

MHSA COUNTY COMPLIANCE CERTIFICATION

County: **SAN BENITO**

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director Name: Alan Yamamoto Telephone Number: 831-636-4020 E-mail: alan@sbcmh.org	Program Lead Name: Alan Yamamoto Telephone Number: 831-636-4020 E-mail: alan@sbcmh.org
Local Mental Health Mailing Address: 1131 San Felipe Road Hollister, CA 95023	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Annual Update, including stakeholder participation and non-supplantation requirements.

This Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on XX under BOS review XX.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Xx to be signed after BOS review

Mental Health Director (PRINT)

Signature

Date

MHSA FY 2019/2020 Annual Update FISCAL ACCOUNTABILITY CERTIFICATION¹

County: **SAN BENITO**

- ☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller
Name: Alan Yamamoto	Name: Joe Paul Gonzalez
Telephone Number: 831-636-4020	Telephone Number: 831-636-4090
E-mail: alan@sbcmh.org	E-mail: jgonzalex@cosb.us
Local Mental Health Department Mailing Address: <div style="text-align: center;">1131 San Felipe Road Hollister, CA 95023</div>	

I hereby certify that the Annual Update is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

<div style="text-align: right; margin-bottom: 5px;"><u>XX to be signed after BOS review XX</u></div> <div style="text-align: center; margin-bottom: 5px;"><i>Signature</i></div> <div style="text-align: center;"><i>Date</i></div>	<div style="text-align: right; margin-bottom: 5px;"><u>XX to be signed after BOS review XX</u></div> <div style="text-align: center; margin-bottom: 5px;"><i>Signature</i></div> <div style="text-align: center;"><i>Date</i></div>
<i>Mental Health Director (PRINT)</i>	

I hereby certify that for the fiscal year ended June 30, 2018, the County maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)), I certify that the County's financial statements are audited annually by an independent auditor; the most recent audit was conducted for fiscal year 2017/2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

<div style="text-align: right; margin-bottom: 5px;"><u>XX to be signed after BOS review XX</u></div> <div style="text-align: center; margin-bottom: 5px;"><i>Signature</i></div> <div style="text-align: center;"><i>Date</i></div>	<div style="text-align: right; margin-bottom: 5px;"><u>XX to be signed after BOS review XX</u></div> <div style="text-align: center; margin-bottom: 5px;"><i>Signature</i></div> <div style="text-align: center;"><i>Date</i></div>
<i>County Auditor-Controller (PRINT)</i>	

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MHSA FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report

MHSA COMMUNITY PROGRAM PLANNING

Community Program Planning Process

The San Benito County Behavioral Health (SBCBH) Community Program Planning (CPP) process for the development of the FY 2019/2020 Annual Update builds upon the planning process that we utilized for the development of our most recent Annual Update, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys, with the involvement of over 600 people. In the past year, we conducted a number of different activities to obtain input into our planning activities. We have met with several different stakeholder groups, including schools, justice related, LGBTQ community, housing, and older adults. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

For the planning process for this Annual Update, we obtained input from several different stakeholder groups, including clients in the following age groups: Transition Age Youth (TAY) ages 16-25; Adults ages 26-59; Older Adults ages 60+; the LGBTQ community; Behavioral Health Board members; Schools; Probation; law enforcement agencies; veterans; the Courts; and Child Welfare Services. We obtained input from over 20 participants on the Opioid Task Force through monthly meetings. We also obtained input through meetings with our Community Corrections Partnership; community meetings to discuss key issues (i.e., LGBTQ), and other scheduled meetings with stakeholders. Individuals attending Esperanza, our wellness center, also provided input into planning and program design. With this compiled information, we were able to determine the unique needs of our community and continue to implement an MHSA program that is well designed for our county.

We also analyzed data on our Full-Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is regularly analyzed and reviewed by management to monitor clients' progress over time. This data helps to understand service utilization, evaluate client progress, and utilize information to continually improve FSP services.

The proposed MHSA Annual Update integrates stakeholder, survey, and service utilization data to analyze community needs and determine the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA planning, development, and evaluation activities were discussed with the Behavioral Health Board members; during QIC meetings; at Cultural Competence Committee meetings; to AB109 service recipients; during Katie A meetings; during inter-agency planning committees, including the Opioid Task Force;

and at staff meetings, to obtain input and strategies for improving our service delivery system. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain and enhance services.

Stakeholders and Meaningful Input

A number of different stakeholders were involved in the CPP process. Input was obtained from the Behavioral Health Board, MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse service, Youth Alliance, schools, Health Foundation, the Opioid Task Force, and individuals involved with our Sober Living Environment home.

Consumers who utilize the Esperanza Wellness Center were involved in the CPP through facilitated group meetings. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality improvement; evaluation; and budget.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report was posted for a 30-day public review and comment period from May 17, 2019 through June 16, 2019. An electronic copy was available online at www.san-benito.ca.us. Hard copies of the document were available at the Behavioral Health Outpatient clinic and in the lobbies of all frequently accessed public areas, including the San Benito County Behavioral Health Outpatient clinic lobby, Hazel Hawkins Hospital, County Administration, and the local library. In addition, hard copies of the proposed Annual Update were distributed to all members of the Behavioral Health Board; consumers (on request); staff (on request); Esperanza Center (our Adult/TAY Wellness Center); and with partner agencies.

Public Hearing Information

A public hearing for MHSA FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report was conducted on Thursday, June 20, 2019 at 12:00 PM. The meeting was held at the San Benito County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023.

A total of 14 stakeholders participated in the public hearing, including consumers; family members; SBCBH and other agency staff; Behavioral Health Board members; and other community stakeholders. Seven (7) of the participants were Hispanic; five (5) were Caucasian; one (1) was African American; and one (1) was Asian. Stakeholders included TAY (2) and adults (12). Stakeholders expressed support for the MHSA FY 2019/2020 Annual Update and 3-Year PEI Evaluation Report.

Substantive Recommendations or Changes

No substantive recommendations or changes were presented during the public comment period or during the public hearing. Minor corrections were made to the posted Update, prior to County Board of Supervisors (BOS) review, including: a) clarifying the language around the Prudent Reserve Assessment; and b) adding the final budget pages.

No other changes were made to the posted Update. This updated MHSA Annual Update and PEI Evaluation Report will be submitted to the BOS for review. Upon BOS approval, the final document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS COMPONENT

CSS Program Description and Outcomes

The SBCBH MHSA Community Supports and Services (CSS) program continues to provide services to all ages [children (ages 0-15); transition age youth (ages 16-25); adults (ages 26-59); older adults (ages 60+)]; all genders; and all races/ethnicities. This CSS Program embraces a “whatever it takes” service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs, and support health and wellness. These services emphasize wellness, recovery and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support. Our Drop-In Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment, including classes, social activities, and group therapy. Several days per week, Esperanza Center provides a separate program for Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in peer-driven, age-appropriate activities. Through the MHSA and PEI programs, the Esperanza Center creates a welcoming environment for all youth, including the LGBTQ community. Peer Mentors from the LGBTQ community provide LGBTQ-friendly and culturally-relevant services every Saturday. In addition, through CSS funding, outreach and engagement activities are provided to the migrant worker population, the homeless, and other at-risk individuals.

CSS Data for FY 2017/2018

Client data that shows fewer than 10 individuals is included in the “Other” category or in the “Other/Unknown” category to protect privacy and confidentiality in this small county. When a specific category of data is fewer than 10 persons, the data was removed to ensure confidentiality for our clients.

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. They also show the total dollars and dollars per client. Figure 1 shows there were 1,196 people served in FY 2017/18. Of these, 22.2% were Children ages 0-15; 21% were Transition Age Youth ages 16-25; 48% were Adults ages 26-59; and 8% were Older Adults, ages 60 and older.

Figure 1
CSS Clients (FY 2017/18)
By Age

	# Clients	% Clients
0 - 15 years	266	22.2%
16 - 25 years	252	21.1%
26 - 59 years	578	48.3%
60+ years	100	8.4%
Total	1,196	100.0%

Figure 2 shows the number of CSS clients served, by Race/Ethnicity. Of the 1,196 people served in FY 2017/18, persons who are Latino represent 61.5%; Caucasians represent 32.4%, and all other groups were 6.1% of the persons served.

Figure 2
CSS Clients (FY 2017/18)
By Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	387	32.4%
Latino	736	61.5%
Black/ African American	10	0.8%
Asian/ Pacific Islander	14	1.2%
Native American/ Alaskan Native	-	-
Other/ Unknown	49	4.1%
Total	1,196	100.0%

Figure 3 shows gender for the 1,196 people served in FY 2017/18. Slightly more of the clients were female (53.9%) than male (46.1%).

Figure 3
CSS Clients (FY 2017/18)
By Gender

	# Clients	% Clients
Male	551	46.1%
Female	645	53.9%
Total	1,196	100.0%

Figure 4 shows preferred language for the 1,196 people served in FY 2017/18. Of these clients, 89.5% reported that English is their preferred language. There were 9.6% who reported that Spanish is their preferred language.

Figure 4
CSS Clients (FY 2017/18)
By Preferred Language

	# Clients	% Clients
English	1,071	89.5%
Spanish	115	9.6%
Other	1	0.1%
Unknown	9	0.8%
Total	1,196	100.0%

Figure 5 shows the total dollars and dollars per client. there were 1,196 people served in FY 2017/18. There was a total of \$3,249,093 spent for CSS services, which calculates into an average of \$2,717 per client.

Figure 5
CSS Dollars per Client (FY 2017/18)

Total Dollars	\$ 3,249,093
Total Clients	1,196
Avg. Dollars/Client	\$ 2,717

FSP Data for FY 2016/17 and 2017/18

The number of clients who were identified as Full-Service Partnership (FSP) stayed the same across this two-year period (see Figure 6). There were 78 people who were designated as FSP in FY 2016/17 and 77 people in FY 2017/18. The percentage of people in each age category stayed relatively consistent, with a slight increase in the number of older adults served (see Figure 6).

This is a valuable program for our clients, and a priority for the CSS program to support individuals to receive the appropriate level of services. In the next fiscal year, we plan to review the criteria for FSP and provide training to staff to ensure clients have access to this valuable service.

Figure 6
FSP Clients (FY 2016/17 and 2017/18)
By Age

	FY 2016/17 # FSP Clients	FY 2016/17 % FSP Clients	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients
0 - 15 years	22	28.2%	20	26.0%
16 - 25 years	19	24.4%	20	26.0%
26 - 59 years	31	39.7%	29	37.7%
60+ years	6	7.7%	8	10.4%
Total	78	100.0%	77	100.0%

Figure 7 shows FSP clients by race/ethnicity. Across the two years, there was an increase in the number and percent of persons who were Latino. The proportion increased from 64% to 70%. Similarly, there was a slight decrease in the number of FSP clients who were Caucasian.

Figure 7
FSP Clients (FY 2016/17 and 2017/18)
By Race/Ethnicity

	FY 2016/17 # FSP Clients	FY 2016/17 % FSP Clients	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients
White/ Caucasian	26	33.3%	22	28.6%
Latino	50	64.1%	54	70.1%
Black/ African American	-	-	-	-
Asian/ Pacific Islander	-	-	-	-
Native American/ Alaska Native	-	-	-	-
Other	2	2.6%	-	-
Unknown	-	-	1	1.3%
Total	78	100.0%	77	100.0%

Figure 8 shows FSP clients by preferred language. Across the two years, this data remained stable, with 88-90% of FSP clients with English as their preferred language.

Figure 8
FSP Clients (FY 2016/17 and 2017/18)
By Preferred Language

	FY 2016/17 # FSP Clients	FY 2016/17 % FSP Clients	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients
English	70	89.7%	68	88.3%
Spanish	6	7.7%	6	7.8%
Other	-	-	-	-
Unknown	2	2.6%	3	3.9%
Total	78	100.0%	77	100.0%

Figure 9 shows FSP clients by gender. Across the two years, there was an increase in the number and percent of persons who were male. The proportion increased from 33% to 45.5%. Similarly, there was a decrease in the number of FSP clients who were female.

Figure 9
FSP Clients (FY 2016/17 and 2017/18)
By Gender

	FY 2016/17 # FSP Clients	FY 2016/17 % FSP Clients	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients
Male	26	33.3%	35	45.5%
Female	52	66.7%	42	54.5%
Total	78	100.0%	77	100.0%

Figure 10 shows the total dollars and dollars per client. There were 1,196 people served in FY 2017/18. There was a total of \$3,249,093 spent for CSS services, which calculates into an average of \$2,717 per client.

Figure 10
CSS Dollars per Client (FY 2017/18)

Total Dollars	\$ 3,249,093
Total Clients	1,196
Avg. Dollars/Client	\$ 2,717

CSS Program Challenges and Mitigation Efforts

There is an ongoing effort to increase the number of persons who are designated as FSP. Staff will review the criteria for FSP and provide training to staff to help identify opportunities to enroll more people in this valuable program.

Significant CSS Program Changes in FY 2019/20

Significant changes to the CSS program are not planned in FY 2019/20. However, based upon stakeholder and community input, we plan to expand CSS services for all age groups, with a primary focus on expanding services to children and TAY. Additional stakeholder groups will be held in FY 2019/20 to obtain further input into the development of these services, in compliance with MHSA stakeholder guidance.

PREVENTION AND EARLY INTERVENTION COMPONENT

PEI funding categories include Prevention, Early Intervention, Outreach, Access, Stigma Reduction, and Suicide Prevention.

This section also includes the required PEI Evaluation Report, analyzing 2 years of data (FY 2016/17 and 2017/18). Outcomes are reported for Early Intervention programs. Client data that shows fewer than 10 individuals is included in the “Other” category or in the “Other/Unknown” category to protect privacy and confidentiality in this small county.

PEI Program Descriptions, Data, and Outcomes

A. Prevention Programs

1. Mental Health First Aid Training: Youth Alliance offers Mental Health First Aid training program to community members. This is an eight (8) hour training to help participants learn a 5-step action plan which includes development of skills, resources, and knowledge so the community member can help an individual in crisis and to link the individual to the appropriate professional, peer, social, and self-help care.

The Mental Health First Aid USA course has been used to train a variety of audiences and key professionals, including: primary care professionals, employers and business leaders, faith leaders, school personnel and educators, state police and corrections officers, nursing home staff, volunteers, young people, families and the general public.

Fiscal Year	Number of Courses	Number of Participants
2016/17	3	54
2017/18	1	9

Attendees included community teachers, school counselors, other education officials and general public members. Feedback for these trainings has been positive and the community continues to support our efforts.

While the training requires a large commitment of time for professionals (8 hours), this program is an evidence-based program that develops important skills for community members who may be the first to respond to individuals with mental health symptoms. Following the course, participants developed important skills that help them respond appropriately to individuals having symptoms of a mental illness.

In FY 2016/17, there were three (3) MHFA courses held, with 54 persons attending the training. In FY 2017/18, there was one (1) MHFA course offered with nine (9) people attending.

2. Older Adult Prevention Program: The Older Adult Prevention Program utilizes a Case Manager to provide prevention and early intervention activities throughout the county to identify older adults who need mental health services. The program offers comprehensive assessment services to those older adults experiencing mental health problems that may interfere with their ability to remain living independently in the community. These individuals are then linked to resources in the community, including SBC Behavioral Health services. This program develops service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, and utilize wellness and recovery principles, which address both immediate and long-term needs of individuals. Services are delivered in a timely manner that is sensitive to the cultural needs of the population served.

The Case Manager collaborates with other agencies that provide services to this population, including Health and Human Services Agency, In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Senior Centers, nursing homes, home health agencies, and regional organizations which serve the elderly. Staff serving the agencies may receive training to complete a brief screening tool (on request) to help them recognize signs and symptoms of mental illness in older adults.

A Case Manager facilitates a weekly group at a Senior Residential complex – Prospect Villa Apartments. The Case Manager has developed many activities for community seniors, such as Friendship Day celebration, Super Bowl party, Holiday parties, MH Bingo, and other activities. Regular attendance is 10-25 seniors.

The bilingual Spanish speaking Case Manager who serves older adults also provides case management services for older adults who are at risk of hospitalization or institutionalization, and who may be homeless or isolated. This individual is available to offer prevention, linkage, brokerage, and monitoring services to older adults in community settings that are the natural gathering places for older adults, such as Jóvenes de Antaño, the Senior Center located in Hollister. Older adults who are identified as needing additional services are referred to Behavioral Health for ongoing specialty mental health services.

The Case Manager who serves older adults also facilitates group services for caregivers who provide support and prevention services to family members who are caring for an elderly relative.

This program served 109 older adults in FY 2016/17, and 100 in FY 2017/18. (See Figure 11). All persons served were ages 60 and older.

Figure 11
Older Adult Prevention Program: Clients (FY 2016/17 and FY 2017/18)
By Age

	FY 2016/17 # Clients	FY 2017/18 # Clients
60+ years	109	100

In 2016/17, of the 109 individuals served, 54.1% were Caucasian and 37.6% were Latino (See Figure 12). In 2017/18, there was an increase in Caucasians in the program, and a decrease in Latinos. There were 9 and 10 people with an “other/unknown” race/ethnicity reported.

Figure 12
Older Adult PEI Clients (FY 2016/17 and FY 2017/18)
By Race/Ethnicity

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
White/ Caucasian	59	54.1%	56	56.0%
Latino	41	37.6%	34	34.0%
Black/ African American	-	-	-	-
Asian/ Pacific Islander	-	-	-	-
Native American/ Alaska Native	-	-	-	-
Other/ Unknown	9	8.3%	10	10%
Total	109	100.0%	100	100.0%

Figure 13 shows data for the Older Adult program for preferred language. The majority of persons spoke English in both fiscal years. There were 17% and 15% who spoke Spanish, with two people speaking other languages.

Figure 13
Older Adult Prevention Program Clients (FY 2016/17 and FY 2017/18)
By Preferred Language

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
English	88	80.7%	84	84.0%
Spanish	19	17.4%	15	15.0%
Other	2	1.8%	-	-
Unknown	-	-	1	1.0%
Total	109	100.0%	100	100.0%

Figure 14 shows data for the Older Adult program for gender. In 16/17, of the 109 individuals served, 28.4% were male and 71.6% were female (Figure 6). In 2017/18, there were 38% males and 62% females. This data shows an increase in the number and percentage of males who were served by the program, reflecting efforts to reach out to underserved individuals and develop creative strategies for engaging and retaining them in programs.

Figure 14
Older Adult Prevention Program Clients (FY 2016/17 and FY 2017/18)
By Gender

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Male	31	28.4%	38	38.0%
Female	78	71.6%	62	62.0%
Total	109	100.0%	100	100.0%

Figure 15 shows that the average cost per older adult was \$3,038 in 2016/17. The average cost per older adult was \$3,447 in 2017/18.

Figure 15
Older Adult PEI Clients (FY 2016/17 and FY 2017/18)
Average Dollars per Client

	FY 2016/17	FY 2017/18
Total Dollars	\$ 331,148	\$ 344,683
Total Clients	109	100
Avg. Dollars/Client	\$ 3,038	\$ 3,447

3. Women's Prevention Program (Transcend): SBCBH contracts with Transcend to offer services to women. The Women's Prevention program continues to offer mental health prevention groups at a local community domestic violence shelter to help victims of domestic violence, reduce stigma, and improve access to the Latino community. Many of the Latino families in the county are immigrants or first generation.

A women's group provides preventive mental health services for women. Interpreter services are available to accommodate monolingual Spanish speakers who are victims of domestic violence. The group also functions as a support group to promote self-determination; develop and enhance the women's self-advocacy skills, strengths, and resiliency; discuss options; and help develop a support system to create a safe environment for women and their children. The group is held in the community to promote easy access and to assist with the development of healthy relationships.

There were 59 individuals served through the Transcend Program in FY 2016/17 and 82 in FY 2017/18 (Figure 16). Of the individuals served, the majority were ages 26-59 years of age. However, data was not reported for a number of clients each year.

Figure 16
Transcend Clients (FY 2016/17 and FY 2017/18)
By Age

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
0 - 15 years	-	-	-	-
16 - 25 years	11	18.6%	10	12.2%
26 - 59 years	29	49.2%	51	62.2%
60+ years	-	-	-	-
Unknown	19	32.2%	21	25.6%
Total	59	100.0%	82	100.0%

Of the individuals served by Transcend, the majority were females (Figures 17 & 18).

Figure 17
Transcend Clients (FY 2016/17 and FY 2017/18)
By Assigned Gender at Birth

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Male	-	-	-	-
Female	33	55.9%	67	81.7%
Prefer not to answer	-	-	1	1.2%
Unknown	26	44.1%	14	17.1%
Total	59	100.0%	82	100.0%

Figure 18
Transcend Clients (FY 2016/17 and FY 2017/18)
By Current Gender Identity

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Male	-	-	-	-
Female	33	55.9%	61	74.4%
Transgender	-	-	-	-
Questioning	-	-	-	-
Genderqueer	-	-	-	-
Other	-	-	-	-
Prefer not to answer	-	-	-	-
Unknown	26	44.1%	21	25.6%
Total	59	100.0%	82	100.0%

Of the individuals served and data was reported, approximately two-thirds were Latino, and one-third Caucasian (Figure 19).

Figure 19
Transcend Clients (FY 2016/17 and FY 2017/18)
By Race/Ethnicity

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
White/ Caucasian	15	25.4%	23	28.0%
Latino	23	39.0%	40	48.8%
Black/ African American	-	-	-	-
Asian/ Pacific Islander	-	-	-	-
Native American/ Alaska Native	-	-	-	-
Other	3	5.1%	4	4.9%
Unknown	18	30.5%	15	18.3%
Total	59	100.0%	82	100.0%

There were 59 individuals served through the Transcend Program in FY 2016/17 and 82 in FY 2017/18 (Figure 20). Of the individuals served, the majority reported their sexual orientation as Heterosexual/Straight. Two individuals reported another sexual orientation in FY 2017/18. However, data was not reported for 29 people in in FY 2016/17 and 25 people in FY 2017/18. Because of the small number, the information was kept confidential by reporting the data in the “Other” category.

Figure 20
Transcend Clients (FY 2016/17 and FY 2017/18)
By Sexual Orientation

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Heterosexual/ Straight	30	50.8%	55	67.1%
Bisexual	-	-	-	-
Lesbian	-	-	-	-
Gay	-	-	-	-
Queer	-	-	-	-
Questioning	-	-	-	-
Other	-	-	2	2.4%
Prefer not to answer	2	3.4%	6	7.3%
Unknown	27	45.8%	19	23.2%
Total	59	100.0%	82	100.0%

Of the 59 individuals served through the Transcend Program in FY 2016/17, 13.6% reported Spanish as their preferred language and 11% in FY 2017/18 (Figure 21). However, data was not reported for 25 people in in FY 2016/17 and 13 people in FY 2017/18.

Figure 21
Transcend Clients (FY 2016/17 and FY 2017/18)
By Preferred Language

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
English	26	44.1%	60	73.2%
Spanish	8	13.6%	9	11.0%
Other	-	0.0%	-	0.0%
Unknown	25	42.4%	13	15.9%
Total	59	100.0%	82	100.0%

Of the 59 individuals served through the Transcend Program in FY 2016/17 and 82 in FY 2017/18, a number reported one or more disabilities (see Figure 22). Of the individuals served, 25.4% in FY 2016/17 and 37.8% in FY 2017/18 reported a chronic physical health condition. Other categories were reported in the “Other” category to protect confidentiality of persons served.

Figure 22
Transcend Clients (FY 2016/17 and FY 2017/18)
By Disability
(clients may choose more than one)

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Communication	-	-	-	-
Cognitive	-	-	-	-
Physical/Mobility	-	-	-	-
Chronic Physical Health Condition	15	25.4%	31	37.8%
Other	8	13.6%	14	17.0%
No Disability	11	18.6%	27	32.9%
Prefer not to answer	2	3.4%	4	4.9%
Unknown	29	49.2%	17	20.7%
Total	59	100.0%	82	100.0%

Of the 59 individuals served through the Transcend Program in FY 2016/17 and 82 in FY 2017/18, the length of time for onset of symptoms (see Figure 23). Of the individuals served, 8.5% in FY 2016/17 and 14.6% in FY 2017/18 their symptoms ten or more years from the onset of symptoms.

Figure 23
Transcend Clients (FY 2016/17 and FY 2017/18)
By Onset of Symptoms

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Less than 6 months ago	4	6.8%	8	9.8%
6 - 12 months	3	5.1%	2	2.4%
1 - 4 years	1	1.7%	11	13.4%
5 - 9 years	3	5.1%	9	11.0%
Over 10 years	5	8.5%	12	14.6%
Other	-	0.0%	-	0.0%
Prefer not to answer	6	10.2%	3	3.7%
N/A	8	13.6%	13	15.9%
Unknown	29	49.2%	24	29.3%
Total	59	100.0%	82	100.0%

Figure 24 shows that the average cost per person was \$288 in FY 2016/17 and \$66 in FY 2017/18.

Figure 24
Transcend Clients (FY 2016/17 and FY 2017/18)
Average Dollars per Client

	FY 2016/17	FY 2017/18
Total Dollars	\$17,007	\$5,394
Total Individuals	59	82
Avg. Dollars/Person	\$288	\$66

4. Behavioral and Physical Health Integration: SBCBH co-locates a bilingual, Spanish-speaking clinician onsite at the Health Foundation, a Federally Qualified Health Center (FQHC), 6-8 hours per week to provide preventive mental health services. A brief mental health screening tool, incorporated into the existing physical health intake forms, allows immediate identification of individuals who may have mental health treatment needs. The SBCBH clinician may further assess individuals on-site and conduct brief therapeutic, mental health treatment services, as needed. Individuals who require more intensive specialty mental health services are referred to the SBCBH clinic, or continue to receive services at the FQHC.

Between January and June 2017, there were 39 clients served. Figure 25 shows that this included 7 children ages 0-15; 11 Transition Age Youth (TAY) ages 16-25; 16 Adults, ages 26-59; and 5 Older Adults ages 60+. The data for twelve months in FY 2017/18 shows a similar proportion for each age group, with an increase in the number of adults served, from 16 to 22 persons.

Figure 25
FQHC Clients (January-June 2017 and FY 2017/18)
By Age

	Jan. - Jun. 2017 # Clients	Jan. - Jun. 2017 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
0-15 years	7	17.9%	6	15.0%
16-25 years	11	28.2%	11	27.5%
26-59 years	16	41.0%	22	55.0%
60+ years	5	12.8%	1	2.5%
Total	39	100.0%	40	100.0%

The data for gender, shows that there was an increase in males served in FY 2017/18, from 13 to 22 persons (see Figure 26).

Figure 26
FQHC Clients (January-June 2017 and FY 2017/18)
By Gender

	Jan. - Jun. 2017 # Clients	Jan. - Jun. 2017 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Male	13	33.3%	22	55.0%
Female	26	66.7%	18	45.0%
Total	39	100.0%	40	100.0%

Figure 27 shows this data by Race/Ethnicity. Of the 39 people served in 2017, and 40 people served in FY 2017/18, all (100%) were Latino. This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 27
FQHC Clients (January-June 2017 and FY 2017/18)
By Race/Ethnicity

	Jan. - Jun. 2017 # Clients	Jan. - Jun. 2017 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Latino	39	100.0%	40	100.0%
Total	39	100.0%	40	100.0%

Figure 28 shows this data by Preferred Language. Of the 39 people served in 2016/17, 11 (28.2%) preferred English and 15 (38.5%) preferred Spanish. Of the 40 people served in 2017/18, 16 (40%) preferred English and 21 (52.5%) preferred Spanish. This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 28
FQHC Clients (January-June 2017 and FY 2017/18)
By Language

	Jan. - Jun. 2017 # Clients	Jan. - Jun. 2017 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
English	11	28.2%	16	40.0%
Spanish	15	38.5%	21	52.5%
Unknown	13	33.3%	3	7.5%
Total	39	100.0%	40	100.0%

Figure 29 shows that the average cost per person was in FY 16/17 was \$795, and 40 in FY 17/18.

Figure 29
FQHC Clients (January-June 2017 and FY 2017/18)
Average Dollars per Client

	FY 2016/17	FY 2017/18
Total Dollars (6 months)	\$31,005	\$55,400
Total Individuals	39	40
Avg. Dollars/Person	\$795	\$1,385

B. Early Intervention Programs

5. Children's Prevention and Early Intervention Services (Youth Alliance): SBCBH will continue our contract with the Youth Alliance (YA) to provide children and youth with Prevention and Early Intervention services in the schools and community. A YA Case Manager screens children and youth for mental health service needs and refers potential clients to either SBCBH or the YA clinic for services.

In addition, YA offers the Early Intervention promising practice program, *Joven Noble – Rites of Passage*, a Latino youth development and leadership enhancement program. This culturally-based program works with youth to develop life skills, cultural identity, character, and leadership skills. It is a program that has been effective at reducing gang involvement and providing mentoring and leadership to Latino youth who are considered at risk for mental illness, using drugs, and/or

dropping out of school. Families are included in services one weekend a month to help them learn to support healthy outcomes for their children.

YA has successfully implemented all planned prevention and early intervention activities in the schools and community. Youth and families involved in the *Joven Noble* program have achieved positive outcomes and youth are developing positive leadership skills and reducing involvement in gangs. This program has also helped to reduce cultural and ethnic disparities in our mental health system. The YA Team is integrated within the school environment and is well received by staff and students.

Figure 30 shows the number of children served by the Youth Alliance (YA) using PEI funding, by age group. In FY 2016/17, YA served 50 children with 58% ages 0 – 10 years, 32% ages 11 – 13 years, and 10% ages 14 – 18 years. In FY 2017/18, YA served 63 children with 25.4% ages 0 – 10 years, 44.4% ages 11 – 13 years, and 19% ages 14 – 18 years. There were seven (7) children that did not have the age reported.

Figure 30
PEI YA Clients (FY 2016/17 and FY 2017/18)
By Age

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
0 - 10 years	29	58.0%	16	25.4%
11 - 13 years	16	32.0%	28	44.4%
14 - 18 years	5	10.0%	12	19.0%
Unknown	-	0.0%	7	11.1%
Total	50	100.0%	63	100.0%

Figure 31 shows that in FY 2016/17, 60% of the children served by YA were male, and 40% were female. In FY 2017/18, 60.3% of the children served by YA were male, and 38.1% were female.

Figure 31
PEI YA Clients (FY 2016/17 and FY 2017/18)
By Gender

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Male	30	60.0%	38	60.3%
Female	20	40.0%	24	38.1%
Unknown	-	-	1	1.6%
Total	50	100.0%	63	100.0%

Figure 32 shows that in FY 2016/17, 80% of the children served by YA were Latino and 14% were Caucasian. In FY 2017/18, 79.4% of the children served by YA were Latino and 17.5% were Caucasian.

Figure 32
PEI YA Clients (FY 2016/17 and FY 2017/18)
By Race/Ethnicity

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
White/ Caucasian	7	14.0%	11	17.5%
Latino	40	80.0%	50	79.4%
Black/ African American	-	-	-	-
Asian/ Pacific Islander	-	-	-	-
American Indian/ Alaskan Native	-	-	-	-
Other/ Unknown	3	6.0%	2	3.1%
Total	50	100.0%	63	100.0%

Figure 33 shows this data by Preferred Language. Of the 50 children served in 2016/17, 39 (20%) preferred English and 10 (20%) preferred Spanish. Of the 63 children served in 2017/18, 53 (84.1%) preferred English and 9 (14.3%) preferred Spanish. This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 33
PEI YA Clients (FY 2016/17 and FY 2017/18)
By Language

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
English	39	78.0%	53	84.1%
Spanish	10	20.0%	9	14.3%
Other	1	2.0%	1	1.6%
Total	50	100.0%	63	100.0%

Of the 50 children served in 2016/17 and 63 children served in FY 2017/18, a small number reported one or more disabilities (see Figure 34). This information was combined into the “Other” category because of the small number in each category.

Figure 34
PEI YA Clients (FY 2016/17 and FY 2017/18)
By Disability

	FY 2016/17 # Clients	FY 2016/17 % Clients	FY 2017/18 # Clients	FY 2017/18 % Clients
Visual	-	-	-	-
Hearing	-	-	-	-
Speech	-	-	-	-
Physical	-	-	-	-
Developmental	-	-	-	-
Learning Disability	-	-	-	-
Other	4	8.0%	28	44.5%
None	44	88.0%	34	54.0%
Unknown	2	4.0%	4	6.3%
Total Clients	50	100.0%	63	100.0%

Figure 35 shows the average cost per YA youth served was \$4,013. In 2017/18, the average cost per client was \$3,436.

Figure 35
PEI YA Clients (FY 2016/17 and FY 2017/18)
Dollars per Client

	FY 2016/17	FY 2017/18
Total Dollars	\$200,666	\$219,645
Total Individuals	50	63
Avg. Dollars/Person	\$4,013	\$3,486

Figure 36 shows outcomes for YA Youth. This data is available for FY 2017/18. The Risk Resiliency tool collects information on a number of key risk and resiliency factors over time. The RR is collected at baseline/intake, every six months, and at discharge. Data is compared from baseline and the most recent data available. Youth who show improvement and/or “best” on the factor for the two measurement periods are reported as “improved/best.” If the youth stays the same across the two measurement periods, then the youth is counted as “Same.” If the youth has a decline, or decrease, on the factor from the first to the most recent measurement period, then the youth is counted as “Declined.”

Figure 36 shows data for all 38 YA youth who were served. This data shows that 86.8% of youth showed improvement/best in Out of Trouble factors, 84.2% showed improvement/best in Alcohol/Substance use factors, and 84.2% showed improvement/best in Education/Employment factors. Factors addressing Social and Family, Health, and Emotional Strength, showed lower rates of improvement and higher rates of decline. For example, the Social and Family factors showed that 18.4% have a decline.

Figure 36
PEI YA Outcomes (FY 2017/18)
Risk and Resiliency Factors
Matched Intake and Exit Results
All YA Youth

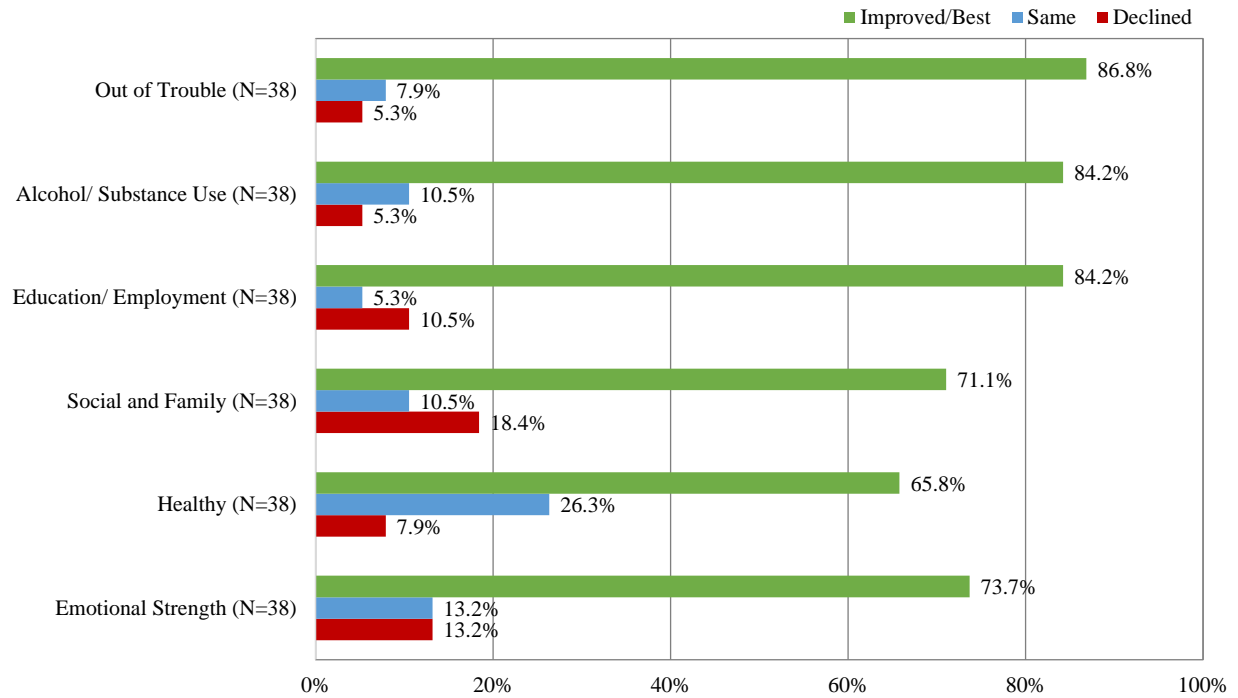


Figure 37 shows data for males who attended Maze Middle school. Of these seven (7) youth, 71.4% showed improvement/best in Out of Trouble factors and 100% showed improvement/best in Alcohol/Substance Use factors, Education/Employment factors, Social and Family, and Emotional Strength. Health factors improved/best for 42.9% and 57.1% stay the same.

Figure 37
PEI YA Outcomes (FY 2017/18)
Risk and Resiliency Factors
Matched Intake and Exit Results
Maze Middle Males Only

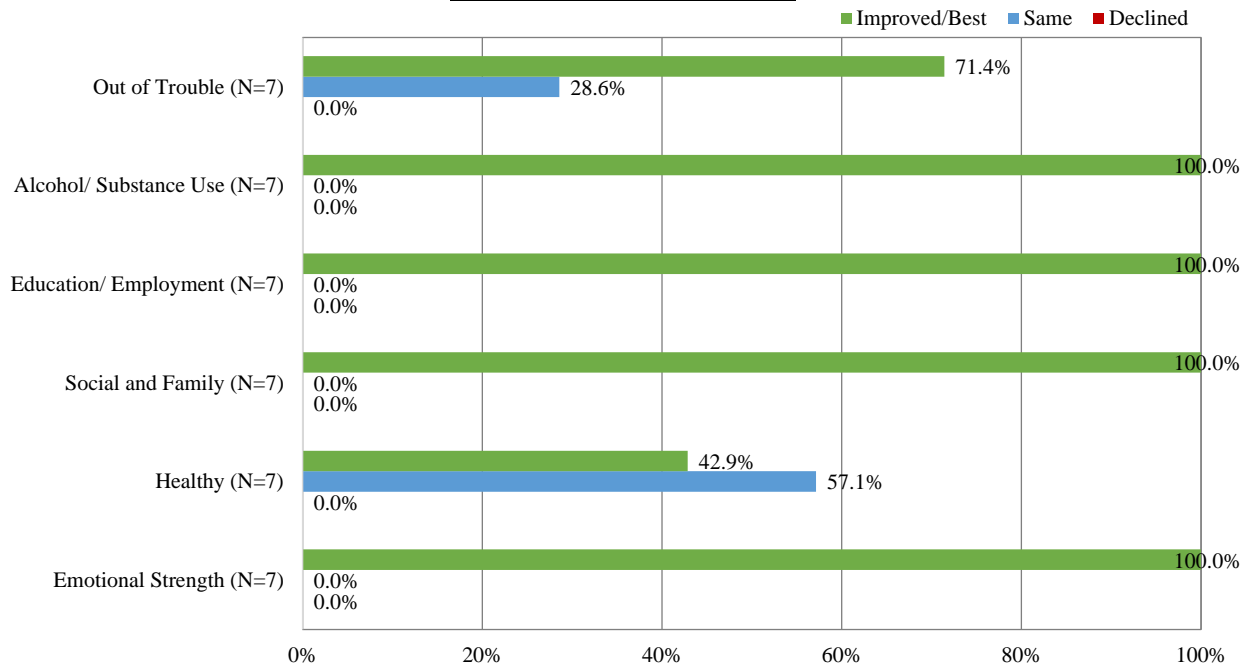


Figure 38 shows data for males who attended San Benito High school. Of these 15 youth, 100% showed improvement/best in Out of Trouble factors. There were 86.7% that showed improvement/best in Alcohol/Substance Use factors, 93.3% in Education/Employment factors, 80% in Social and Family, 86.7% in Healthy, and 73.3% in Emotional Strength.

Figure 38
PEI YA Outcomes (FY 2017/18)
Risk and Resiliency Factors
Matched Intake and Exit Results
San Benito High School Males Only

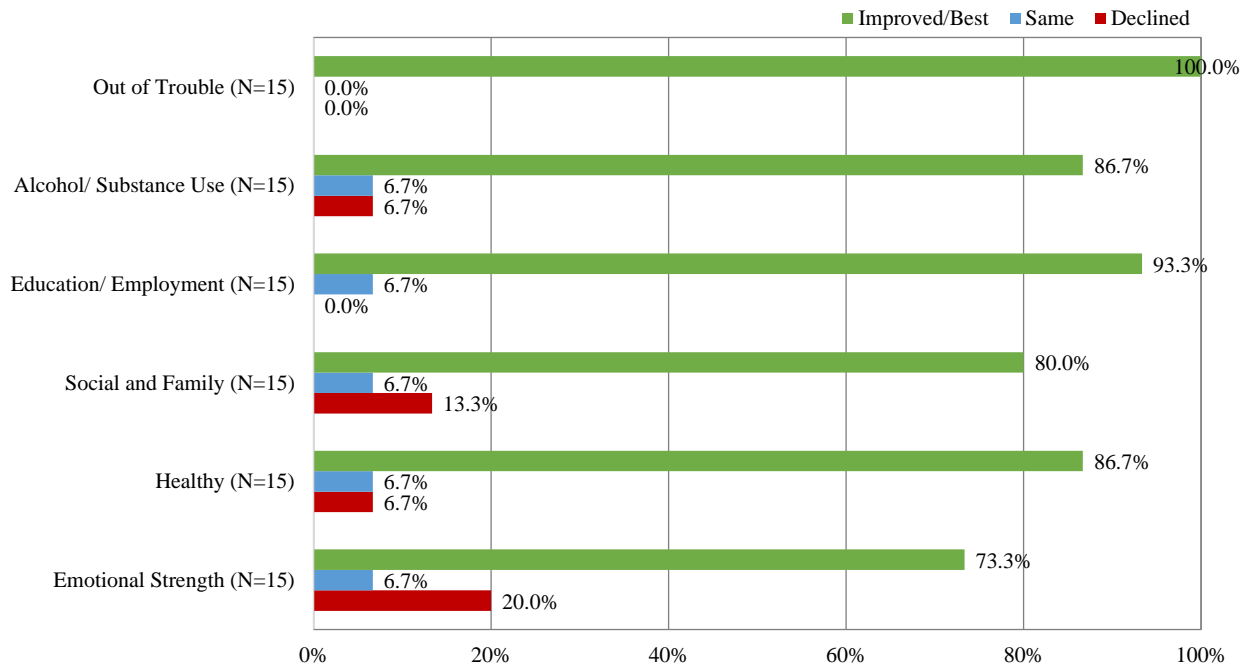
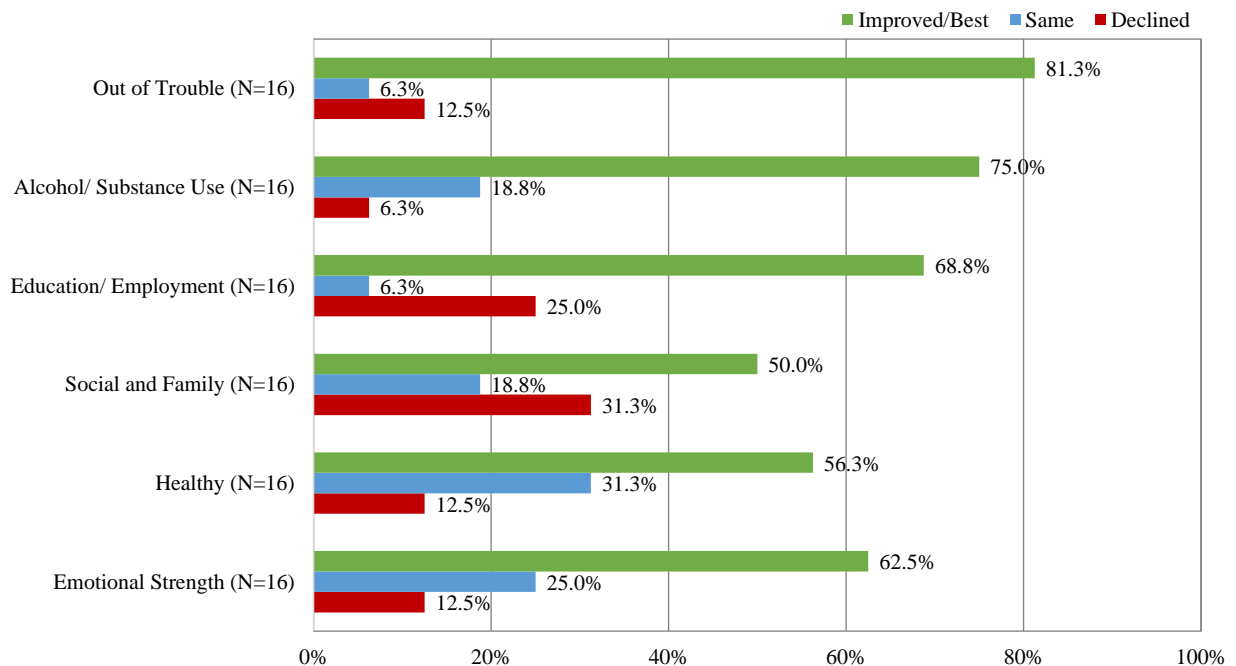


Figure 39 shows data for females who attended San Benito High school. Of these 16 youth, 81.3% showed improvement/best in Out of Trouble factors, 75% that showed improvement/best in Alcohol/Substance Use factors, 68.8% in Education/Employment factors, 50% in Social and Family, 56.3% in Healthy, and 62.2% in Emotional Strength. It is interesting to note that females at San Benito High School had fewer youth with Improved/Best on each of the factors, compared with the males at San Benito High School.

Figure 39
PEI YA Outcomes (FY 2017/18)
Risk and Resiliency Factors
Matched Intake and Exit Results
San Benito High School Females Only



PEI YA Outcomes (FY 2016/17): Guias Youth Feedback Survey Results

YA also collected survey information from the youth who participated in the Guias program. Of the 46 youth who responded to the surveys, the majority of youth reported that they felt more connected to their community and cultural heritage; have better relationships with parents/guardians; help them make more positive choices in choosing friends; and help them be more successful in schools. In addition, the 46 youth reported that the program helped them stay out of trouble; helped them deal better with their anger and helped them understand the impact of alcohol and drugs on their emotions and behavior.

The 45 youth were answered the question: “Do you have a person in your life who you can go to for support?” Forty-four (44) of the youth responded “Yes”.

Of the 44 who responded “yes, they were then asked, “If yes, what is your relationship with this person?” Of these youth, 25 responded Relative; 2 responded Neighbor; 13 responded Friend; and 4 responded Other.

YA also collected survey information from 22 of the family members who had youth who participated in the Guias program. When the family member was asked: “How is Guias helping your youth prepare for adulthood?”, 82% responded the program was providing assistance, 77% said guiding; 55% said healing, and 14% said ‘Other’. The family members were also asked “Does your youth have a person in their life how he/she can go to for support? 100% of the families reported “Yes”. All agreed that the support person was an effective role model. Also, 95% of family members reported that this support person communicates to the family member about the child’s progress or issues.

The Guias program is a strength-based, culturally relevant group program that promotes the development of young men and young women’s positive character to help them prepare for adulthood. This program shows positive outcomes for the 46 youth and 22 family members served in FY 2017/18.

C. Suicide Prevention

6. **Suicide Prevention Training:** SBCBH maintains a contract with a regional community resource (Family Service Agency of the Central Coast) to provide suicide prevention trainings to first responders in our county, such as law enforcement. These trainings teach first responders to recognize the warning signs of suicidal behavior, develop techniques to improve responses to situations involving suicide threat, and develop methods for safe intervention and linking individuals to community intervention and support resources.

In FY 2016/17, there were 83 individuals who participated in Suicide Prevention Training (Figure 21). This training was held at the Vets Memorial Building. In FY 2017/18, there were 189 people who participated in the Suicide Prevention training.

This training was well received by community members who participated in the training.

Figure 40 shows that the average cost per person in FY 16/17 was \$216, and \$85 in FY 2017/18.

Figure 40
PEI Suicide Prevention (FY 2016/17 and FY 2017/18)
Dollars per Client

	FY 2016/17	FY 2017/18
Total Dollars	\$17,940	\$16,150
Total Individuals	83	189
Avg. Dollars/Person	\$216	\$85

Access/Outreach/Stigma Reduction

7. San Benito+: This project utilizes the SBCBH MHSA-funded Wellness Center, Esperanza, to promote access for youth who are LGBTQ. This pilot project is led by persons from the LGBTQ community and provides LGBTQ-friendly and culturally-relevant services. The goal of San Benito+ is to create a welcoming and safe space for LGBTQ youth, offer services, and support individuals in understanding how their personal experiences affect their mental health.

Three part-time Peer Mentors were hired, and they are providing leadership in planning, designing, and implementing this innovative stigma reduction program. The community is providing support and is pleased to see the development of this important new program. There was an Open House in the Fall 2017 with over 50 community members attending this event, including a Board of Supervisor member.

In FY 2017/18, there was a PRIDE event that included food, music, and speakers. Over 100 people attended this event. Peer Mentors have also held other activities throughout the year, to help reduce stigma, identify and engage individuals who are interested in learning more about the LGBTQ community, and help reduce barriers to accessing services. Peer mentors offer various activities every Saturday with engaging, youth-friendly activities at Esperanza to promote access and supportive services.

In FY 2017/18, there were 11 outreach activities that reached 567 people. It is very exciting to see the effectiveness of these outreach activities in engaging so many people in this small, rural community.

Figure 41
LGBTQ Resource Center (FY 2017/18)
Outreach Activities

Number of Outreach Activities	Number of Outreach Contacts
11	567

In FY 2017/18, the LGBTQ offered interesting and engaging activities every Saturday at Esperanza. Figure 42 shows that there were 108 people who participated in these Saturday activities. This program has been effective at creating a safe and supportive environment to help reduce stigma and welcome individuals who are LGBTQ to obtain information and create positive social connections.

Figure 42
LGBTQ Resource Center (FY 2017/18)
Drop-in Attendees

Number of Drop-in Attendees
108

Figure 43 shows attendance at specific groups that are offered at Esperanza. There were eight (8) different groups that were held in FY 2017/18, with 35 individuals attending the groups. This shows an average attendance of 4.4 persons.

Figure 43
LGBTQ Resource Center (FY 2017/18)
Group Services

# Groups	8
Attendance	35
Avg. Attendance/Group	4.4

D. PEI Reversion Funds (AB 114)

8. PEI School-Based Services: A new school-based program has been implemented to utilize the PEI Reversion funds to expand preventive mental health services to children and youth, ages 5-21. Services are available in English and Spanish, and offer supportive services to students, families, and teachers to improve mental health-related issues that influence key outcomes. This SBCBH program is staffed with four (4) bilingual, bicultural case managers.

The program offers prevention services for different age groups of children and youth, providing support to prompt early identification, intervention, and outcomes to help resolve the issues before they become more serious. These prevention services are designed to provide resource linkage, supports, and interventions that create strong families and resilient children and youth, while reducing risk factors.

Services are available to optimize ease of access by delivering services at the schools, in the community, and in the home. A focus is on high-risk children, youth, and families. The team also utilizes referrals from a number of different partner agencies to identify high-need children and families. For example, an SBCBH staff member designated for this PEI project component attends the Student Attendance Review Board (SARB) to identify children and youth who fail to attend school on a regular basis. By identifying these children and youth early, the team can intervene with the family and develop a plan to improve attendance. The team meets with the family and identifies the needs of the family and develops strategies to help the child attend school regularly. This helps to reduce stigma and develops a plan for improving outcomes for these high-risk children, youth, and families. There is also a program that provides information on mental health for teen parents who are attending school. This helps to provide supportive prevention services and reduce stigma regarding accessing mental health services.

A SBCBH Case Manager is available for supportive and informing discussions with families when they are picking their children up after school. This time period is an opportunity to chat with the parent and identify issues that are occurring in the home. By offering these bilingual, bicultural services, families are easily engaged and are willing to discuss their needs and receive supportive services.

Similarly, the team accepts referrals from probation at the earliest point in time, potentially prior to arrest, to identify youth who are violating curfew, starting to get into fights, or other socially-unacceptable behaviors. This strategy creates the opportunity to reach out to families and offer supportive services to assist them to develop skills to improve their parenting, learn alternative behavior-shaping skills, and/or offer supportive group services. The team may also offer services to the youth and/or family while their youth is in Juvenile Hall and at the time of release to link them to needed services.

Other outreach activities of this team include visiting the food bank and Meals-On-Wheels, and at the migrant farm workers camps to distribute information on how to access mental health services, as well as handing out brochures and small cards with the phone number and address of behavioral health services.

Evaluation activities include collecting demographic information for each individual receiving services. In addition, information on the type of service received, date of service, location of service, and duration of the service will be collected. Perception of Care surveys will be collected annually and at the end of services. Other outcome instruments may be used to measure improvement in behaviors as a result of services. Information on the number and type of referrals to community services will also be collected.

This project was fully implemented in early 2019. Data is not yet available. A number of activities are planned for May is Mental Health Month, in 2019.

PEI Evaluation Report

The above PEI services described above, as well as the data presented, clearly illustrates the strength and variety of programs offered through the PEI program. Evaluation data presented throughout this report, shows improved access to services and reduced adverse outcomes for high risk children, youth, and families. Creating programs that focus on Latino youth and families, LGBTQ youth, and children involved in SARB and/or probation, has provided positive outcomes for this diverse Latino community.

PEI Program Challenges and Mitigation Efforts

San Benito+: This program was recently started and creates a very positive opportunity to the San Benito County to provide outreach to the LGBTQ community. At some of the early community meetings, several prominent community members were supportive of developing services for the LGBTQ community. This support provided a good foundation for beginning to develop this program. However, due to the historic culture of the community which has produced alienation and stigmatization, the LGBTQ community continues to be an underserved population.

The Peer Mentors and other county staff have made outreach a focus to break down these barriers. Activities such as LGBTQ Leadership Conference, Pride parades, visits to other LGBTQ centers in neighboring counties, and open hours at the Esperanza Center on Saturdays, have been specifically designed for persons from the LGBTQ community. These services have been successful. Our community partners such as Probation, Public Health, and various community-based organizations have assisted in outreaching to this population by volunteering to advertise on their webpages and providing printed information on the program to the TAY population who identify.

San Benito+ continues to be a priority for SBCBH, and our managers and Peer Mentors will continue to work together to identify creative opportunities to engage youth and young adults in

these activities. It is our hope that the LGBTQ community will continue to utilize and grow this program as a safe place to find the support that they need and continue to expand services and resources.

Significant PEI Program Changes in FY 2019/20

There are no significant changes to PEI in FY 2019/20. However, based upon stakeholder and community input, we plan to expand prevention and early intervention services for all age groups, with a primary focus on expanding services to children and TAY. Additional stakeholder groups will be held in FY 2019/20 to obtain further input into the development of these services, in compliance with MHSA stakeholder guidance.

INNOVATION

INN Program Description and Outcomes

The San Benito County Behavioral Health-Diversion and Reentry Court (BH-DRC) program is an innovative approach to addressing the needs of persons with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders and are involved in the judicial and/or jail systems. This new INN program was approved by the Mental Health Oversight and Accountability Commission (OAC) in Spring 2019 and is funded for 5 years.

The BH-DRC serves persons 18 years and older who have been arrested, charged, or convicted of a crime and have mental health issues. A court defendant or jail inmate meeting the criteria for participation in the BH-DRC will be referred, and if enrolled in the BH-DRC program, will choose to be voluntarily enrolled in the program in lieu of jail incarceration. Whenever possible, the BH-DRC Project will divert individuals from jail incarceration.

The BH-DRC utilizes a Multi-Disciplinary Team (MDT) that is comprised of a Superior Court Judge, Superior Court Clerk, District Attorney, Defense Attorney (Public Defender), Police Department, Sheriff's Department, Probation, and Behavioral Health staff. The BH-DRC works collaboratively to identify individuals who have a mental illness and could be eligible for early release or diversion from jail by providing a coordinated system of supervision and treatment through a multi-disciplinary team.

This program utilizes culturally-relevant, evidence-informed strategies to motivate individuals to enroll in the BH-DRC. These strategies include using a Participant Journey Mapping process which helps to reduce stigma and create awareness of mental health and substance use issues. The BH-DRC approach also merges several elements of treatment and case management concepts proven to be beneficial for this target population. Within the BH-DRC program there are similarities to MIOCR (Mentally Ill Offender Court Referred Treatment); Assisted Outpatient Treatment; the Conditional Release Program (CONREP); and Intensive Case Management. In addition, the BH-DRC provides early engagement with behavioral health services as part of the courtroom process, to begin the connection with the client, and to facilitate enrollment to Medi-Cal while the client is still in jail to minimize the wait time to benefits after release.

A court defendant, or jail inmate meeting the criteria for participation in the BH-DRC, enrolls in the BH-DRC process as a voluntary option in lieu of jail incarceration through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, the BH-DRC Project diverts individuals from jail incarceration who have a mental illness and who have encountered legal difficulties. These individuals, with the assistance of mental health treatment, would be better served in the community.

This project was approved in early 2019 and is now being implemented. Data is not yet available.

INN Program Challenges and Mitigation Efforts

The county partners involved in developing and implementing the INN program have been extremely helpful in gaining approval from the OAC. These partners are also actively involved in implementing the program and making referrals. These partners include, but are not limited to, the Superior Court Judge, Probation, District Attorney, Prosecuting Attorney, Sheriff's Department, Health and Human Services, persons with lived experience, and Behavioral Health Staff.

Significant INN Program Changes in FY 2019/20

There are no significant INN Program changes in FY 2019/20.

WORKFORCE EDUCATION AND TRAINING

WET Reversion Funds (AB 114)

In Fiscal Year 2019/20, limited WET funds will continue to be available through MHSA reversion (AB 114). These funds will be used to support the activities implemented through the previous WET allocations, including a contract with Relias Learning for access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for clinical CEUs. In addition, SBCBH will continue to offer stipends and mileage reimbursements to social work student interns.

Additional WET opportunities will be explored in order to fully expend these funds prior to reversion at the end of FY 2019/20.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Program Descriptions and Achievements

- A. Capital Facilities (CF) funds were used last year to purchase approximately two (2) acres of land adjacent to the current SBCBH outpatient clinic location. SBCBH also executed a contract with an architectural firm to begin designing a larger Behavioral Health building, and to oversee the project with the San Benito County Resource Management department. The new building will provide treatment space and staff offices for our mental health services and substance use treatment programs. The primary focus of the building will be to offer expanded MHSA services to children, families, adults, and older adults. In addition, the full array of mental health services will be available for all age groups in this facility.

The building will meet ADA specifications and be accessible for all clients and family members. The development of this facility and the delivery of MHSA services at this site will be consistent with the goals of the Capital Facilities and Technological Needs (CFTN) component.

- B. A new Technology (TN) project has not been determined at this time.

Challenges and Mitigation Efforts

As noted above, SBCBH purchased the land for the site of a new SBCBH clinic building. SBCBH now needs additional County Administration support to research and finalize resources for and procurement of affordable and adequate building loan sources to keep the Capital Facilities Project moving forward.

Benchmarks

SBCBH anticipates that the construction of the new building will begin when resources are secured.

CFTN Program Changes in FY 2019/20

SBCBH purchased the land for the site of a new SBCBH building. Design of the building is in progress, and SBCBH anticipates that the construction of the new building will begin when resources are secured.

PRUDENT RESERVE ASSESSMENT

Per recent changes in state law, SBCBH is now obligated to maintain its MHSA Prudent Reserve funding levels at no more than 33% of the average CSS allocations received in the preceding five years. SBCBH is required to reassess this Prudent Reserve maximum level every five (5) years. During each assessment, if Prudent Reserve funding levels are found to exceed the current maximum level, SBCBH is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS.

SBCBH conducted a Prudent Reserve Assessment as part of this Annual Update. At the close of FY 2018/19, the SBCBH Prudent Reserve funding exceeded the current maximum level. As a result, in FY 2019/20, SBCBH is required to transfer the excess Prudent Reserve funding from the Prudent Reserve to CSS. This transfer is noted on the Summary budget included in this document.

The Prudent Reserve assessment calculations are included below. The required certification of this MHSA Prudent Reserve Assessment (DHCS form 1819) is included on the next page, and will be signed after BOS review.

San Benito County Behavioral Health Prudent Reserve Assessment

Assessed on 05/14/2019

CSS Allocations by Fiscal Year	
FY 2013/14	\$ 1,877,510
FY 2014/15	\$ 2,628,083
FY 2015/16	\$ 2,234,836
FY 2016/17	\$ 2,649,907
FY 2017/18	\$ 2,878,296
Total 5-Year Allocation	\$ 12,268,631
Average CSS Allocation (Total / 5)	\$ 2,453,726
Maximum Prudent Reserve Amount (33% of Average)	\$ 809,730
Current Prudent Reserve Amount*	\$941,758
Amount in Excess (Transfer to CSS in 19/20)	\$ (132,028)

**Per FY 2017/18 RER PR Balance*

**MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT**

County/City: San Benito County

Fiscal Year: FY 18/19

Local Mental Health Director

Name: Alan Yamamoto, LCSW

Telephone: 831-636-4020

Email: alan@sbcmh.org

I hereby certify¹ under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Alan Yamamoto

<to be signed after BOS approval>

Local Mental Health Director (PRINT NAME)

Signature

Date

¹ Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19)

MHSA FY 19/20 BUDGET DOCUMENTS – FINAL

See the next pages for the final MHSA FY 19/20 Budget documents.

**FY 2019/2020 Mental Health Services Act Annual Update
Funding Summary**

County: San Benito

Date: 5/15/19

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2019/2020 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 9,665,847	\$ 2,397,941	\$ 1,048,171	\$ 20,000	\$ 2,672,684	
2. Estimated New FY 2019/2020 Funding	2,600,000	638,696	170,000			
3. Transfer in FY 2019/2020 ^{a/}	\$ (640,500)			\$ -	\$ 640,500	\$ -
4. Access Local Prudent Reserve in FY 2019/2020	\$ 132,028	\$ -				\$ (132,028)
5. Estimated Available Funding for FY 2019/2020	\$ 11,757,375	\$ 3,036,637	\$ 1,218,171	\$ 20,000	\$ 3,313,184	
B. Estimated FY 2019/2020 MHSA Expenditures^{b/}	\$ 2,223,320	\$ 941,470	\$ 516,395	\$ 20,000	\$ 1,389,704	
C. Estimated FY 2019/2020 Unspent Fund Balance	\$ 9,534,055	\$ 2,095,167	\$ 701,776	\$ -	\$ 1,923,480	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	\$ 941,758
2. Contributions to the Local Prudent Reserve in FY 2019/2020	\$ -
3. Distributions from the Local Prudent Reserve in FY 2019/2020	\$ (132,028)
4. Estimated Local Prudent Reserve Balance on June 30, 2020	\$ 809,730

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

**FY 2019/2020 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: San Benito

Date: 5/15/19

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
All MHSA funds are managed via "first in, first out." Older funds and reversion funds under AB 114 will be expended first.	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS System Transformation (FSP) - <i>using AB 114 funds</i>	\$ 1,133,893	\$ 1,133,893				
2.	\$ -					
3.	\$ -					
4.	\$ -					
5.	\$ -					
Non-FSP Programs						
6. General System Development (80%) - <i>using AB 114 funds</i>	\$ 709,845	\$ 709,845				
7. Outreach and Engagement (20%) - <i>using AB 114 funds</i>	\$ 177,461	\$ 177,461				
8.	\$ -					
9.	\$ -					
10.	\$ -					
CSS Administration	\$ 202,120	202,120				
CSS MHSA Housing Program Assigned Funds	\$ -					
Total CSS Program Estimated Expenditures	\$ 2,223,320	\$ 2,223,320	\$ -	\$ -	\$ -	\$ -
FSP Programs as Percent of Total	51.0%					

**FY 2019/2020 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: San Benito

Date: 5/15/19

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out." Older funds and reversion funds under AB 114 will be expended first.						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)</i>						
1. Mental Health First Aid Training (P)	\$ 28,187	\$ 28,187				
2. Suicide Prevention Training (SP)	\$ 27,657	\$ 27,657				
3. PEI School-Based Services (P)	\$ 321,350	\$ 321,350				
4. Children & Youth Services (EI)	\$ 236,773	\$ 236,773				
5. Older Adult Services (EI)	\$ 118,387	\$ 118,387				
6. Behavioral & Physical Health Integration (EI)	\$ 62,012	\$ 62,012				
7. Women's Services (EI)	\$ 28,187	\$ 28,187				
8. Promoting Access for LGBTQ (A/SR/O)	\$ 67,649	\$ 67,649				
9.	\$ -					
10.	\$ -					
PEI Administration	\$ 51,268	\$ 51,268				
PEI Assigned Funds	\$ -					
Total PEI Program Estimated Expenditures	\$ 941,470	\$ 941,470	\$ -	\$ -	\$ -	\$ -

**FY 2019/2020 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: San Benito

Date: 5/15/19

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi- Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
All MHSA funds are managed via "first in, first out." Older funds and reversion funds under AB 114 will be expended first.						
INN Program						
1. Diversion and Reentry Court	\$ 516,395	\$ 516,395				
2.						
INN Administration	\$ -	\$ -				
Total INN Program Estimated Expenditures	516,395	\$ 516,395	0	0	0	0

**FY 2019/2020 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: San Benito

Date: 5/15/19

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
All MHSA funds are managed via "first in, first out." Older funds and reversion funds under AB 114 will be expended first.	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing	\$ 4,800	\$ 4,800				
2. Residency/Internship	\$ 15,200	\$ 15,200				
3.						
4.						
5.						
WET Administration	\$ -					
Total WET Program Estimated Expenditures	\$ 20,000	\$ 20,000	0	0	0	0

**FY 2019/2020 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: San Benito

Date: 5/15/19

	Fiscal Year 2019/2020					
	A	B	C	D	E	F
All MHSA funds are managed via "first in, first out." Older funds and reversion funds under AB 114 will be expended first.	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
1. New Behavioral Health Building (CF)	\$ 1,389,704	\$ 1,389,704				
2.						
3.						
4.						
5.						
CFTN Administration	\$ -					
Total CFTN Program Estimated Expenditures	\$ 1,389,704	\$ 1,389,704	\$ -	\$ -	\$ -	\$ -