMENTS & CHANGES:

• The BH HNT team has participated in 12 callouts year to date. One with Salinas PD, one with Monterey Peninsula Special Response Unit (SRU) and ten with Monterey County Sheriff’s Office (MCSO). We have continued to train on a regular ongoing basis with the teams as required by our MOU.
• Added another member to team to have a total of 6 licensed clinicians

2019 GOALS:

• Get our newest team members through both basic and domestic violence specialized negotiator training.
• Continue to engage with all teams on a regular ongoing basis by attending each teams’ scheduled trainings throughout the year. This is essential to maintain the collaborative relationship and have the team members from law enforcement and behavioral health get to know and build trust. Each team has had changes and new staff so connecting with each team to understand their protocols in essential to overall team functioning on a potential call out.

SUCCESS STORIES:

In August, the MCSO SWAT/HNT team was called out on a mutual aid call to Santa Cruz County. Our BH on-call HNT staff responded in the middle of the night and rolled out with that team to Santa Cruz County to respond to a lengthy standoff with a barricaded subject in Aptos. The subject was accused of breaking into a neighbor’s home and shooting two people. The Santa Cruz County team had been negotiating with the subject for many hours and asked for mutual aid from MCSO. The MCSO SWAT/HNT team rotated in and took over so Santa Cruz County personnel could get some rest. After a 15-hour standoff, the MCSO HNT team convinced the subject to come out and peacefully ended the standoff.
ACCOMPLISHMENTS & CHANGES:

- Started providing CISM training to our staff and partners to build the resources up here locally within Monterey County. We provided 4 trainings:
  * 2 Assisting Individuals in Crisis – 40 trained
  * 2 Group Crisis Intervention – 33 trained

- Continued to offer quarterly CISM Group and Individual training in a combined course format. While we continued to train our BH staff and first responder partners, we also made special effort to outreach and engage our school districts with the hope to better partner with them in the aftermath of a critical incident that impacts the schools. We provided a total of 4 combined Group / Individual trainings, and had 84 individuals complete this 3-day training.

- The BH CISM team continues to respond to calls for support and year to date has provided a total of 30 CISM interventions and served 243 people. The CISM interventions provided include:
  * Critical Incident Stress Debriefings
  * Defusing
  * Crisis Management Briefing
  * One on one intervention

2019 GOALS:

- Offer quarterly CISM training to county staff as well as first responder and school partners throughout the county.
- To continue to support the peer teams throughout the county in responding to critical incidents.
- To train members of the BH Leadership Team that have not already been trained in CISM by incorporating them into the trainings being offered in 2019 with a goal of having the entire Leadership Team trained in CISM by this time next year.

SUCCESS STORIES:

As a direct result of our efforts to outreach and engage the school districts throughout the county in collaboration with the services to education program manager, we’ve had participants in our CISM trainings this year from Soledad Unified, North Monterey County Unified, Monterey Peninsula Unified and Salinas Unified School Districts as well as Monterey County Office of Education.

Due to our ability to provide this training here locally, we have also increased the number of BH CISM trained personnel significantly. In 2017, 26 staff were trained in Assisting Individuals in Crisis and 22 staff were trained in Group Crisis Intervention. In 2018, 14 additional staff were trained in the combined course curriculum and received certification in both the individual and group CISM interventions.

MISSION

Critical Incident Stress Management (CISM) is a comprehensive, integrated, systematic, and multi-component approach to crisis intervention. Our County Behavioral Health CISM team supports first responders, county systems, and the community to recover from and develop resiliency in the wake of critical incidents using the model outlined by the International Critical Incident Stress Foundation, Inc. (ICISF). The ICISF model, also known as the Mitchell Model, is a peer driven, mental health supported model of crisis intervention that uses both individual and group interventions.

SUCCESS STORIES:

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MENTAL HEALTH FIRST AID FOR PUBLIC SAFETY TRAINING (MHFA)

ACCOMPLISHMENTS & CHANGES:

- Facilitated 4 trainings and have trained a total of 82 participants from 7 agencies within Monterey County
- In the process of adopting four practices to improve law enforcement’s response to persons affected by mental illness:
  - Partnering with one or more community mental health provider(s) through a clearly defined and sustainable partnership.
  - Developing an agency-wide policy.
  - Training 100% of sworn officers (and selected non-sworn staff, such as dispatchers on MHFA)
  - Training at least 20% of sworn staff on the Crisis Intervention Team’s (CIT) response model

2019 GOALS:

- Offer a minimum of 3 trainings per year

SUCCESS STORIES:

Facilitated 4 trainings and have trained a total of 82 participants from 7 agencies within Monterey County (please see table below).

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<th>Agency</th>
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<td>Carmel PD</td>
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<tr>
<td><strong>Total</strong></td>
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MISSION & 2019 GOALS:

The mission of MHSA Innovation activities is to test novel community-driven ideas to address community-specific needs in Monterey County. Robust stakeholder engagement processes over the past couple years identified transportation and lacking knowledge of available mental health service resources as significant barriers to accessing services. Additionally, MCBH has a Behavioral Health Commission and Board of Supervisors approved goal to increase services to Latino communities, as data indicates these communities being underserved. The following three projects, which we were approved for funding in 2018, we vetted by community stakeholders to address expressed community needs.

We hope to begin implementation of all 3 projects, extending until 2021:

1. **Transportation Coaching by Wellness Navigators** – MCBH will lead the development of a transportation needs assessment tool to inform and measure the impact of personalized action plans aimed at increasing consumer independence, whereby they may be better equipped to make appointments and other community activities to improve wellness. This program will also hire peer wellness navigators to facilitate consumer action planning and support.

2. **Micro-Innovation Grants for Increasing Latino Engagement** – This program will offer mini-grants to community members, partners and staff to implement activities aimed at increasing the engagement of Latino communities with the mental health system.

3. **Screening to Timely Access** – Utilizing a partnership with the statewide Technology Suite Collaborative, MCBH will lead the development of a web-based application to screen new and potential clients for a wide range of mental health disorders, from mild depression to schizophrenia, and provide an appropriate referral within the countywide mental health system.

SUCCESSS STORIES

Plans were written in Spring of 2018 and approved for funding by the MHSOAC in Fall of 2018!
ACCOMPLISHMENTS & CHANGES:

- Developed strong within and across agency relationships with ASOC teams, Manzanita House (Salinas and Monterey), Public Guardian’s office, local acute psychiatric inpatient hospitals, and contracted placement facilities across the state of California.
- Developed strategies to help increase chart compliance
- Acute Care Coordination Meeting (ACCM), which meets weekly, continues to be a helpful forum to primarily brainstorm, discuss, and make collaborative decisions regarding level of care placement.
- Integrated the Recovery Needs Level assessment into post-discharge linkage to community providers. So we can more appropriately link individuals to proper levels of care.
- Provided at least one face-to-face onsite service visit every 30 days to amplify coordinated care towards recovery, rehabilitation and lower level of care reintegration.

2019 GOALS:

- Achieve and sustain at least an average chart compliance rate of 70%
- Improve IMD data collection and reporting systems.
- Develop and implement formulation note and report in electronic medical records for all individuals opened to Placement Team.
- Establish intern onboarding program process for Placement Team.
- Keenly monitor placement contracts to be fiscally responsible, ensure services are rendered within budgeted dollars, and to avoid fiscal amendments
- Throughout the year, identify placement contracts that are underspent so as to return funds to Monterey County Behavioral Health Finance or to use for reallocation to other placement facilities that will more appropriately meet the needs of individuals served by the Placement Team.

MISSION

Provides case management and specialty mental health services primarily to individuals on conservatorship for being found gravely disabled due to being unable to secure food, shelter, and/or clothing. These individuals typically are placed from an acute psychiatric unit into sub-acute facilities.

The primary objective is to place them in the least restrictive environment where their behavioral health needs can be most effectively met with the ultimate goal of providing recovery and rehabilitative services towards successful and sustained community reintegration.
ACCOMPLISHMENTS & CHANGES:

• Coordinated innovative outreach project “TacoWell” to reach underserved south county community by providing tacos and information on Behavioral Health at the Greenfield library.

• Developed community presentations in English and Spanish with input from the Cultural Relevance and Humility Committee (CRHC) to inform community members about Behavioral Health.

• Increased partnership and collaboration with Suicide Prevention Services of the Central Coast. In September for Suicide Awareness Month, distributed 15 toolkits to MCBH clinics, schools and community locations to share information and resources on suicide prevention. Coordinated with Suicide Prevention Services to provide presentations to over 500 residents. Joined with the National Alliance on Mental Illness in two community events to raise awareness on suicide prevention at Monterey County libraries. Participating in learning collaborative through Each Mind Matters to develop local coalition that has consistent messaging and partnership to increase efforts around suicide prevention.

• Led the Maternal Mental Health Taskforce in creating strategies to raise awareness of Perinatal Mood and Anxiety Disorders (PMAD). Participated in the Early Childhood Advisory Group which identified Maternal Mental Health as a priority issue in Monterey County. Through this partnership now receiving support from Bright Beginnings to further efforts and develop strategic plan. Completed baseline study and finalized action items for 2019 including implementing new legislation regarding screening, assessment and treatment for PMAD. Renewing partnerships with public health, Maternal Child and Adolescent Health and developing partnerships with clinics.

2019 GOALS:

• Finalize Prevention Plan and integrate with Substance Use Disorder Prevention Plan

• Provide 18 community based presentations on Behavioral Health focusing in South County and Salinas

• Create effective system for community members to request presentations on: Behavioral Health, Suicide Awareness, Substance Abuse, parenting and other topics.

• Develop collaborative efforts to increase county wide efforts to address Suicide Prevention.

• Redesign Behavioral Health Webpage to make it an effective and interactive communication tool.

• Improve Social Media and develop Radio campaign to share information on mental health and wellness.
CRISIS INTERVENTION TEAM (CIT)

ACCOMPLISHMENTS & CHANGES:

- Held 3 CIT academies, seeing 88 academy graduates in 2018.

2019 GOALS:

- Explore with Law Enforcement partners their need and our ability to expand the existing CIT program.
- Explore opportunities to enhance CIT training to include opioid crisis curriculum.
- In response to their inquiries and training requests, explore with FIRE/EMS partners as well as County Communications/911 Dispatch their need and our ability to provide a version of the CIT Academy for FIRE/EMS and Dispatchers.
- Look at the possibility of expanding the use of the existing 8-hour Mental Health First Aid (MHFA) for Public Safety (LE) training as well as incorporating the MHFA for FIRE/EMS curriculum.
- Continue the ongoing collaboration and relationship building efforts with our partners.
- Continue to utilize mobile crisis personnel and the forensic services manager/specialty teams’ coordinator as mental health liaisons with our partners.

SUCCESS STORIES:


MISSION

CIT is a 40 hour training that lasts 1 week for law enforcement officers with the basic goal of: Improving officer and consumer safety, and redirecting individuals with mental illness from the judicial system to the health care system.
ACCOMPLISHMENTS & CHANGES:

- The DUI Treatment Court went from about 60 participants to 110 participants and continues to grow.
- DUI Treatment Court has only had 3 of its participants obtain a new DUI.
- Drug Treatment Court (DTC) increased from 16 clients to 48 active clients in one year.
- Creating New Choices, Adult Mental Health Treatment Court (CNC) continues to facilitate several Evidenced Based Practice (EBP) groups a week for their clients.

2019 GOALS:

- Streamline processes for DUI and DTC clients to access mental health services when they are not already open to a coordinated care episode. Many of the treatment court participants would benefit from individual therapy to help deal with past trauma.
- Engage with court and justice partners regarding revisions to the eligibility criteria for collaborative courts and referring clients to the most appropriate collaborative court.
- Engage with court and justice partners steering committee regarding implementation of mental health diversion here in Monterey County.

SUCCESS STORIES:

- 28-year old female who has 3 DUI’s and has been in the program since May 2018. She has completed the Sun Street Outpatient program and continues to participate in individual therapy. She has started giving back to her community by volunteering at a high school with at risk youth. She plans on enrolling in MPC and working toward becoming a Pharmacist Tech with hopes to become a Pharmacist in the future. She was hesitant to work on herself when she started with DUI court, but now understands the importance of taking care of herself and is making great progress.
- 34-year old male client was homeless living in random vehicles when he first came into the program. He has since completed an intensive outpatient SUD program and was attending more Narcotic Anonymous meetings than what was ordered by the Court. His parents have allowed him back into their home and their lives and he has built a solid relationship with them. He participated in vocational training at Center for Employment Training (CET) and took truck driving classes where he obtained his Class A license. He has since graduated from the DTC program.
- 51-year old female client graduated CNC, has a job with Interim, and is participating in Success Over Stigma speakers panel. She also has secured permanent housing through Interim.
CULTURAL HUMILITY AND RELEVANCY COMMITTEE (CHRC) & CULTURAL COMPETENCE PLAN REQUIREMENTS (CCPR)

ACCOMPLISHMENTS & CHANGES

CHRC
- Maintained a space for BH staff and community to sustain a mechanism to connect with community needs
- Meet in the community, chosen by the community
- Identified three priority areas of community need to focus on:
  - Identify Services: community didn’t know what services were available
  - Inform Community: community was not getting information about BH services and
  - Cultural Competence Training: More cultural competence training was needed for providers and contractors in dealing with diverse community needs.

Accomplishments within these areas:
  - Identified Services: Committee shaped community facing presentation
  - Informed & Engaged Community: Committee members went to Radio Bilingüe to talk about BHB services, CRHC meet in community locations “meet people where they were at”
  - Cultural Competency Training: BHB Training Manager presented overall BHB training values and goals to Committee, identified additional supports/training providers need to feel competent in talking about suicide and other mental health community needs.

CCPR
- Maintained a collaborative steady pace development of CCPR, and was inclusive of the PEI manager, QI, BHB training and PEP unit.

  2018 Compliance:
  - EQRO 2018
  - Annual submission to Department of Health Care Services.

2019 GOALS:
- Increase community’s ability to identify behavioral health services: Increase meeting in community settings, collaborate with existing meeting and share information to community there (cafecitos in school settings, various resident academy meetings, resident/neighborhood watch meetings etc.)
- Use various forms of communication styles to connect with community such as auditory, and visuals (radio, billboards, short U-tube video).
- Feedback loop: provide regular updates of committee goals and lessons at QI meetings
- Look at the difference of distributions of BH clients and distribution of Med-Cal recipient’s residents in each region of County
- Look at race/ethnicity difference of in client satisfaction measures, QI survey
- Survey workforce on their comfort and level of readiness with cultural competence
- Maintain collaborative working relationship with BHB and PEP unit to complete the CCPR in a steady pace with Managers of PEI, QI, and Training and PEP to stay within state compliance.

MISSION

CHRC: support a holistic approach to bring equitable services to all community members in Monterey County through cultural humility awareness and education, with the end goal of all Monterey County residents having an equal opportunity to reach their full health potential. The function of the CRHC is to:
- obtain and maintain an effective communication plan with executive management,
- review and create policies,
- receive group training for ongoing learning of culturally competent practices,
- collaborate with others on local, regional and state levels,
- create outcome measures, evaluations and tracking documents,
- Create networks and facilitate community outreach

CCPR: establish new standards and criteria for the entire County Mental Health System, including Medi-Cal services, Mental Health Services Act (MHSA), and Realignment as part of working toward achieving cultural and linguistic competence. Each county must develop and submit a cultural competence plan consistent with these CCPR standards and criteria.

SUCCESS STORIES:

In our cultural relevancy and humility committee, there was a committee member who lost his housing because his apartment complex was sold, he was homeless for several months, despite his situation and challenges, he would come to our CRHC meetings every month. It was important for him to stayed connected with what BH was doing and to provide input on program and services. About a two months ago, he has found housing, and he continues to come to the meetings.
ACCOMPLISHMENTS & CHANGES:

• Spearheaded an NMC/QI Project resulting in across agency trainings, MHU Manual for onboarding, training and reference, and Utilization Review Tool used concurrently with NMC and Behavioral Health.

• MHU learned that there between four to five clients did not receive timely updates on their 5250 documents. This may have resulted in releases from treatment prior to what was clinically indicated. The MHU Team conducted a Plan Do Study Act (PDSA) over the course of six months that resulted in a 100% compliance rate on completing the 5250 paperwork in a timely manner. Improved referral process and flow from MHU to crisis residential facilities.

2019 GOALS:

• Improve rate of MHU discharge to outpatient setting versus sub-acute locked setting.

• Improve data collection and reporting systems.

• Implement at least one recurring group at MHU facilitated by MHU social workers.

SUCCESS STORIES:

A Latino male in his late 30’s was admitted to our Mental Health Unit. He had been experiencing hallucinations and delusions which had significantly interfered with his ability to focus on his life goals. Over the course of time while working with this gentleman, he showed a great sense of commitment to develop life skills to help manage his symptoms and focus more effectively on his life goals. During a family meeting he was able to present a detailed and realistic budget plan; as well as a strategy to be able to find sustainable employment on his own. As a result of his commitment to engage in treatment, find work and execute his budget plan; this client was able to be reunited with his family. He was referred to the Adult System of Care for ongoing support in the community where he continues to be engaged with supportive services. We connected informally one afternoon where he shared with me that he was working in a full-time job that he loved, continues to be committed to everything he can do to maintain his success and most of all feels very happy with his life.
QUALITY IMPROVEMENT (QI)

ACCOMPLISHMENTS & CHANGES:

- Onboarding of Substance Use Disorder Treatment Contracted Provider Programs on to our electronic health record
- Additional subject matter expert staff to QI team for more in-depth use of data to drive decisions (Epidemiologist, Management Analyst, Clinicians)
- In-person training for inpatient staff to increase understanding of medical necessity
- Data submission clean-up to meet monthly state requirement on capacity

2019 GOALS:

- Continue quality of care improvement efforts through fully staffed QI clinical team
- Use of data for decision-making:
  - Identify key areas of need and identify 4 performance improvement projects in each system of care (Access to Treatment, Children’s Programs, Adult Programs, and inpatient services);
- Improve telemedicine service delivery
- Focus on Latino/a engagement and service delivery;
- Understand current service distribution and evaluate effectiveness via chart and consumer survey
- Fully transition behavioral health delivery system to meet Federal managed care requirements
ACCOMPLISHMENTS & CHANGES:

- **Data center**: Purchased data analytical software and created Global Data Dictionary to set up a standard protocol for coding data elements that saved time for analysis. Provided health-equity indicators along with all data requests. Created Access to treatment Dashboard.

- **Statistics**: Systematically and periodically reviewed systems of care data and established the need to improve and increase BH services to Hispanic/Latino and Elderly population. Aided in implementation process of Reaching Recovery by providing statistical inputs and reasoning. Presented findings from data to the division managers for discussion.

- **Research**: Developed protocols for 2 Performance improvement projects including methodologies for data collection, implementation of interventions, and outcome measurements. Identified areas for improvement in the service delivery of urgent care appointment, access to treatment, and ASOC.

- **GIS Maps**: Developed 18 maps to visually illustrate the location of mental health and SUD client and providers by zip code and census tract. We identified gap in access to service for SUD clients.

- **QIC**: Evaluated QI workplan for FY 16/17 and developed QI work-plan for FY 17/18. Presented various data findings during QIC meetings to inform and examine new initiatives.

2019 GOALS:

- Continue quarterly monitoring of 5 systems of care behavioral health service data by program value and health equity indicators in order detect health disparities and improve access to services.

- Implement systematic strategies that will help obtain appointment for first-time BH clients within county standards in 90% of requests for all regions of the county by Dec 2018, 95% by June 2019. Quarterly monitoring and evaluate Monterey County Timeliness data and identify ways to improve the set standards by Dec 2019.

- Provide data analytics support for all data requests and performance improvement projects including project design, implementation, monitoring and evaluation activities.

- Identify protective factors and risk factors among Hispanics that contribute to lower penetration rates among this population through consumer feedback survey, focus group, and implementation of evidence-based innovative projects.

- **Research Ally**: Network with other departments in the county to utilize resources for purposes of research and informed decision-making to achieve long term goals of the BH bureau.

SUCCESS STORIES:

*Bringing quality of life into quality improvement team!*

The coffee club, snack-filled kitchen table, massage chair in the conference room, ergonomic desks to work, constantly updating our know-how through each other and a passion to collectively find solutions to a previously non-existent problem built a genuine camaraderie among the QI team- and that’s our biggest success!

MISSION

To provide the highest quality of care for all clients with Mental health and Substance Use disorders in Monterey county through meaningful use and interpretation of data, facilitate its use for needs assessment and barriers to care, policy development, innovative strategies for program planning, and evaluation.
ACCOMPLISHMENTS & CHANGES:

1. Sun Street Centers Prevention Staff, Coalition members and Peninsula STEPs (Safe Teens Empowerment Program) Youth held an Opioid Town Hall Meeting and brought resources, shared stories, and informed the general population on the dangers of prescription drug and opioid misuse.

2. STEPs Youth in Salinas conducted public service interview on Radio Bilingue about prescription drug abuse/misuse in our community.

3. Sun Street STEPS Student Youth Leaders created an Alcohol Density Map that reflects type 20 and type 21 (Off-sale) alcohol licenses in the City of Salinas which totaled to 135 Off-sale outlets.

   **Type 20 (RED):** Off-Sale Beer & Wine

   **Type 21 (BLUE):** Off-Sale General

4. **Life Skills training:** Offered 2-3 times per year in site locations such as schools, Sun Street office(s), and One-Stop Career Center.

   *Trainings may be requested and are dependent upon staff availability and training participation.*

   **Youth Life Skills:** Evidence based substance abuse prevention program proven to be effective in reducing drug and alcohol use by targeting social and psychological factors associated with substance abuse and high risk behaviors. The Life Skills training uses school-based curriculum designed for all children between the ages of 8 and 18. The program targets social pressure, self-management, media influences, and goal setting. In addition, youth learn how to analyze problem situations and consider different ways of dealing with them. They learn skills to handle stress and anxiety and are encouraged to approach challenges positively.

   **Parents/Caretakers Life Skills:** An evidence based training, designed to help parents strengthen communication with their children and prevent them from using drugs. This powerful preventive training give parents the tools necessary to help youth resist violence, alcohol, and tobacco use. It also provides information on how to be a good role model, ways to convey a clear anti-drug message, tips for effective family communication and parental monitoring. Parents learn how to engage in activities that can help children develop personal self-management and social skills.

5. **Epicenter- Friday Night Live Program (FNL)**

   Established FNL Program in Pinnacles High School and Soledad High School. The students are working on public education around cannabis edibles and consumption.

   For their Roadmap Chapter project, the FNL youth are working on alcohol retailer tracking to conduct Lee Law surveillance in the 93905 zip code (an area with a high number of alcohol outlets). Lee Law is designed to reduce youth exposure to alcohol, tobacco and junk food advertising which increases the risk of youth consumption of alcohol, tobacco and junk food and the problems associated with those risks.

   FNL received a grant aimed at suicide prevention. FNL youth will tie in suicide prevention with substance use/abuse and hold a town hall meeting and distribute educational/informational materials at the event.

MISSION

AOD Prevention seeks to empower communities to adopt healthy behaviors that prevent AOD problems among adults and youth through leadership, collaboration, education and policy change.

2019 GOALS:

- Increase the availability of substance use disorder prevention services in South County to reduce the access and use of alcohol, marijuana and prescription drugs among youth in South Monterey County.

- Increase SUD prevention staff capacity to expand and enhance services in Monterey County.

- Peninsula and Salinas prevention staff to continue to gain traction in the schools and work with MPUSD to imbed Life Skills Training into the Health Curriculum.

- Map marijuana dispensaries and alcohol
BILLING

ACCOMPLISHMENTS & CHANGES:
• Maintained timely billing for all payors through the year, as well as timely research and resubmission of initially denied claims.
• Tested and implemented the billing side of DMC-ODS.

2019 GOALS:
• Continue to bill timely
• Increased cross-training among team for continuity
• Implement new Medicare portal for claims submission and receipt of payments.
• Work with IT and QI to resolve residual problems related to DMC-ODS claiming.

MISSION
Process all services billable to insurance payors on a timely basis to maximize payments from billable sources.

ACCOUNTS PAYABLE (AP)

MISSION
To provide professional and reliable service to all Behavioral Health vendors while maintaining high standards of quality.

2019 GOALS:
The goal for 2019 is to improve the accuracy and efficiency of the AP department. Examples include reducing or eliminating errors, accurate payments that align with contract terms, and improve the timely entry of invoices for payment.

To reach our AP goals, monthly meetings will be conducted to recap the previous month results and to discuss what needs to be done differently the current month. A checklist to track the progress of invoices will be implemented and updated daily. The necessary time will be dedicated to help with the MIRA project. Innovative technology such as MIRA will help improve the A/P department.

2019 GOALS:
In recent months, the accounts payable team has been more engaged in expressing their ideas. Resulting in creative brainstorming and creating a more positive team environment.
NEW PATHS

ACCOMPLISHMENTS & CHANGES:

• The clinic has developed a strong supervision program for graduate level therapists working toward their clinical license.
• The clinic has worked closely with an outside consultant to train staff to provide documentation in full compliance with State and Federal standards.
• The clinic has developed and implemented group therapy in Salinas and Soledad locations including:
  * Expressive Arts Groups
  * Psycho-education Groups for Post Hospital clients

2019 GOALS:

• Development of psychoeducational groups
• Training of all staff in EMDR (Eye Movement Desensitization and Reprocessing). This is an evidence based therapeutic technique researched and found to be effective in treating the victims of trauma.
• Increase the number of bilingual/bicultural therapists fluent in Spanish
• Analyze distribution of staff in remote location to maximize clinician time available to deliver therapy services

SUCCESS STORIES:

Received and effectively triaged referrals of high-risk clients who are minors, struggling with acute and sub-acute psychiatric issues. A significant portion of referrals are retained and treated within the program, with a heavy emphasis on treating the victims of trauma. Clinical interventions have reduced re-hospitalizations, reduced aggression, reduced self-harm, improved academic performance, and improved overall functioning in the community and within their families. Less intensive clients are referred to non-profit community-based organizations offering psychotherapy. Transition age youth (ages 16-18) are referred internally to the Avanza (TAY) program, which serves clients aged 16 through 25. In rare instances, New PATHS facilitates brief admissions to higher level residential facilities referred to as short-term residential treatment programs, stepping them back down to families or other family-based homes, typically within a matter of weeks, providing intensive support to the clients and their family systems.
ACCOMPLISHMENTS & CHANGES:
Redirected clinical resources to accommodate evolving client needs. Service data outlined that the Youth Center was over-staffed for the number of detained youth (20 to 30). 2 Psychiatric Social Worker positions were re-directed: one to manage the Probation placed youth (serves a caseload of approximately 40 youth) and supports Behavioral Health and Probation efforts to ensure Continuum of Care Reform compliance; and one position was allocated to Silver Star Resource Center (prevention, caseload of 20+). Re-allocating the services have increased the number of youth that are able to be treated at any one time.

2019 GOALS:
• Begin to transition the Juvenile Justice Drug Court Program to an ASAM program to more efficiently and appropriately serve the youth population abusing substances, many of whom do not qualify for specialty mental health services.
• Using internal and external resources a series of "micro-trainings" will be developed that address the common themes pulled from our internal audits so staff can do “self-study” to remediate any compliance issues and encourage staff accountability to the quality of their work. GOALS: Increase chart compliance and sustainability, and decrease disallowable services.
• Expanding Group Therapy. Behavioral Health service data (D3 2017-2018 FY) indicated that that 6% of all Juvenile Justice clinical services were provided via Group Counseling. Goal is to reach 8% of the total Juvenile Justice services to be in Group Counseling.
• Build and develop our Juvenile Sex Offender Response Team (JSORT) by increase assessment capacity to accommodate client volume and to advance staff skills in the assessment of recidivism risk.

SUCCESS STORIES:
• June 2017, we opened a new clinic in North Salinas that caters to youth and young adults. We have done a great deal of work to help youth and their families feel like they are welcome at our new clinic and one of the outcomes is that we have clients, new and former show up at the clinic to get help. Even without appointments, clients have shown us that the environment we have created is comforting and helpful.
• Supported parents of youth who exhibit sexually problematic behaviors and are now navigating the Juvenile Justice System. Through the parent support group, parents developed skills to assist their teens safety plan, reinforce therapeutic tools necessary to be safe in the community, at school, and in the home. Parent/caregiver support and engagement is essential to the overall health and success for these youth. Parents enjoyed the services so much, that there have been several requests to continue to the services. Services will continue in 2019.
MISSION:
The MCBH Training Division supports the ability of staff members and interns to provide effective, rewarding clinical services through basic training in core competencies and implementation of program specific interventions. The Training Division also manages the Leadership Academy, which provides promising early career staff members with the knowledge and skills needed to move toward increasing roles of vision and leadership. The Training Division is guided in its activities by the principals of strength based, trauma informed, equitable, person driven, culturally responsive, community integrated, solution focused and evidence informed care.

2019 GOALS:

- **Goal 1: Transition Successfully to new Learning Management System (LMS)**
  * Generate Quarterly Report re: Compliance with Cultural Competence Training Requirements
  * Enroll 90% of New Employees in system within One Week of Hire Date

- **Goals 2: Implement trauma specific services**
  * Seeking Safety
  * EMDR

- **Goal 3: Develop Lead Implementation Role and Structure**
  * Motivational Interviewing
  * CBT
  * Seeking Safety
  * EMDR

SUCCESS STORIES:
Accomplished all but two trainings on 2018 training plan!

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ACCOMPLISHMENTS & CHANGES:

• County implementation Drug Medi-Cal Organized Delivery System services July 1, 2018; contract with Department of Health Care Services and Center for Medicare/Medicaid Services increasing current SUD allocation from 5 million dollars per year to an anticipated 13 million per year.

• Provided comprehensive training and consultation to behavioral health and subcontracting provider staff focusing on application of American Society of Addiction Medicine Criteria, use of Avatar, medical necessity, progress notes and treatment planning.

• Increased outpatient services and residential treatment programming throughout county, including South County through Prop 47.

• Medication Assisted Treatment availability and coverage for medications used to treat opioid disorders including bupernorphine, suboxone and naloxone.

• Developed specialized access authorization team to manage, review and authorize residential placement requests from sud providers.

• Opening of the Sobering Center, a social model alcohol detoxification program providing a safe alternative to temporary incarceration in county jail for adults (men and women) ages 18 years charged with public intoxication.

2019 GOALS:

• Establish performance improvement protocol/procedures with emphasis on timely access to services, quality of care, coordination and integration of sud treatment, and cost containment.

• Expansion of Opioid/Medication Assisted Treatment services to underserved and unserved regions of County, including King City and coastal region

• Progressive development of continuum of care; increased utilization of transitional levels of treatment programs including Outpatient and Recovery Services.

• Distribution of Narcan in regional access clinics; educate staff on use/distribution to high-risk clients.

MISSION
To demonstrate how organized substance use disorder care improves Monterey County beneficiary health outcomes, while decreasing system-wide health care costs. Primary objective of the Drug Medi-Cal Organized Delivery System is to support the development of an integrated system of service delivery while expanding access to the care and services that individuals need for a sustainable and successful recovery. The American Society of Addiction Medicine’s assessment and placement criteria for substance related and co-occurring conditions provides the framework for assisting clients with access to appropriate treatment services based on a continuum of four broad levels of care and an early intervention level.

SUCCESS STORIES:

• A fifty-year-old homeless male from King City was brought to the Sun Street Center sobering center with little hope of obtaining long-term shelter and support for his alcohol dependence. After receiving care and a treatment referral for residential placement from the sobering center staff, he was transferred to the men’s residential program where he had the opportunity to focus on recovery and establish short and long term goals. Not long after successfully completing treatment, he secured full-time employment as a commercial fisherman in the Pacific North-West and is currently leading a sober, productive life.

• A Middle-aged female arrived at Door to Hope’s outpatient clinic with a sincere desire to receive help for her substance use. The intake coordinator completed the assessment and determined that the client met the placement criteria for residential services. The client informed the intake coordinator that she did not agree with the recommendation for residential treatment and preferred to try outpatient first. The intake coordinator replied that although she believed the client would benefit from a higher level of care, she would nevertheless make the referral to outpatient counseling. The client was referred to outpatient services and fully participated in the program, often meeting with her counselor and with support found a part-time job. Research shows that person-centered services and shared decision making improve the likelihood of achieving effective treatment outcomes.
CULTRUAL HUMILITY & RELEVENCY COMMITTEE (CHRC)

ACCOMPLISHMENTS & CHANGES:

- Maintained a space for BH staff and community to sustain a mechanism to connect with community needs
- Meet in the community, chosen by the community
- Identified three priority areas of community need to focus on:
  - Identify Services: community didn’t know what services were available, Inform Community: community was not getting information about BH services and
  - Cultural Competence Training: More cultural competence training was needed for providers and contractors in dealing with diverse community needs.
- Accomplishments within these areas:
  - **Identified Services**: Committee shaped community facing presentation
  - **Informed & Engaged Community**: Committee members went to Radio Bilingüe to talk about BHB services, CRHC meet in community locations “meet people where they were at”
  - **Cultural Competency Training**: BHB Training Manager presented overall BHB training values and goals to Committee, identified additional supports/training providers need to feel competent in talking about suicide and other mental health community needs.

MISSION

The mission of the Cultural Relevancy and Humility Committee (CRHC) is to support a holistic approach to bring equitable services to all community members in Monterey County through cultural humility awareness and education, with the end goal of all Monterey County residents having an equal opportunity to reach their full health potential. The function of the CRHC is to: 1) obtain and maintain an effective communication plan with executive management, 2) review and create policies, 3) receive group training for ongoing learning of culturally competent practices, 4) collaborate with others on local, regional and state levels, 5) create outcome measures, evaluations and tracking documents, and 6) create networks and facilitate community outreach.

2019 GOALS:

- Increase community’s ability to identify behavioral health services: Increase meeting in community settings, collaborate with existing meeting and share information to community there (cafecitos in school settings, various resident academy meetings, resident/neighborhood watch meetings etc.)
- Use various forms of communication styles to connect with community such as auditory, and visuals (radio, billboards, short U-tube video).
- Feedback loop: provide regular updates of committee goals and lessons at QI meetings
- Look at the difference of distributions of BH clients and distribution of Medi-Cal recipient’s residents in each region of County
- Look at race/ethnicity difference of in client satisfaction measures, QI survey
- Survey workforce on their comfort and level of readiness with cultural competence
- Maintain collaborative working relationship with BHB and PEP unit to complete the CCPR in a steady pace with Managers of PEI, QI, and Training and PEP to stay within state compliance.

CULTURAL COMPETENCE PLAN REQUIREMENTS (CCPR)

MISSION

Comprehensive Cultural competence plan that highlights how BH has incorporated cultural competence in various aspects of programs, services and policy and procedures. This report fulfills the requirement that is mandated by the Title 9 CLAS standards, a requirement for agencies that receive federal insurance monies

The Cultural Competence Plan Requirements (CCPR) establish new standards and criteria for the entire County Mental Health System, including Medi-Cal services, Mental Health Services Act (MHSA), and Realignment as part of working toward achieving cultural and linguistic competence. Each county must develop and submit a cultural competence plan consistent with these CCPR standards and criteria.

ACCOMPLISHMENTS & CHANGES:

- Maintained a collaborative steady pace development of CCPR, and was inclusive of the PEI manager, QI, BHB training and PEP unit.
- 2018 Compliance:
  - EQRO 2018
  - Annual submission to Department of Health Care Services.
ACCOMPLISHMENTS & CHANGES:

- Reintegration of the TAYSOC program into AVANZA, creating one center serving the full continuum of needs for individuals ages 16-25. Development that provides a true bridge between the Children’s and Adult System of Care within the Monterey County Behavioral Health Bureau.
- Expansion of the program as a center for training new professionals to enter the field, including an American Psychological Association accredited doctoral internship program and social work interns from California State University Monterey Bay. There are currently 7 individuals participating in this program, providing group and individual therapy under close supervision; and in the case of psychology interns, training in psychological testing.
- Development of a comprehensive program of group therapy including:
  - Ecological Group
  - Sports Socialization Group
  - Art Therapy Group
  - Music Therapy Group
  - Parent groups offered in English and Spanish, in King City and Salinas
  - ABC’s for TAY (Cognitive Behavioral Therapy)
  - Wellness Group
  - Relationship Exploration Group
- Reconstruction of a welcoming peer lounge.

2019 GOALS:

Movement away from a traditional 50-minute hour psychotherapy model to increased field based services, appointments based on client need and abilities, incorporation of physical activity into sessions. The new approach will be: “whatever it takes,” to engage all clients in their treatment goals.

Incorporation of the Reaching Recovery Service Program Model into the TAY program to provide a comprehensive level of care service delivery system to the 16-25 population of Monterey County.

SUCCESS STORIES:

Expansion of services to providing concurrent treatment for regional center clients. Have successfully engaged with clients diagnosed as being on the autism spectrum using a “whatever it takes” approach to provision of therapy. Utilization of iPads to facilitate telemedicine sessions with clients and their families facing obstacles to easy clinic access. Change from a contract telemedicine psychiatrist to an on-site psychiatrist with plans to provide on-site services in South County.
ACCOMPLISHMENTS & CHANGES:

• Increased care coordination between teams, minimizing duplication of services, clearer role definition. Redesigning our current system has led to a system that is more flexible and adaptive to the ever-changing needs of our community and State and a system capable of caring for our children, youth, and families today and ready to meet their needs tomorrow.

• Increased CSOC presence and service delivery in our South County Region
• Implementation of the first phase of the CSOC Family Engagement Initiative
  * Parent Orientation Groups began in September
• Broader use of Mental Health Social Workers in client and family support and education.
• Improving client treatment outcome monitoring. Specifically, the CANS-50 implementation. Administration every 6 months for all clients. With QI support the data reporting component to the state has been put in place as well.

2019 GOALS:

• Begin training in key evidence based practices for child and adolescent treatment:

• Integration of Co-occurring Competencies within CSOC System of Care.

• Integrate Youth Mentors to facilitate improved youth engagement and community integration into all CSOC Teams.

• Full implementation of CCR in partnership with the Department of Social Services and Juvenile Probation

• Establish new partnerships to provide high intensity home based care for our highest needs children and youth.

SUCCESS STORIES:

• As of November 2018 we have served 6,332 clients. We are on trend to increase the number of clients served this calendar year by 6%.

• As of November 2018, increased service delivery to our south county region by 7.4% in 2018, with a total of 23.26% of CSOC clients receiving services in South County.

• All CSOC programs have provided critical care to children, youth, and families and supported numerous families in improving the quality of their lives. Our individual program accomplishment reports will details some of these amazing success stories.
FAMILY ASSESSMENT, SUPPORT, & TREATMENT (FAST) PROGRAMS

ACCOMPLISHMENTS & CHANGES:

- Established after hours response services to the Cherish Receiving Center and the Child Advocacy Center providing additional coverage and support for children who have been removed from their homes or experienced a sexual assault.
- Collaboration with the Department of Social Services and Probation for implementation of a Child and Family Team Meeting facilitation process that increased family involvement.
- All clinicians in the FAST Programs have been certified to complete the Child and Adolescent Needs Assessments and have been trained on the ASAM Criteria for assessment and treatment recommendations.
- Increased the number of Parent Education Groups, a psychoeducation group on trauma and the impact of child abuse in collaboration with child welfare, offered to caregivers of children in dependency.

2019 GOALS:

- Increased group treatment options for children, youth, and families
- Routine evaluation and refinement of treatment intervention strategies utilizing the Child and Adolescent Needs Assessments in Child and Family Team meetings.

SUCCESS STORIES:

- Supported parents of children in dependency who are suffering from a variety of mental health disorders. Through mental health treatment these parents have improved their understanding of their children’s mental health conditions and increased their participation in mental health and child welfare services leading to reunification with their children.
- Supported children with severe mental health symptoms that impact their ability to be safe in their foster home environments. Through mental health treatment, these children were able to improve their self-regulation skills and maintain placement.

MISSION

Support children, youth, and families who have experienced trauma and or abuse and who may be involved in the child welfare system, supporting reunification whenever possible and permanency for youth through an integrated and coordinated approach to mental health services.
JUVENILE JUSTICE PROGRAM

ACCOMPLISHMENTS & CHANGES:
Redirected clinical resources to accommodate evolving client needs. Service data outlined that the Youth Center was over-staffed for the number of detained youth. Two Psychiatric Social Worker positions were re-directed. Re-allocating the services have increased the number of youth that are able to be treated at any one time.

2019 GOALS:
- Begin to transition the Juvenile Justice Drug Court Program to an ASAM program to more efficiently and appropriately serve the youth population abusing substances, many of whom do not qualify for specialty mental health services.
- Expanding Group Therapy. Behavioral Health service data (D3 2017-2018 FY) indicated that that 6% of all Juvenile Justice clinical services were provided via Group Counseling. Goal is to reach 8% of the total Juvenile Justice services to be in Group Counseling.
- Build and develop our Juvenile Sex Offender Response Team (JSORT) by increase assessment capacity to accommodate client volume and to advance staff skills in the assessment of recidivism risk.

SUCCESS STORIES:
- June 2017, we opened a new clinic in North Salinas that caters to youth and young adults. We have done a great deal of work to help youth and their families feel like they are welcome at our new clinic and one of the outcomes is that we have clients, new and former, coming to the clinic to get help. Even without appointments, clients have shown us that the environment we have created is comforting and helpful.
- Supported parents of youth who exhibit sexually problematic behaviors and are now navigating the Juvenile Justice System. Through the parent support group, parents developed skills to assist their teens safety plan, reinforce therapeutic tools necessary to be safe in the community, at school, and in the home. Parent/caregiver support and engagement is essential to the overall health and success for these youth. Parents enjoyed the services so much, that there have been several requests to continue to the services. Services will continue in 2019.

MISSION
Engage justice involved youth or those at risk of becoming justice involved and their families in relevant, client-centered, strength-based specialty mental health services; with the support of Probation and other collaborative partners, we strive to reduce risk, prevent relapse, and to improve the emotional and physical health of our community youth.
EDUCATION PROGRAM

ACCOMPLISHMENTS & CHANGES:
The Education program was redesigned in 2016 to provide an integrated approach to service delivery in the schools so students in General Education and Special Education have access to a full continuum of Behavioral Health services and supports. The program changes are in the final stages of implementation and the Education team now has designated service regions, with staff assigned to specific school districts and dedicated to serve designated school sites rather than providing services on an itinerant basis. This allows the MCBH clinicians to become part of the school climate and culture and participate in the Positive Behavior Intervention and Support (PBIS) multi-disciplinary teaming process at the school sites they serve using the Interconnected Systems Framework (ISF). This integration of Behavioral Health services in the schools is done in partnership and collaboration with the Monterey County Office of Education and participating school districts engaged in PBIS implementation across Monterey County.

• Increased access on school campuses for risk assessment, stabilization, and crisis triage for high risk students in need of immediate MH support.
• Education Team Services Manager presented on school-mental health integration in Monterey County at:
  • Invited to serve on National APBS Advisory Board on school-mental health integration

2019 GOALS:
• Increase services in the South County Region by 2% in next fiscal year
• Continue to scale up ISF implementation in remainder of PBIS schools
• Continue to develop and refine internal systems to build efficiency and efficacy of program
• Increase group service delivery
• Complete MATCH (Modular Approach to Therapy with Children) training and implement with fidelity across Education program
• Expand general education

SUCCESS STORIES:
• Supported young men and women suffering from crippling anxiety and panic disorders. These students struggled to attend classes, concentrate on academic work, and felt immense shame and guilt because they were faced with possible inability to graduate. Through mental health treatment these students have improved school attendance, some have successfully achieved a GED or high school diploma, and are attending junior colleges or successfully employed and have active positive social involvement and relationships.

• Supported young women and men struggling with substance use and depression. Many of these students experienced suicidal ideation, suicide attempts, and hospitalization. Through mental health treatment these students are learning to live a sober lifestyle, have reduced involvement in negative peer interactions, are more engaged in school, and have improved mood and emotional regulation. They have been able to benefit from programs such as Rancho Cielo’s alternative education programs or successfully resume attendance at their regular education campuses and several are on target to graduate in May 2019.

• Supported young women and men struggling with sexual or gender identity and the isolation and depression that typically accompany these challenges for youth. Through mental health treatment these students are learning to feel comfortable with their own identity, becoming empowered to share with loved ones and friends, feeling more able to attend school, and utilizing their therapist as a support in family treatment. Several of these students are on target to graduate in May 2019.

• Supported young men and women directly impacted by trauma, grief, and loss due to gang violence, shootings, and assaults. These students suffer from social fears and isolation, PTSD, global difficulty with school attendance and performance, and some have medical conditions to manage as well. Through mental health treatment some of these students have been able to re-engage in their education, reduce trauma symptoms, improve functioning, and either work toward graduation, successfully graduate, or gain successful employment.
ACCOMPLISHMENTS & CHANGES:

- Strengthened consultation model through increased use of reflective supervision for all team members and supervisor on-call availability.
- Improved timely access to services (including groups) through implementation of a process for consents, initial triage/child developmental screening and referrals based on acuity.
- Broadened range of services through groups – Showed significant gains in parental understanding of child’s needs and cues as well as development as an outcome of the interventions.
- Improved quality of client care - Established a monthly “Psychology Clinic” to promote timely consultation with psychologists around complex clinical pictures that may benefit from psychological evaluation.
- Increased collaboration across the system through in-service presentations regarding Maternal Mental Health and triage of very young children to assess for need of mental health services. Worked collaboratively in serving mothers (with infants 1 year or less) suffering from perinatal mood and anxiety disorders who went through crisis and needed hospitalization or stabilization or both.

2019 GOALS:

- Continue expansion of collaborations begun in 2018.
- Continue to seek and utilize appropriate and culturally sensitive outcome measures to track efficacy of services.
- Establish a “mentorship” protocol for Evidence Based Practices such as Parent Child Interaction Therapy (PCIT) to ensure that the modality can be utilized by Spanish speaking clinicians.
- Work with Maternal Mental Health Task Force to build resources for understanding and treating Perinatal Mood and Anxiety Disorders (PMAD) as California moves toward mandated screenings for women in the perinatal period by OBs and Pediatricians.
- Continue outreach to Mental Health Unit and Adult System of Care around severe outcomes of PMAD to ensure timely treatment in blended model of Interpersonal Psychotherapy and dyadic attachment therapy.

SUCCESS STORIES:

We have had a number of positive outcomes for projects undertaken in 2018, but perhaps the most representative of our cutting-edge work has to do with women who had experienced puerperal psychosis that involved hospitalization and stabilization. As more research emerges around Perinatal Mood and Anxiety Disorders’ (PMAD) impact on mothers and infants, team representatives have taken on the challenge of working, in tandem with the Maternal Mental Health Task force, to understand the need and advocate for best practice treatment for all those suffering from PMAD. Additionally, clinicians on this team have undertaken direct service treatment for those most severely impacted by their PMAD conditions. Those who have entered treatment with this team’s clinicians have had access to a full array of services, including therapy, psychiatry, adjunctive services including linkages to community partner support services and step-down strategies such as groups (Circle of Security and Therapeutic Dyadic Playgroups). Treatment through research informed practice that blends Interpersonal Psychotherapy and Dyadic Attachment has helped these mother/clients step back from the brink of despair and fear to be able to find themselves understanding not only their own process but finding the ability to read and meet the needs of their infants. Infants once greeted with the flat affect of a suffering mother come to benefit from the face of a mother who lights up in non-verbal communication with her infant child, perhaps not in every encounter, but often enough to provide that infant the experience of security and reciprocity – so integral to development of a healthy attachment style. We’ve learned a lot about the impact of trauma on the potential for PMAD to develop and we are seeing the benefits of treating it in
NEW PATHS

ACCOMPLISHMENTS & CHANGES:

• The clinic has developed a strong supervision program for graduate level therapists working toward their clinical license.
• The clinic has developed and implemented group therapy in Salinas and Soledad locations including:
  - Expressive Arts Groups
  - Psycho-education Groups for Post-Hospital clients

2019 GOALS:

• Development of psychoeducational groups
• Training of all staff in EMDR (Eye Movement Desensitization and Reprocessing). This is an evidence based therapeutic technique researched and found to be effective in treating the victims of trauma.
• Increase the number of bilingual/bicultural therapists fluent in Spanish
• Further increase South County regional services.

SUCCESS STORIES:

Received and effectively triaged referrals of high-risk clients who are minors, struggling with acute and sub-acute psychiatric issues. A significant portion of referrals are retained and treated within the program, with a heavy emphasis on treating the victims of trauma. Clinical interventions have reduced re-hospitalizations, reduced aggression, reduced self-harm, improved academic performance, and improved overall functioning in the community and within their families. Less intensive clients are referred to non-profit community-based organizations offering psychotherapy. Transition age youth (ages 16-18) are referred internally to the Avanza (TAY) program, which serves clients aged 16 through 25. When needed, New PATHS facilitates brief admissions to higher level facilities (Hospital Diversion programs) to improve client stabilization and minimize hospital readmissions.