SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act (MHSA)
Three-Year Program and Expenditure Plan
Fiscal Years 2023/2024, 2024/2025, and 2025/2026

POSTED FOR PUBLIC COMMENT
May 15, 2023 through June 14, 2023

The MHSA FYs 24-26 Three-Year Plan is available for public review and comment from May 15, 2023 through June 14, 2023. We welcome your feedback by phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Thursday, June 15, 2023.

Public Hearing Information:
Thursday, June 15, 2023, 12:00 pm
Behavioral Health Board Meeting
The Public Hearing will be held both online and in person.

Location: 1131 Community Parkway, Hollister, CA 95023

Zoom link:
https://zoom.us/j/99587965746? pwd=cXZ3ckwxQURHQ3JmUlNhRUlyMHo5Zz09

If you prefer to join by phone, please call 1-669-900-6833.
Enter Meeting ID: 995 8796 5746

Comments or Questions? Please contact:
Louise Coombes
MHSA 3-Year Plan
San Benito County Behavioral Health
1131 Community Parkway, Hollister, CA 95023
Phone: 831-636-4020; Fax: 831-636-4025
lcoombes@sbcmh.org

Thank you!

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MHSA Three-Year Program and Expenditure Plan

Fiscal Years 2023/2024, 2024/2025, and 2025/2026

A. COUNTY DESCRIPTION AND DEMOGRAPHICS

San Benito County is a small county that lies in the Central Coast region of California. It is located at the southern end of the Santa Clara Valley, just south of Silicon Valley, and offers easy access to the metropolitan San Jose area, Monterey, and Santa Cruz.

San Benito County's population is 64,209. The county is 1,390 square miles and is considered a rural county with 46 persons per square mile. San Benito County's largest city is Hollister, home to approximately 41,678 residents. *(US Census 2020)*

Population data for San Benito County estimates a total population of 67,579. Approximately 50.1% of residents are Caucasian; 42.9% are Latino; 0.4% are African American; 3.5% are Asian; 1.2% are Native American; 0.1 are Native Hawaiian/Other Pacific Islander; and 1.8% are Other Race/Ethnicity (*Census.gov; Population Estimates, July 1, 2022*).

The 2010 US Census indicates that 41.7% of the population of San Benito County speaks a language other than English at home. English and Spanish are the only threshold languages in San Benito County. There are 2,362 veterans, which represent 3.5% of the population.

Approximately 6.4% of the population is under 5 years of age, 25.6% are ages 5-17, 54.8% are ages 18-59; and 13.2% are over 60 years of age. Females represent 49.6% of the population (*Census.gov; Population Estimates, July 1, 2022*).

B. OVERVIEW OF THE MENTAL HEALTH SERVICES ACT

In November 2004, California voters passed Proposition 63, known as the Mental Health Services Act (MHSA), which created a system of mental health care funded by a tax on Californians with incomes over 1 million dollars. MHSA addresses a broad continuum of prevention, early intervention, and service needs; and the necessary infrastructure, technology, and training elements that effectively support this system. Implemented in San Benito County beginning in FY 2004-2005, MHSA continues to provide increased funding, staffing, and other resources to support county mental health programs and monitor progress toward performance outcomes for children, transition age youth, adults, older adults, and their families.

MHSA target populations include:

- Children (ages 0-15) at risk of placement out of home (hospitals, juvenile justice system, foster care), and their families
- Transition Age Youth (ages 16-25) at risk of placement out of home (hospitals, criminal/juvenile justice systems)

- Adults (ages 26-59) with serious mental illness and at risk of hospitalization, involvement in the criminal justice system, and/or homelessness
- Older Adults (ages 60+) at risk of losing their independence and being institutionalized due to mental health problems

San Benito County Behavioral Health (SBCBH) is required to develop and submit three-year program and expenditure plans, and annual updates, that address the activities, services, and projects that will be implemented within the framework of MHSA. The plans and updates include planning budgets that outline the anticipated expenditures. The plans/updates also allow SBCBH the opportunity to report on the successes and challenges of the programs and projects that were implemented; applicable data; related performance outcomes; and any anticipated changes in the coming year(s). Stakeholder and community involvement is essential in the planning and development of the MHSA system.

C. MHSA COMMUNITY PROGRAM PLANNING

1. Community Program Planning Activities

The SBCBH Community Program Planning (CPP) process for the development of the MHSA FYs 2024-2026 Three Year Program and Expenditure Plan ("MHSA 3-Year Plan") builds upon the planning process that was utilized for the development of the most recent 3-Year Plan, 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. It is estimated that over 800 stakeholders have participated in the planning process since 2005.

The MHSA components addressed by the CPP included Community Services and Supports (CSS); Prevention and Early Intervention (PEI) local and statewide; Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN). In addition, SBCBH provides basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

The MHSA annual planning process includes widespread representation from the community and stakeholder groups, including TAY; adults and older adults; San Benito County Office of Education and student's parents; law enforcement agencies; the LGBTQ+ community; Behavioral Health Board members and Behavioral Health staff; the Homeless and Opioid Task Forces; and Community Consumer Group. To obtain input on this MHSA 3-Year Plan, stakeholder meetings were conducted using Zoom or in person at a variety of locations. This included the Wellness Center (Esperanza Center), the Behavioral Health facility; Hollister High School; the County Jail, and Probation Offices.

A PowerPoint presentation on MHSA provided an overview of MHSA and training to help participants understand the planning process. Participants at these planning meetings also learned more about the availability of MHSA programs that have been funded. Interpreters were available to provide translation services for monolingual Spanish-speaking clients and persons

from the community. Information about the stakeholder meetings was publicly disseminated via email invitations, wellness center calendars, and social media posts. The presentation was included in various San Benito County Departmental meeting agendas and other stakeholder groups to inform both community partners and staff. During these meetings, the informational presentation was provided, questions invited, and copies of this information distributed to attendees for future reference. See Appendix A for the presentation.

SBCBH also provided a survey both in hard copy form for those who attended in person, or electronically via a Survey Monkey link if the meeting was held via Zoom to obtain input from every attendee. SBCBH made every effort to distribute surveys to individuals who could not attend the stakeholder meetings in order to obtain further input. This survey allowed individuals to participate in, and provide feedback to, the planning process, to assist in the development of the 3-Year Plan. Information about the Stakeholder meetings and survey and the link to the online survey were distributed via email; at the wellness centers and clinic offices; and during existing structured meetings. As a result, there were approximately 206 diverse individuals in San Benito County who participated in this year's comprehensive planning and capacity/needs assessment activities, 101 of which were Consumers and 105 of which were San Benito County staff. Refer to Appendix B for the survey results.

Program data is analyzed periodically to review access, quality, outcomes, and cost-effectiveness. With this compiled information, SBCBH was able to determine the unique needs of the community and continue to implement MHSA programs that are well designed and that meet the needs of the citizens and stakeholders. Data was analyzed 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 client's progress over time. This data helps to understand service utilization, evaluate client progress, and utilize information to continually improve FSP services.

This three-year plan integrates stakeholder feedback and service utilization data to analyze community needs and determine the most effective way to further meet the needs of our unserved/underserved populations.

2. Stakeholder Input

A number of different stakeholders were involved in the CPP process. Input was obtained from the Behavioral Health Board; MHSA staff, consumers, and family members; Behavioral Health Director; Program Managers; fiscal staff; Quality Improvement (QI) staff; and representatives from allied providers and agencies including, but not limited to, schools, CWS, probation, 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, schools, Health Foundation, the Opioid Task Force, and individuals involved with our Sober Living Environment home.

Clients 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.

The stakeholder survey data was analyzed, and the results were used to provide input and guidance in the planning process, and to identify the programs that will be funded with MHSA (refer to Appendix B for the survey results).

All stakeholder groups and boards are in full support of this MHSA 3-Year Plan and the strategies to maintain and enhance services.

D. CAPACITY TO IMPLEMENT

SBCBH is required to provide an assessment of its capacity to implement the proposed MHSA programs and services.

1. **Requirement:** Demonstrate the strengths and limitations of the County and service providers that impact their ability to meet the needs of the MH community, including the Latino community and other diverse populations. Include an assessment of bilingual proficiency in threshold languages.

    a. **Strengths of the SBCBH System:** SBCBH has a strong clinical and case management system, allowing clients to be linked to needed services and supports. SBCBH also has a number of staff who are bilingual and bicultural.

    b. **Limitations of the SBCBH System:** SBCBH continues to struggle with workforce shortages, especially recruitment of clinicians who are bilingual and bicultural.

    c. **Bilingual Proficiency of SBCBH Staff:** There are two (2) threshold languages in San Benito County: English and Spanish. Per a recent staff survey, SBCBH has a total of 50 staff members, with 24 staff (48%) who are bilingual in English and Spanish. Of the staff who reported being bilingual, 75% act as a Spanish interpreter as part of their job function. *(Data source: SBCBH Staff Survey, 2023).*

2. **Requirement:** Provide percentage of diverse cultural, racial/ethnic, and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

    a. **Comparison of SBC Population; SBCBH clients; and SBCBH staff on age, race/ethnicity, language, and gender.** Figure 1 shows census from 2010 with a population of 55,269. Current data on the number of mental health clients and BH staff are also shown. There are a higher proportion of SBCBH staff who are ages 25-59, which is expected to have a work force that is primarily this age group. When examining the data for Race/Ethnicity, the proportion of persons who are Latino in the general population (56.4%) and BH Staff (56%) is

comparable. However, the client population shows that 65.4% of all clients are Latino. For language, the general population has approximately 41.7% of the population who speak Spanish at home. For mental health clients, there are 13.5% of the clients who reported a primary language of Spanish. There were 48% of staff who are bilingual Spanish speakers. This shows the importance to continue to recruit bilingual and bicultural staff into the workforce. For gender, there are 50% females in the population; 55.8% female clients; and 70% female staff.

Figure 1
San Benito County Population, Mental Health Clients, and SBCBH Staff, by Demographics
FY 2021/22

	San Benito County Population 2010 Census		SBCBH Mental Health Clients		SBCBH Staff	
Age Distribution						
0 - 14 years	13,127	23.8%	246	17.8%	-	-
15 - 24 years	8,041	14.5%	348	25.2%	3	6.0%
25 - 59 years	26,168	47.3%	677	49.0%	44	88.0%
60+ years	7,933	14.4%	111	8.0%	3	6.0%
Total	**55,269**	**100.0%**	**1,382**	**100.0%**	**50**	**100.0%**
Race/Ethnicity Distribution						
Black	483	0.9%	10	0.7%	1	2.0%
American Indian/ Alaskan Native	895	1.6%	9	0.7%	-	-
Asian/ Pacific Islander	1,537	2.8%	25	1.8%	6	12.0%
White	20,223	36.6%	343	24.8%	15	30.0%
Latino	31,186	56.4%	904	65.4%	28	56.0%
Other/ Unknown	945	1.7%	91	6.6%	-	-
Total	**55,269**	**100.0%**	**1,382**	**100.0%**	**50**	**100.0%**
Language Distribution						
English	**32,222**	**58.3%**	1,183	85.6%	26	52.0%
Spanish	**23,047**	**41.7%**	187	13.5%	24	48.0%
Other/ Unknown	**-**	**-**	12	0.9%	-	-
Total	**55,268**	**100%**	**1,382**	**100.0%**	**50**	**100.0%**
Gender Distribution						
Male	27,629	50.0%	611	44.2%	15	30.0%
Female	27,640	50.0%	771	55.8%	35	70.0%
Total	**55,269**	**100.0%**	**1,382**	**100.0%**	**50**	**100.0%**

3. **Requirement:** Identify possible barriers to implementing the proposed MHSA programs/services and methods of addressing these barriers.

    a. **Barriers to Implementation:** SBCBH continues to struggle with workforce shortages, especially recruitment of clinical staff, especially bilingual and bicultural staff.

    b. **Mitigation Efforts:** SBCBH is addressing staffing issues through ongoing recruitment activities and exploring telehealth and other technological solutions.

SBCBH will also identify and implement priorities and programs that will have the most impact on clients and the community, maximizing resources and outcomes.

E. LOCAL REVIEW PROCESS

1. 30-Day Posting Period and Circulation Methods

This proposed MHSA 3-Year Plan has been posted for a 30-day public review and comment period May 15, 2023 through June 14, 2023. An electronic copy has been posted on the County website, and through various SBCBH social media platforms. This document has been distributed to all members of the San Benito County Behavioral Health Board; client groups; staff; and partner agencies representatives (upon request). The document is available via mail or email, upon request. Hard copies have been distributed at the Behavioral Health Outpatient clinic and at the Esperanza Center.

SBCBH MHSA website: https://www.cosb.us/departments/behavioral-health

2. Public Hearing Information

The Public Hearing for the posted MHSA 3-Year Plan will be held in person and online via Zoom, during a regular meeting of the San Benito County Behavioral Health Board.

- **Public Hearing: Thursday, June 15, 2023 at 12:00 pm**
    - **Address:** 1131 Community Parkway, Hollister, CA 95023
    - **Zoom meeting link:**

https://zoom.us/j/99587965746? pwd=cXZ3ckwxQURHQ3JmUlNhRUlyMHo5Zz09

    - **If you prefer to join by phone:**
        - Please dial 669-900-6833 or 408-638-0968
        - Enter Meeting ID#: 995 8796 5746, followed by the "#" key

You may also contact SBCBH for details about accessing the meeting online. In addition, the Zoom meeting link will be published on the SBCBH website:

https://www.cosb.us/departments/behavioral-health

3. Public Feedback on Proposed Document

During the 30-day posting period and at the public hearing, SBCBH welcomes feedback on this 3-Year Plan. During the 30-day posting, feedback may be made by phone or in writing to the following:

Louise Coombes
MHSA 3-Year Plan
San Benito County Behavioral Health
1131 Community Parkway, Hollister, CA 95023
Phone: 831-636-4020; Fax: 831-636-4025
lcoombes@sbcmh.org

Feedback may also be made during the public hearing.

All feedback received about the MHSA 3-Year Plan will be summarized and added to the final document.

4. Substantive Recommendations and Changes

Substantive recommendations and changes to the MHSA 3-Year Plan will be reviewed and incorporated into the final document, as appropriate.

5. County Approval and State Submission

The MHSA 3-Year Plan will be submitted to the County Board of Supervisors after the public hearing. After BOS approval, the final approved 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.

F. COMMUNITY SERVICES AND SUPPORTS

1. Report on Prior Years' CSS Programs (FY 2021/2022 and Current)

Through Community Services and Supports (CSS) funding, SBCBH created three programs: Integrated CSS Full-Service Partnership (FSP) program; Integrated General System Development program; and Integrated Outreach & Engagement program. These three programs encompassed a variety of services and activities, including FSPs; general system development activities; outreach and engagement activities; and the wellness center.

a) Integrated FSP Program Report (FY 2021/2022 and Current)

The Full-Service Partnership (FSP) program is designed to provide expanded mental health services and supports to individuals with serious mental illness (SMI) and children with severe emotional disturbance (SED), and to assist these clients in achieving their recovery goals. Components of the FSP program include, but are not limited to the following services and activities: 24/7 coverage with designated FSP staff; educational and/or employment services; assistance with local transportation to meet basic needs; linkage to home and community services; and participation in Behavioral Health Treatment Court. All individuals enrolled in the BHTC are enrolled in the FSP program. FSP services offer flexible funding to support clients with "whatever it takes" for a limited time, when consistent with the treatment plan and recovery goals. Flex funds may be used pay security deposits and first month's rent; transportation aid; health needs; food; pro-social activities; etc., as long as the expenditures are consistent with the client's treatment plan and SBCBH policy.

In addition to meeting SMI or SED criteria, MHSA regulations specify individuals selected for participation in FSP services must meet additional risk criteria based on age group (children and youth, transitional-aged youth, adults, and older adults) and determination of unserved or underserved status. These criteria include determination of the risk of out-of-home placement, involuntary hospitalization, or institutionalization; homelessness or at risk of becoming homeless; involvement in the criminal justice system; and frequent use of crisis or emergency room services as the primary resource for mental health treatment. For children and youth, additional criteria also include at risk or a recent history of homelessness, school failure, high-risk behaviors, and/or involvement in the criminal justice system. For adults, additional criteria include being at risk of involuntary hospitalization or inpatient hospitalization, placement in residential treatment, substance use, co-occurring disorders, and/or at risk of out-of-home placement.

FSPs for children and youth consists of addressing needs for high-risk children and youth, especially individuals and families who are involved in the Child Welfare Services (CWS) or Probation systems. The FSP team consists of clinician, case manager, and peer support, when needed. The strengths of the client are identified and used to engage in age-appropriate activities to support healthy development. Client-driven Child & Family Team (CFT) meetings develop goals and strategies to promote wellness and recovery in everyday life. These teams are comprised of members chosen by youth that will best support their goals. Each plan is

individualized to meet specific needs. Progress is monitored through CFT meetings and quarterly evaluation forms.

FSP for adults and older adults consists of addressing needs of high-risk adults and seniors, especially individuals and families who are involved in BH-DRC. Services also include working with adults who have been identified through screenings and assessments who have been identified as having a co-occurring mental health and substance use disorders. FSP for adults focuses on helping adults and older adults live in the community; volunteer and/or obtain employment; develop positive social support networks; and manage their physical and mental health problems to help achieve wellness and recovery. The strengths of the client are identified and used to engage in wellness and recovery activities.

- ❖ Integrated FSP Program Data (FY 2021/22)

The FSP program served 134 people in FY 2021/22 (see Figure 2). Of the people served, 37 (27.6%) were children ages 0-15; 29 (21.6%) were TAY ages 16-25; and 68 (50.7%) were adults/older adults ages 26 and older.

Note: The age categories of 26-59 and 60+ have been combined into 26+ to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 2
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Age
FY 2021/22

	# Clients	% Clients
0 - 15 years	37	27.6%
16 - 25 years	29	21.6%
26+ years	68	50.7%
Total	**134**	**100.0%**

Of the 134 people enrolled in the FSP program in FY 2021/22 (see Figure 3), 63 were male (47%) and 71 were female (53%).

Figure 3
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Gender
FY 2021/22

	# Clients	% Clients
Male	63	47.0%
Female	71	53.0%
Total	**134**	**100.0%**

Of the 134 people enrolled in the FSP program in FY 2021/22 (see Figure 4), 33 were White (24.6%); 91 were Hispanic (67.9%); and ten (10) were Other Race/Ethnicities (7.5%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and Native American/ Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 4
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Race/Ethnicity
FY 2021/22

	# Clients	% Clients
White	33	24.6%
Latino	91	67.9%
Other/ Unknown	10	7.5%
Total	**134**	**100.0%**

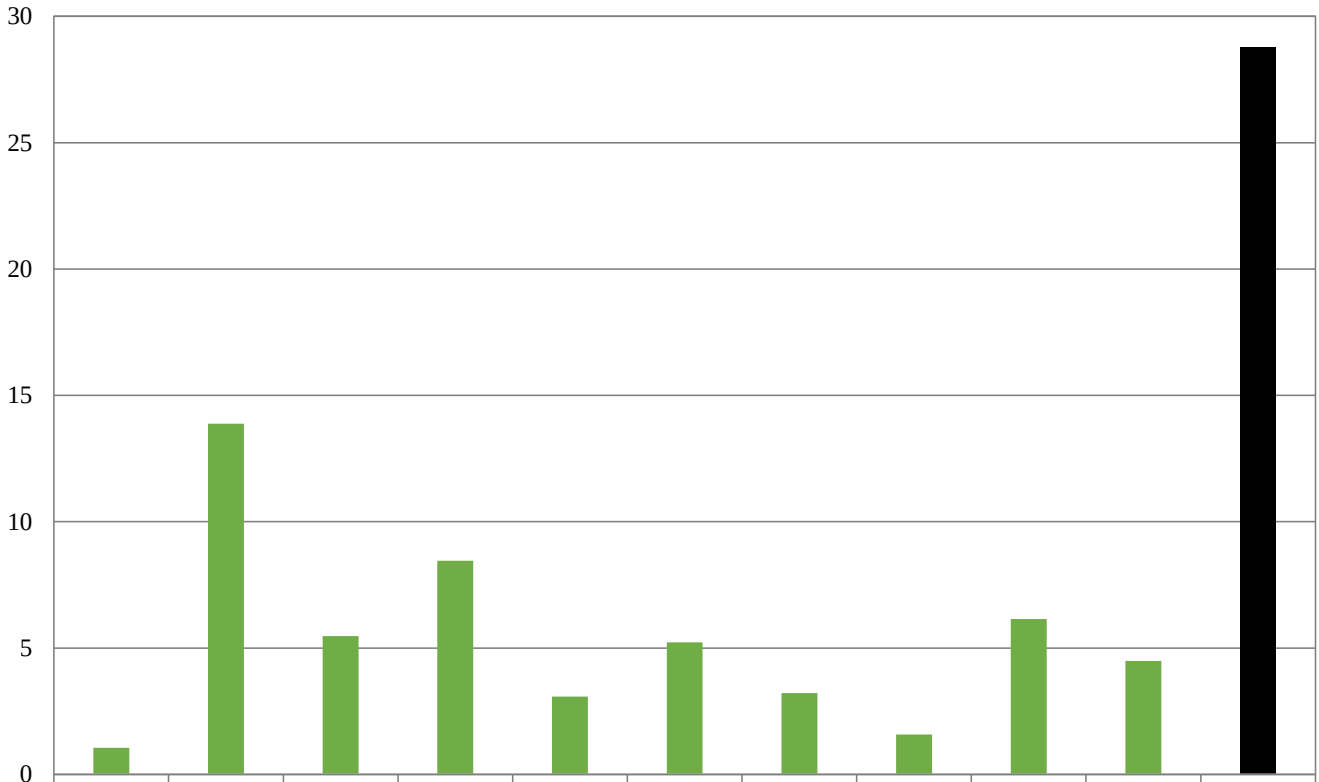
Of the 134 people enrolled in the FSP program in FY 2021/22 (see Figure 5), 114 (85.1%) were English speakers and 20 (14.9%) were Spanish speakers.

Figure 5
CSS Full-Service Partnership Services
Number and Percent of Mental Health FSP Clients, by Preferred Language
FY 2021/22

	# Clients	% Clients
English	114	85.1%
Spanish	20	14.9%
Total	**134**	**100.0%**

FSP clients are some of the highest need clients served by SBCBH. Clients receive a full array of services, as shown in Figure 6 below. The 134 clients that received FSP services in FY 2021/22 received 3,855.2 hours of services, which calculates as an average of 28.8 hours per person. Of the 134 clients, 73 received assessment; 84 received plan development, 74 received individual therapy, 118 received case management, and 101 received medication services. 24 of the 134 FSP clients received crisis intervention, which shows that 17.9% needed this intensive service. This data also shows that 93.9% of the FSP clients did not receive crisis services in the fiscal year, which demonstrates the positive outcomes from outpatient services for these high-risk clients to help them manage their wellness and recovery.

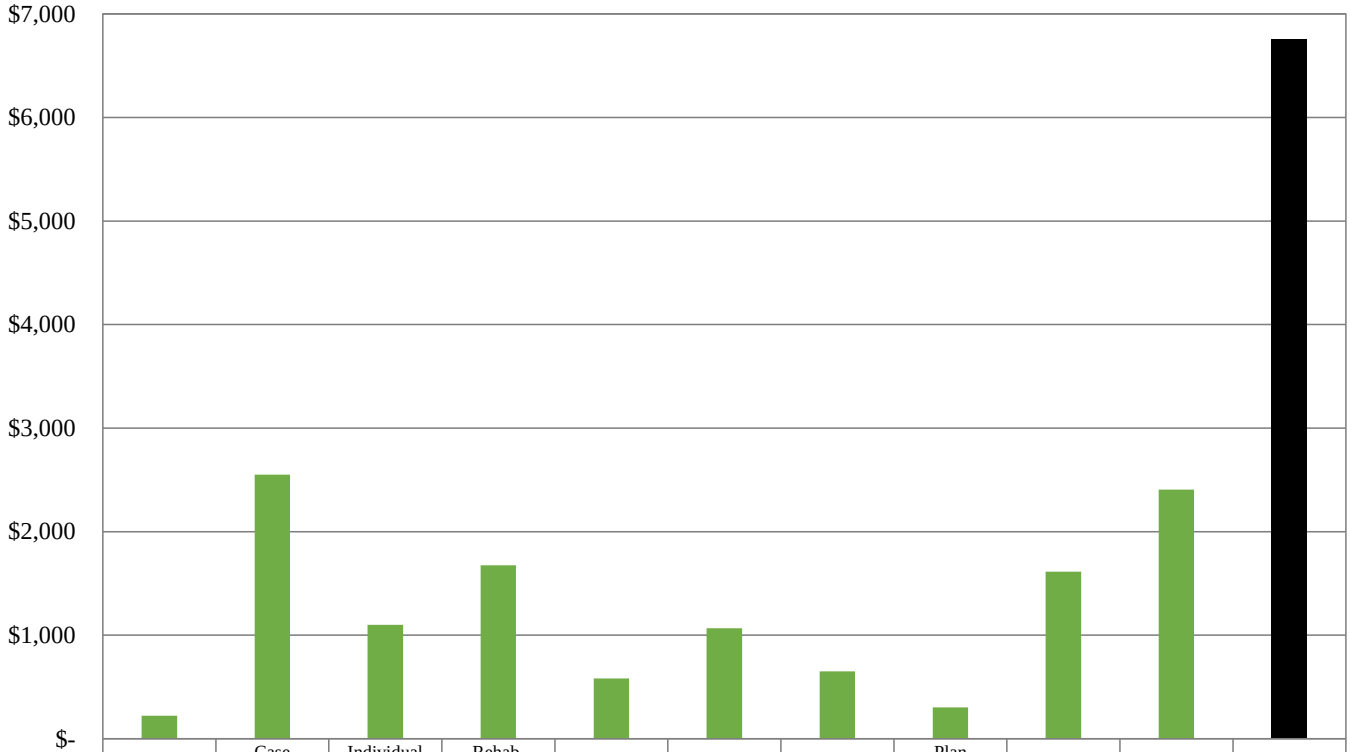
Figure 6
CSS Full-Service Partnership Services
Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type
FY 2021/22



	Assessment	Case Management	Individual Counseling	Rehab. Individual	ICC	IHBS	Collateral	Plan Development	Crisis	Medication	Total
# Hours	77.2	1,637.5	404.8	701.5	15.4	20.9	264.3	132.5	147.6	453.5	3,855.2
# Clients	73	118	74	83	5	4	82	84	24	101	134
Avg Hrs/Clt	1.1	13.9	5.5	8.5	3.1	5.2	3.2	1.6	6.1	4.5	28.8

Figure 7 shows the dollars per FSP client for each of the services they received in FY 2021/22. Across all services, the total dollars for FSP clients were $905,650 with an average of $6,759 per person. These are some of the highest need clients served by SBCBH.

Figure 7
CSS Full-Service Partnership Services
Total Mental Health FSP Dollars, Clients, by Dollars per Client, by Service Type
FY 2021/22



	Assessment	Case Management	Individual Counseling	Rehab. Individual	ICC	IHBS	Collateral	Plan Development	Crisis	Medication	Total
# Dollars	$16,237	$301,085	$81,512	$139,104	$2,914	$4,267	$53,276	$25,360	$38,742	$243,153	$905,650
# Clients	73	118	74	83	5	4	82	84	24	101	134
Avg Drs/Clt	$222	$2,552	$1,102	$1,676	$583	$1,067	$650	$302	$1,614	$2,407	$6,759

Figure 8 shows the total number and percent of clients who receive psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 85.1% of all FSP clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 8
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who <u>Remained Out of Inpatient</u>
FY 2021/22

	# Clients	% Clients
No Inpatient Admissions	114	85.1%
Inpatient Admission(s)	20	14.9%
Total	**134**	**100.0%**

Figure 9 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2021/22. This data shows that 82.1% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 9
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who <u>Remained Out of Crisis</u>
FY 2021/22

	# Clients	% Clients
No Crisis Services	110	82.1%
Crisis Service(s)	24	17.9%
Total	**134**	**100.0%**

b) Integrated General System Development Program Report (FY 2021/2022 and Current)

The General System Development program provided outpatient services; wellness center activities; SAFE Team activities; and housing support services.

Outpatient Services
SBCBH provided comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis response services; linkages to needed services; and housing support.

Wellness Center Activities
The drop-on Wellness Center (Esperanza Center) provided 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 also provided 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 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, there are LGBTQ+ activities for adults on Sundays at Esperanza.

SAFE Team Activities

A new Support Awareness and Follow-up and Engagement (S.A.F.E. Team) was implemented in FY 2021/22. The S.A.F.E. Team is designed to respond to crises in the community; to help de-escalate the crisis situation and support the individual to remain stable in the community; and to avoid the additional trauma of being transported to the Emergency Department (ED) in a locked vehicle, whenever possible. The S.A.F.E. Team is comprised of a Case Management Services Manager (1.0 FTE) and a full-time law enforcement officer (1.0 FTE) from the Hollister Police Department (HPD). In addition, a mental health clinician is available to support the S.A.F.E. Team on a case-by-case basis.

The S.A.F.E. Team responds to crisis situations in the community to help de-escalate the crisis situation in the community. An Hollister Police Department S.A.F.E. Officer is available to the S.A.F.E. Team in situations that warrant law enforcement involvement, and ensure the safety of the Behavioral Health staff who are responding in the community. The S.A.F.E. Officer also conducts prevention activities focused on identifying individuals who are showing signs and symptoms of escalating mental illness observed in the community. When individuals are identified, the S.A.F.E. Officer coordinates with the S.A.F.E. Team to respond as a team to ensure that BH makes contact and implements all possible therapeutic interventions that can be offered before the individual exhibits crisis levels of acuity.

The S.A.F.E. Team has had a significant impact on reducing the number of individuals requiring inpatient services. When a crisis can be responded to in a timely manner in the community, the crisis can often be de-escalated and managed within the community setting. It is a goal that crisis evaluations in the community will reduce the number of persons transported to the ED, as well as reduce the number of persons who need psychiatric hospitalization. Providing wellness and recovery-focused support services will help prevent future crises, as the individual will have the resources available when a situation begins to escalate to the level of a potential impending crisis.

Housing Support Services

SBCBH case managers provide housing assistance and support to clients who need housing. This support includes helping clients find a new place to live; coordinating with landlords to resolve any issues; and helping clients find a roommate, when needed.

❖ Integrated General System Development Program Data (FY 2021/22)

NOTE: In order to protect the privacy and confidentiality of clients in this small county, when the client data in any data category shows fewer than 10 individuals, the count of clients is removed from the category and added to the "Other" category or in the "Other/Unknown" category. When a specific category of data is fewer than 10 persons, the data was removed from that category to ensure confidentiality for SBCBH clients.

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. Figure 10 shows there were 1,381 people served in FY 2021/22. Of these, 22.5% were Children ages 0-15; 21.9% were Transition Age Youth (TAY) ages 16-25; 47.6% were Adults ages 26-59; and 8.0% were Older Adults, ages 60 and older.

Figure 10
CSS (FY 2021/22)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	311	22.5%
16 - 25 years	302	21.9%
26 - 59 years	657	47.6%
60+ years	111	8.0%
Total	**1,381**	**100.0%**

Figure 11 shows the number of CSS clients served, by Race/Ethnicity. Of the 1,381 people served in FY 2021/22, there were 342 White clients (24.8%), 904 Latinos (65.5%), 10 Black clients (0.7%), 25 Asian/ Pacific Islanders (1.8%), and 100 Other/Unknown (7.2%).

Note: The Race/Ethnicity category of Native American/Alaskan Native has been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 11
CSS (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	342	24.8%
Latino	904	65.5%
Black	10	0.7%
Asian/ Pacific Islander	25	1.8%
Other/ Unknown	100	7.2%
Total	**1,381**	**100.0%**

Figure 12 shows gender for the 1,381 people served in FY 2021/22. There were more females (N=770) than males (N=611).

Figure 12
CSS (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	611	44.2%
Female	770	55.8%
Total	**1,381**	**100.0%**

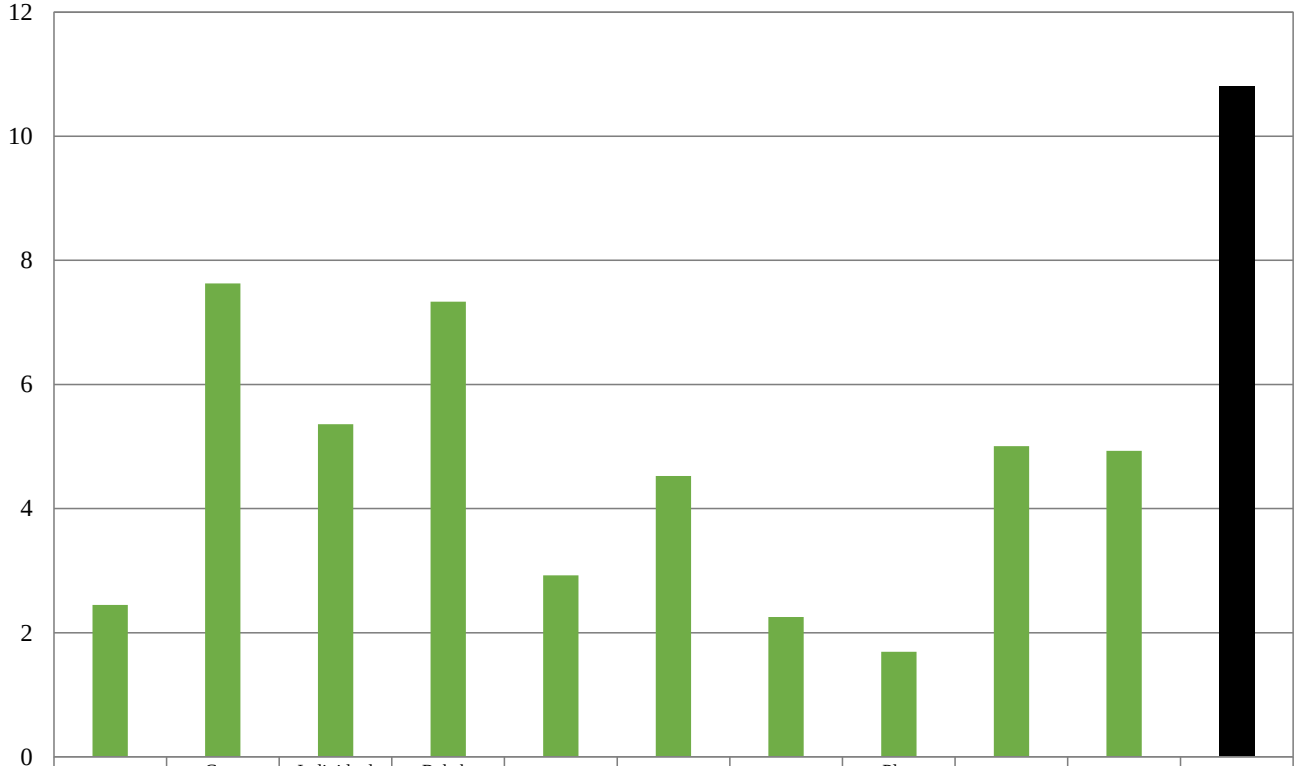
Figure 13 shows preferred language for the 1,381 people served in FY 2021/22. Of these clients, 1,182 reported that English is their preferred language (85.6%), 187 reported that Spanish is their preferred language (13.5%), and 12 reported Other/Unknown (0.9%).

Figure 13
CSS (FY 2021/22)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	1,182	85.6%
Spanish	187	13.5%
Other/Unknown	12	0.9%
Total	**1,381**	**100.0%**

Figure 14 shows that 1,381 clients that received mental health services in FY 2021/22 received 14,926.2 hours of services, which calculates into an average of 10.8 hours per person. Of the 1,381 clients, 891 received an assessment; 492 received plan development; 436 received individual therapy; 444 received case management; and 616 received medication services. There were 293 of the 1,381 mental health clients that received crisis intervention. This data demonstrates the positive outcomes from providing outpatient services.

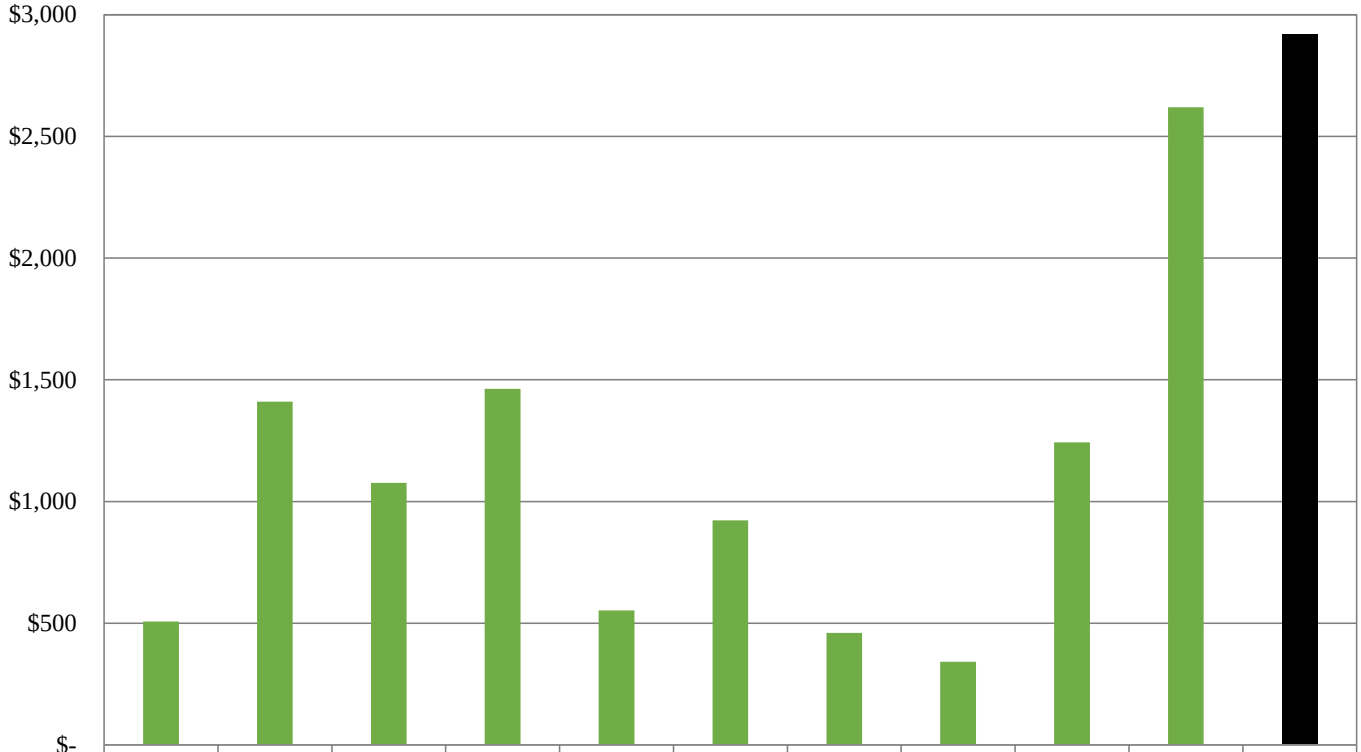
Figure 14
CSS (FY 2021/22)
Total Mental Health Hours, Clients, by <u>Hours per Client</u>, by Service Type



	Assessment	Case Management	Individual Counseling	Rehab. Individual	ICC	IHBS	Collateral	Plan Development	Crisis	Medication	Total
# Hours	2,180.5	3,386.8	2,337.4	1,085.3	26.3	31.7	540.3	833.9	1,466.5	3,037.5	14,926.2
# Clients	891	444	436	148	9	7	240	492	293	616	1,381
Avg Hrs/Clt	2.4	7.6	5.4	7.3	2.9	4.5	2.3	1.7	5.0	4.9	10.8

Figure 15 shows the dollars per mental health client for each of the services they received in FY 2021/22. Across all services, the total dollars were $4,032,164 with an average of $2,920 per person.

Figure 15
CSS (FY 2021/22)
Total Mental Health Dollars, Clients, by <u>Dollars per Client</u>, by Service Type



	Assessment	Case Management	Individual Counseling	Rehab. Individual	ICC	IHBS	Collateral	Plan Development	Crisis	Medication	Total
# Dollars	$452,248	$626,206	$469,519	$216,468	$4,977	$6,460	$110,557	$167,986	$364,224	$1,613,519	$4,032,164
# Clients	891	444	436	148	9	7	240	492	293	616	1,381
Avg Drs/Clt	$508	$1,410	$1,077	$1,463	$553	$923	$461	$341	$1,243	$2,619	$2,920

Figure 16 shows the total number and percent of clients who received psychiatric inpatient services and those who were not admitted in FY 2021/22. This data shows that 95.5% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 16
CSS (FY 2021/22)
Number and Percent of Mental Health Clients Who <u>Remained Out of Inpatient</u>
FY 2021/22

	# Clients	% Clients
No Inpatient Admissions	1,319	95.5%
Inpatient Admission(s)	62	4.5%
Total	**1,381**	**100.0%**

Figure 17 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2021/22. This data shows that 78.8% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 17
CSS (FY 2021/22)
Number and Percent of Mental Health Clients Who <u>Remained Out of Crisis</u>
FY 2021/22

	# Clients	% Clients
No Crisis Services	1,088	78.8%
Crisis Service(s)	293	21.2%
Total	**1,381**	**100.0%**

The S.A.F.E. Team served 40 clients during FY 2021/22. These 40 clients received a total of 46 crisis contacts (see Figure 18).

Figure 18
CSS S.A.F.E. Team
Number of Clients and Crisis Responses
FY 2021/22

	FY 2021-22
# Crisis Responses	46
# Clients	40

S.A.F.E. Team served 40 people in FY 2021/22 (see Figure 19). Of the people served, 7 (17.5%) were TAY ages 16-25 and 33 (82.5%) were all other ages.

Note: The age categories of 0-15, 16-25 and 60+ have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 19
CSS S.A.F.E. Team
Number and Percent of Clients, by Age
FY 2021/22

	# Clients	% Clients
16 - 25 years	7	17.5%
Other	33	82.5%
Total	**40**	**100.0%**

Of the 40 people served by the S.A.F.E. Team in FY 2021/22 (see Figure 20), 24 were male (60%) and 16 were female (40%).

Figure 20
CSS S.A.F.E. Team
Number and Percent of Clients, by Gender
FY 2021/22

	# Clients	% Clients
Male	24	60.0%
Female	16	40.0%
Total	**40**	**100.0%**

Of the 40 people served by the S.A.F.E. Team in FY 2021/22 (see Figure 21), 17 were White (42.5%); 22 were Hispanic (55%); and one (2.5%) reported Other for Race/Ethnicities (2.5%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and Native American/ Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories is fewer than 10.

Figure 21
CSS S.A.F.E. Team
Number and Percent of Clients, by Race/Ethnicity
FY 2021/22

	# Clients	% Clients
White	17	42.5%
Latino	22	55.0%
Other	1	2.5%
Total	**40**	**100.0%**

Of the 40 people served by the S.A.F.E. Team in FY 2021/22 (see Figure 22), 38 (95%) were English speakers and 2 (5%) reported another Primary Language other than English.

Figure 22
CSS S.A.F.E. Team
Number and Percent of Clients, by Preferred Language
FY 2021/22

	# Clients	% Clients
English	38	95.0%
Other	2	5.0%
Total	**40**	**100.0%**

c) Integrated Outreach & Engagement Program Report (FY 2021/2022 and Current)

The Outreach & Engagement program provided outreach and engagement activities throughout San Benito County, to a variety of populations and communities. Outreach and engagement services also were provided to the migrant worker population, homeless individuals, and in community settings with other at-risk individuals who are unserved or underserved.

- ❖ Integrated Outreach & Engagement Program Data (FY 2021/22)

There were several different outreach activities held throughout FY 2021/22 to inform the community on how to access mental health services. Across the year, there were 27 different activities, with an estimated number of contacts of over 1,523 (Figure 23). The events that had the largest response included the National Night Out (625); LGBTQ+ Pride Event (190); Migrant Center Health Fair (165), and the Health and Resiliency Health Fair (120).

Figure 23
Outreach (FY 2021/22)
Number of Outreach Activities and Outreach Contacts

Outreach Activity	# of Outreach Activities	# of Outreach Contacts
Adventuring with Pride	1	4
Baler Wellness Fair	1	90
BH Open House	1	23
Bob Ross Paint Night	2	4
Community Outreach	1	6
FSP Quarterly Mtg	1	12
Grinch Movie Night	1	2

Outreach Activity	# of Outreach Activities	# of Outreach Contacts
Health and Resiliency Health Fair	1	120
Homeless Outreach	1	10
LGBTQ+ Pride Event	1	190
Migrant Center Health Fair	1	165
National Night Out	1	625
Rainbow Phoenix: A Gay White Elephant	1	3
SAFE Team Presentation	1	12
SAFE Team Walk and Talk	3	20
Safety Fair Outreach	1	115
SARB Meeting	3	70
Stitch with Love	2	11
The Gamers- Buttons and Boards	1	4
Triple P Outreach: Continuation of services	1	30
Youth Mental Health First Aid Training	1	7
Total	**27**	**1,523**

d) CSS Program Successes and Challenges

Successes

- The CSS FSP has provided a level of care that has promoted and maintained FSP clients' wellbeing, allowing them to live as productive a life as possible in the community. Many FSP clients sustain employment.
- CSS activities have prevented some individuals from escalating into a higher level of care, such as inpatient hospitalization.

Challenges

- The requirement to have regular quarterly meetings provides the opportunity for individuals in the FSP Program to meet and feel comfortable with the SBCBH FSP staff. Despite the consistent provision of these meetings, the challenge is that the level of attendance is usually low. Factors resulting in low attendance likely include stigma; lack of interest; and for those employed, obtaining time off to attend. To address this issue, SBCBH has tried different days of the week and times of day, but attendance remains low.
- There is an ongoing effort to increase the number of persons who are designated as FSP. While COVID-19 restrictions continued to impact the enrollment of new FSP clients in FY 2021/22, SBCBH made steady progress to increase the number of persons served in

the FSP program over the three years. SBCBH plans to continue to identify new opportunities for enrolling person of all ages into the FSP program.

2. CSS Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

Moving forward, SBCBH is changing the name of the Integrated FSP program to "CSS FSP Program." In addition, to facilitate ongoing reporting, SBCBH is combining the General System Development and Outreach & Engagement programs into one program: CSS Non-FSP Program. This section outlines the plans for the coming years for these two CSS programs.

a) CSS FSP Program Plan

SBCBH will continue to provide the same level of services and activities as last year through the CSS FSP Program.

b) CSS Non-FSP Program Plan

SBCBH will continue to provide the same level of services as last year through the CSS Non-FSP Program. In addition, SBCBH will expand the Non-FSP Program to include the following activities:

- SBCBH is planning to open a new TAY Wellness Center in the next few years. The search is underway for a suitable house that would create a warm and welcoming environment for transition age youth. SBCBH hopes that the new center will be located within walking distance of the high school. CFTN funds will be used to purchase the building; and CSS funds will be used to staff the center.

- SBCBH is also developing a Mobile Crisis Team to respond to crisis situations in the community, to reduce the number of persons presenting in the Emergency Room, with an ultimate goal of services available 24/7.

G. PREVENTION AND EARLY INTERVENTION

The California Mental Health Services Oversight and Accountability Commission (OAC) requires six (6) different PEI funding categories which include Prevention; Early Intervention; Outreach; Access/Linkage; Stigma Reduction; and Suicide Prevention. Programs that are funded from each of these categories are discussed below.

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.

1. Report on Prior Years' PEI Programs (FY 2021/2022 and Current)

a) Prevention Reports (FY 2021/2022 and Current)

1) School-Based Case Management Services

This school-based program provides 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 three (3) case managers, including two (2) bicultural and one (1) bilingual 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 behavioral health issues before they become more serious. These prevention school-based services are designed to link children and youth to resources, 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. The 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, identifies the needs of the family, and develops strategies to help the child attend school regularly. This approach 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 program provides supportive prevention services and reduces stigma regarding accessing mental health services.

An SBCBH Case Manager is available for supportive and informative 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 are

more receptive to receiving supportive services. This program continued to deliver the same school-based services FY 2021/22 and FY 2022/23.

Figure 24 shows that in FY 2021/22, there were 3 outreach activities with 4 contacts. This third year was during the pandemic and outreach activities were greatly reduced.

Figure 24
School-Based Case Management Services (FY 2021/22)
Outreach Activities

# of Outreach Activities	3
# of Outreach Contacts	4

As the pandemic ends in FY 22/23, outreach activities and referrals will increase to help engage more students in services and receive more referrals to the program from teachers and families.

Figure 25 shows the Average Hours per Client by Service Type for the School-Based Case Management Services. In FY 2021/22, the program served 220 unique students for a total of 511.40 hours. The number of students by type of service included 121 who received assessment services, one (1) who received individual/family therapy, 99 who received case management, 45 who received rehabilitation, 88 who received support services, 38 who received collateral services, and 15 who received other services.

NOTE: The PATHS program reflects the services delivered in the school. Case Managers are also providing services to children and youth after hours in the community. These additional services are reflected in the CSS services data.

Figure 25
School-Based Case Management Services (FY 2021/22)
Individual Services: Average Hours per Client, by Service Type

	# Hours	**# Clients**	**Average Hours/ Client**
Assessment/ Screening	92.20	121	0.76
Individual/ Family Therapy	0.33	1	0.33
Case Management/ Linkage	175.63	99	1.77
Rehab./ Mental Health Services	65.03	45	1.45
Support Services	147.62	88	1.68
Collateral	26.58	38	0.70
Other	4.00	15	0.27
Total (All Services)	**511.40**	**220**	**2.32**

Data is shown below for the individuals who received School-Based Case Management Services and reported their demographics. Many individuals do not have demographic data reported and are shown as 'Unknown' in the tables.

Figure 26 shows School-Based Case Management Services clients by age. In FY 2021/22, there were 220 individuals served, with 84 children ages 0-15 (38.2%), 19 youth ages 16-25 (8.6%), and 117 with Unknown ages (53.2%).

Figure 26
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Age

	# Clients	**% Clients**
0 - 15 years	84	38.2%
16 - 25 years	19	8.6%
Unknown	117	53.2%
Total	**220**	**100.0%**

Figure 27 shows School-Based Case Management Services clients by gender. In FY 2021/22, there were 220 individuals served, with 42 males (19.1%) and 56 females (25.5%). There were five (5) that preferred not to answer (2.3%), and 117 with Unknown gender (53.2%).

Figure 27
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	42	19.1%
Female	56	25.5%
Prefer not to answer	5	2.3%
Unknown	117	53.2%
Total	**220**	**100.0%**

Figure 28 shows School-Based Case Management Services clients by Race/Ethnicity. In FY 2021/22, there were 220 individuals served, with 17 students who were White (7.7%), 80 who were Latino (36.4%), five (5) who were Other (2.3%), six (6) who preferred not to answer (2.7%), and 112 people with Unknown Race/Ethnicity (50.9%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 28
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	17	7.7%
Latino	80	36.4%
Other	5	2.3%
Prefer not to answer	6	2.7%
Unknown	112	50.9%
Total	**220**	**100.0%**

Figure 29 shows data for the School-Based Case Management Services program by preferred language. In FY 2021/22, 40.5% were English speakers and 18 spoke Spanish (8.2%). There were 113 students where preferred language was Unknown (51.4%).

Figure 29
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	89	40.5%
Spanish	18	8.2%
Unknown	113	51.4%
Total	**220**	**100.0%**

Figure 30 shows the number and percent of School-Based Case Management Services clients, by Sexual Orientation for FY 2021/22. Of the 220 unique individuals served, there were 25 individuals who reported their Sexual Orientation as Heterosexual/Straight (11.4%), 10 who reported Other (4.5%), 46 who reported N/A (20.9%), and 115 who were Unknown (52.3%).

Note: The Sexual Orientation categories of Bisexual, Lesbian, Gay, Queer, and Questioning have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 30
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	25	11.4%
Other	10	4.5%
N/A	46	20.9%
Prefer not to answer	24	10.9%
Unknown	115	52.3%
Total	**220**	**100.0%**

Figure 31 shows the number and percent of School-Based Case Management Services clients by Disability for FY 2021/22. Of the 220 unique individuals served, there were 15 individuals who reported a Disability (6.8%), 88 who reported No Disability (40.0%), 6 who Prefer not to answer (2.7%), and 114 who were Unknown (51.8%).

Note: The Disability categories of Communication, Cognitive, Physical/Mobility, Chronic Health Condition, and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 31
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Disability

	# Clients	% Clients
Disability	15	6.8%
No Disability	88	40.0%
Prefer not to answer	6	2.7%
Unknown	114	51.8%
Total	**220**	**100.0%**

Figure 32 shows the School-Based Case Management Services data by Onset of Symptoms. In FY 2021/22, of the 220 people served, 20 reported less than 6 months ago (9.1%), 14 report 6-12 months ago (6.4%); 19 reported 1-4 years ago (8.6%), and 139 reported Unknown (63.2%).

Figure 32
School-Based Case Management Services (FY 2021/22)
Number of Clients, by Onset of Symptoms

	# Clients	% Clients
Less than 6 months ago	20	9.1%
6 - 12 months ago	14	6.4%
1 - 4 years ago	19	8.6%
Prefer not to answer	15	6.8%
N/A	13	5.9%
Unknown	139	63.2%
Total	**220**	**100.0%**

Figure 33 shows the School-Based Case Management Services data by number of referrals. There were 46 children that were referred for additional services. There were 23 referred to Mental Health Services and 14 were connected to Mental Health (60.9%). 8 were referred to a private Therapist/Psychiatrist, and 5 were connected (62.5%). 7 were referred to a Primary Health Care Provider and 3 were connected (42.9%). 3 were referred to CWS and 3 were connected (100%). 4 were referred to Other services and 2 were connected.

Figure 33
School-Based Case Management Services (FY 2021/22)
Number and Percent of Clients, by Referrals

Referred Agency	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
Mental Health Services	23	14	60.9%
Substance Use Treatment Services	1	-	0%
Private Therapist/Psychiatrist	8	5	62.5%
Primary Health Care Provider	7	3	42.9%
Child Welfare Services (CWS)	3	3	100.0%
Other	4	2	50.0%
Total Referrals	**46**	**27**	**58.7%**

**Client connections based on self-report.*

Figure 34 shows the number and percent of School-Based Case Management Services participants who were discharged from the program, by Reason for Discharge for FY 2021/22. In FY 2021/22, there were 122 unique individuals discharged. There were 77 who met their goals (63.1%), 4 had goals partially met (3.3%), and 24 were referred to another program (19.7%).

Figure 34
School-Based Case Management Services (FY 2021/22)
Number and Percent of Clients Discharged, by Discharge Reason

	# Clients	% Clients
Goals Met	77	63.1%
Goals Partially Met	4	3.3%
Client Left Program/ Did Not Complete Program	6	4.9%
Referred to another Program	24	19.7%
Client Moved	4	3.3%
Administrative Discharge	2	1.6%
Other	5	4.1%
Total	**122**	**100.0%**

Figure 35 shows the percentage of School-Based Case Management Services participants who completed the Participant Perception of Care Survey. In reviewing the data, there were 80 students who completed the survey. The key outcome questions showed 90% of the students reported "I have people with whom I can do positive things"; 78.3% reported "I have learned to use coping mechanisms other than alcohol and/or other drugs"; 75.5% reported "In a crisis, I would have the support I need from family or friends", and 71.8% reported "I do things that are more meaningful to me". Over 93% reported "Staff welcome me and treat me with respect" and "Staff are sensitive to my cultural background."

Figure 35
School-Based Case Management Services (FY 2021/22)
Participant Perception of Care Survey Results
Percent of Participants, by Satisfaction

	Agree	Neutral	Disagree	N
I am getting along better with my family.	**73.0%**	23.0%	4.1%	74
I do better in school and/or work.	**67.5%**	31.2%	1.3%	77
My housing situation has improved.	**51.6%**	46.8%	1.6%	62
I am better able to do things that I want to do.	**64.0%**	36.0%	-	75
I am better able to deal with crisis.	**55.4%**	38.5%	6.2%	65
I do better in social situations.	**60.3%**	35.9%	3.8%	78
I have people with whom I can do positive things.	**90.0%**	8.8%	1.3%	80
I do things that are more meaningful to me.	**71.8%**	25.6%	2.6%	78
I have learned to use coping mechanisms other than alcohol and/or other drugs.	**78.3%**	17.4%	4.3%	69
In a crisis, I would have the support I need from family or friends.	**75.7%**	23.0%	1.4%	74
Staff welcome me and treat me with respect.	**93.8%**	6.3%	-	80
Staff are sensitive to my cultural background.	**94.7%**	2.6%	2.6%	76

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 offers welcoming mental health services 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 older adult population.

The Case Manager collaborates with other agencies that provide services to older adults, 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 these 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, Mental Health 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. These services were consistent through FY 2021/22 and FY 2022/23.

This program served 111 persons in FY 2021/22 (See Figure 36). All persons served were ages 60 and older.

Figure 36
Older Adult Prevention Program (FY 2021/22)
Number of Clients, by Age

	# Clients
60+ years	111

Figure 37 shows Race/Ethnicity for the Older Adult Prevention Program. In FY 2021/22, there were 111 clients, with 47 who were White (42.3%), 53 who were Latino (47.7%), and 11 Other/Unknown Race/Ethnicity (9.9%) across the three years.

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 37
Older Adult Prevention Program (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	47	42.3%
Latino	53	47.7%
Other/Unknown	11	9.9%
Total	**111**	**100.0%**

Figure 38 shows data for the Older Adult program for preferred language. In FY 2021/22, 76.6% spoke English and 22.5% spoke Spanish. There was 1 person where preferred language was Unknown.

Figure 38
Older Adult Prevention Program (FY 2021/22)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	85	76.6%
Spanish	25	22.5%
Other/Unknown	1	0.9%
Total	**111**	**100.0%**

Figure 39 shows data for the Older Adult program for gender. In FY 2021/22, there were 39.6% males and 60.4% females.

Figure 39
Older Adult Prevention Program (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	44	39.6%
Female	67	60.4%
Total	**111**	**100.0%**

3) Intimate Partner Violence Prevention Services

SBCBH contracts to deliver Intimate Partner Violence Prevention Services. These services assist in the prevention of the development of conditions, such as PTSD, depression, and anxiety that are prevalent in survivors of intimate partner violence. This program continues to offer mental health prevention groups at a local community domestic violence shelter to help survivors of intimate partner violence, reduce stigma, and improve access to the Latino community. Many of the Latino families in the county are immigrants or first generation.

Intimate Partner Violence Prevention Services provide preventive mental health services for intimate partner violence. Interpreter services are available to accommodate monolingual Spanish speakers who are survivors of intimate partner violence and other trauma. The group also functions as a support group to promote self-determination; develop and enhance the survivor's self-advocacy skills, strengths, and resiliency; discuss options; and help develop a support system to create a safe environment for survivors of intimate partner violence and their children. The group is held in the community to promote easy access and to assist with the development of healthy relationships. These services continued through FY 2021/22 and FY 2022/23.

Figure 40 shows Average Attendance per Group. In FY 2021/22, there were 42 groups, with 166 in attendance (duplicated count), and an average of 4.0 persons per group.

Figure 40
Intimate Partner Violence Prevention Services (FY 2021/22)
Average Attendance per Group

	FY 2021/22
# Groups	42
Attendance	166
Avg. Attendance/Group	4.0

Figure 41 shows Intimate Partner Violence Prevention clients by age. In FY 2021/22, there were 24 people served, with 75% ages 26-59.

Note: The Age categories of 0-15 years, 60+ years, and Unknown have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 41
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Age

	# Clients	**% Clients**
26 - 59 years	18	75.0%
Other/Unknown	6	25.0%
Total	**24**	**100.0%**

Figure 42 shows Intimate Partner Violence Prevention clients by gender. In FY 2021/22, there were 83.3% females and 16.7% Unknown.

Figure 42
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Female	20	83.3%
Unknown	4	16.7%
Total	**24**	**100.0%**

Figure 43 shows Intimate Partner Violence Prevention clients by Race/Ethnicity. FY 2021/22, there were 11 clients who were Latino (45.8%). There were 13 people with Other/Unknown Race/Ethnicity across the three years (54.2%).

Note: The Race/Ethnicity categories of White, Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 43
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	11	45.8%
Other/Unknown	13	54.2%
Total	**24**	**100.0%**

Figure 44 shows data for the Intimate Partner Violence Prevention program by preferred language. In FY 2021/22, 79.2% spoke English and 20.8% with their preferred language Other/Unknown.

Figure 44
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	19	79.2%
Other/Unknown	5	20.8%
Total	**24**	**100.0%**

Figure 45 shows the number and percent of Intimate Partner Violence Prevention clients, by Sexual Orientation for FY 2021/22. Of the 24 unique individuals served, there were 15 individuals who reported their Sexual Orientation as Heterosexual/Straight (62.5%) and 9 who reported Other/Unknown (37.5%).

Figure 45
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	15	62.5%
Other/Unknown	9	37.5%
Total	**24**	**100.0%**

Figure 46 shows the number and percent of Intimate Partner Violence Prevention clients by Disability for FY 2021/22. Of the 24 unique individuals served, there were 18 individuals who reported a Disability (75%), 5 who reported No Disability (20.8%), and 9 who were Unknown (37.5%).

Figure 46
Intimate Partner Violence Prevention Services (FY 2021/22)
Number of Clients, by Disability

	# Clients	% Clients
Disability	18	75.0%
No Disability	5	20.8%
Unknown	9	37.5%
Total	**24**	**100.0%**

4) Behavioral and Physical Health Integration

SBCBH co-locates a bilingual, Spanish-speaking licensed clinician onsite at the Health Foundation, a Federally Qualified Health Center (FQHC), eight (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. Some may choose to continue to receive services at the FQHC.

Figure 47 shows the Average Hours per Client by Service Type for the individuals who received services at the San Benito Health Foundation for FY 2021/22. There were 68 clients served in the year. There were 55 clients who received individual/family therapy for 61 hours. This data calculates into 1.1 hours per client. In addition, there were 15 clients who received case management/linkage services for 10 hours. This data calculates into 0.7 hours per client.

Figure 47
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Individual/ Family Therapy	61.0	55	**1.1**
Case Management/ Linkage	10.0	15	**0.7**
Total (All Services)	**71.0**	**68**	**1.0**

In FY 2021/22, there were 68 people served by the SBC Behavioral Health clinician at the San Benito Health Foundation. Figure 48 shows the ages of the clients served by the Behavioral Health clinician. There were 20 children served (29.4%); 19 Transition Age Youth (TAY) 16-25 years (27.9%), and 29 Adults ages 26 and older (42.6%).

Figure 48
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	20	29.4%
16 - 25 years	19	27.9%
26+ years	29	42.6%
Total	**68**	**100.0%**

Of the 68 clients served in FY 2020/22, 47.1% were male and 52.9% female (Figure 49).

Figure 49
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	32	47.1%
Female	36	52.9%
Total	**68**	**100.0%**

Figure 50 shows this data by Race/Ethnicity. In FY 2021/22, 58 of the 68 individuals served by the SBC Behavioral Health clinician were Latino (85.3%). This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 50
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	58	85.3%
Other	10	14.7%
Total	**68**	**100.0%**

Figure 51 shows the FQHC data by Preferred Language. In FY 2021/22, of the 68 people served, 76.5% reported their preferred language was Spanish and 23.5% reported English.

Figure 51
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number of Clients, by Language

	# Clients	% Clients
English	16	23.5%
Spanish	52	76.5%
Total	**68**	**100.0%**

Figure 52 shows the FQHC data by Onset of Symptoms. In FY 2021/22, of the 68 people served, 18 reported less than 6 months ago (26.5%), 25 report 6 months to 4 years (36.8%); and 18 reported 5 years or more (26.5%).

Figure 52
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number of Clients, by Onset of Symptoms

	# Clients	% Clients
Less than 6 months ago	18	26.5%
6 months – 4 years	25	36.8%
5 years or more	18	26.5%
Prefer not to answer	2	2.9%
N/A	2	2.9%
Unknown	3	4.4%
Total	**68**	**100.0%**

Figure 53 shows the FQHC data in FY 2021/22 by referrals. There were 79 clients that were referred for additional services. There were 39 referred to Specialty Mental Health Services and 38 were connected (97.4%); two (2) were referred to Substance Use Treatment and two (2) were connected (100%); four were referred to a private Therapist/Psychiatrist and 4 were connected (100%); and eight (8) were referred to the San Benito Health Foundation and eight (8) were connected (100%). There were sic (6) were referred to Youth Alliance and five (5) were connected (83.3%) and seven (7) were referred to a Primary Care Provider and seven (7) were connected (100%). One (1) was referred to CPS and one (1) was (100%), and seven (7) were referred to Other services and sic (6) were connected (85.7%).

Figure 53
FQHC Clients Served by SBC Behavioral Health (FY 2021/22)
Number and Percent of Clients, by Referrals

Referred Agency	**Number of Client Referrals**	**Number of Clients Connected***	**Percent of Clients Connected**
Specialty Mental Health Services	39	38	97.4%
Substance Use Treatment Services	2	2	100.0%
Private Therapist/Psychiatrist	4	4	100.0%
San Benito Health Foundation	8	8	100.0%
Youth Alliance	6	5	83.3%
Primary Health Care Provider	7	7	100.0%
Child Protective Services (CPS)	1	1	100.0%
Human Services (Benefits)	5	4	80.0%
Other	7	6	85.7%
Total Referrals	**79**	**75**	**94.9%**

**Client connections based on self-report.*

b) Early Intervention Reports (FY 2021/2022 and Current)

5) Children and Youth Early Intervention Services (Youth Alliance)

The section below describes services delivered by Youth Alliance (YA) in FY 2021/22. SBCBH contracted with YA over the past several years to provide children and youth with Prevention and Early Intervention services in the schools and community. Services delivered by YA in FY 2021/22 are discussed below.

In FY 2022/23, SBCBH contracted with a new provider (Community Solutions) to deliver school-based Early Intervention services. Client and service delivery data from Community Solutions will be reported in the next Annual Update (FY 2024/25).

In FY 2021/22, YA offered Prevention services through the *Caminos* program and Early Intervention services in the GUIAS program. The GUIAS curriculum consisted of the promising practice, *Joven Noble – Rites of Passage*, a Latino youth development and leadership enhancement program. In addition, the curriculum from *Xinachtli* and *Cara Y Corazon* complemented the Joven Noble program. When a group was mixed gender, then the program was called *Ollin*.

The Caminos program was a prevention program that served children and youth ages 5 and older. The drop-in program was offered in several elementary and middle schools, as well as to a few San Benito High School students. The Caminos program offered drop-in support to students in these schools. The Caminos staff were available to provide support to students when they dropped in to see the Caminos staff when they are on campus.

The culturally-based GUIAS early intervention program worked with youth to develop life skills, cultural identity, character, and leadership skills. The strength-based program's goals were to reduce gang involvement and provide mentoring and leadership to Latino youth who were considered at risk for mental illness, using drugs, and/or dropping out of school. Families were included in services one weekend a month, when available, to help them learn to support healthy outcomes for their youth. Youth and families involved in the GUIAS program achieved positive outcomes and youth developed positive leadership skills and reduced involvement in gangs. The Risk Resiliency Factors was used to track outcomes over time for the GUIAS program.

Figure 54 shows the number of children and youth served by the Youth Alliance (YA) Caminos Prevention program, by age group. This program offers brief therapy for up to four (4) hours per student. YA served 75 children in FY 2021/22. The table also shows the ages of the children served. In FY 2021/22, 50 of the children served were ages 0-15 (66.7%); six (6) of the youth were 16 and older (8%), and 19 did not have age reported (25.3%).

Figure 54
Caminos (FY 2021/22)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	50	66.7%
16+ years	6	8.0%
Unknown	19	25.3%
Total	**75**	**100.0%**

Figure 55 shows the number of children and youth served by the Caminos program, by gender. In FY 2021/22, there were 16 males (21.3%), 32 females (42.7%), and 27 with Unknown gender (36%).

Figure 55
Caminos (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	16	21.3%
Female	32	42.7%
Unknown	27	36.0%
Total	**75**	**100.0%**

Figure 56 shows the students served by Race/Ethnicity in FY 2021/22. There were 42 of the 75 students reported as Latino (56%) and 33 reported as Other/Unknown (44%).

Note: The Race/Ethnicity categories of White, Black, Asian/Pacific Islander, and American Indian/Alaskan Native have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 56
Caminos (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	42	56.0%
Other/Unknown	33	44.0%
Total	**75**	**100.0%**

Similarly in Figure 57, show the number of students served by Language. Of the 75 students, 40 had a primary language as English (53.3%) and 15 had Spanish as a primary language (20%). There were 20 students with language not reported (26.7%).

Figure 57
Caminos (FY 2021/22)
Number of Clients, by Language

	# Clients	% Clients
English	40	53.3%
Spanish	15	20.0%
Unknown	20	26.7%
Total	**75**	**100.0%**

Figure 58 shows the number and percent of clients by Disability for FY 2021/22. Of the 75 unique individuals served, there were 13 individuals who reported a Disability (17.3%), 41 who reported No Disability (54.7%), and 21 who were Unknown (28%).

Note: The Disability categories of Communication, Cognitive, Physical/Mobility, Chronic Health Condition, and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 58
Caminos (FY 2021/22)
Number of Clients, by Disability

	# Clients	% Clients
Disability	13	17.3%
No Disability	41	54.7%
Unknown	21	28.0%
Total	**75**	**100.0%**

Figure 59 shows the Average Attendance per Group for the Caminos program. In FY 2021/22, there was a total attendance of 61 youth across 9 groups, for an average attendance of 6.8 youth per group.

Figure 59
Caminos (FY 2021/22)
Average Attendance* per Group

Total Attendance	61
Number of Groups attended	9
Average Attendance per Group	**6.8**

** Clients may attend multiple groups.*

Figure 60 shows the Average Hours per Client by Service Type for the Caminos program. In FY 2021/22, the program served 69 unique youth for a total of 474 hours. The number of youth by type of service included 30 youth who received assessment services for a total of 78 hours, for an average of 2.58 hours per youth. There were 60 youth who received individual/family therapy for a total of 395 hours, for an average of 6.58 hours per youth. There were three (3) youth who receive two (2) hours of Collateral services, for an average of 0.67 hours per youth.

Figure 60
Caminos (FY 2021/22)
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Assessment/ Intake	78	30	**2.58**
Individual/ Family Services	395	60	**6.58**
Collateral	2	3	**0.67**
Total	**474**	**69**	**6.87**

Figure 61 shows the number of referrals for youth receiving services from the Caminos program. In FY 2021/22, there were four (4) youth who were referred to Specialty Mental health Services and three (3) were connected (75%).

Figure 61
Caminos (FY 2021/22)
Number and Percent of Clients, by Referrals

Referred Agency	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
Specialty Mental Health Services	4	3	75%
Total Referrals	**4**	**3**	**75%**

**Client connections based on self-report.*

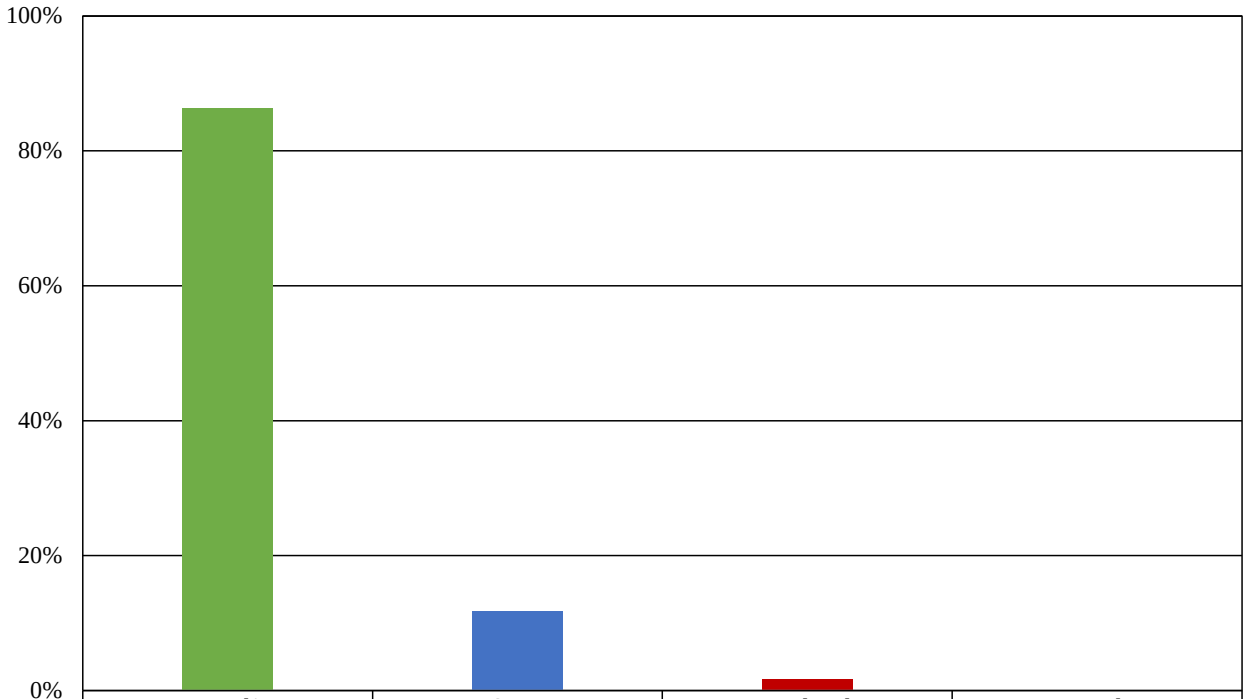
Figure 62 shows the number and percent of Caminos participants who were discharged from the program, by Reason for Discharge for FY 2021/22. In FY 2021/22, there were 12 unique individuals discharged. All 12 met their goals (100%). In FY 2021/22, there were 68 unique individuals discharged. There were 39 who met their goals (57.4%), 13 had goals partially met (19.4%), and 15 left or did not complete the program (22.1%).

Figure 62
Caminos (FY 2021/22)
Number and Percent of Clients Discharged, by Discharge Reason

	# Clients	% Clients
Goals Met	39	57.4%
Goals Partially Met	13	19.1%
Client Left Program/ Did Not Complete Program	15	22.1%
Referred to another Program	1	1.5%
Total	**68**	**100.0%**

In FY 2021/22, the Caminos program began collecting the Patient Health Questionnaire (PHQ-9) to document outcomes from when the student entered the program (pre) compared to the time the student was discharged from the program, or the school year ended (post). In FY 2021/22, there were 59 students who had a pre and post PHQ-9 outcome measurement (Figure 63). Of these students, 51 improved or scored the best across the time period 86.4%.

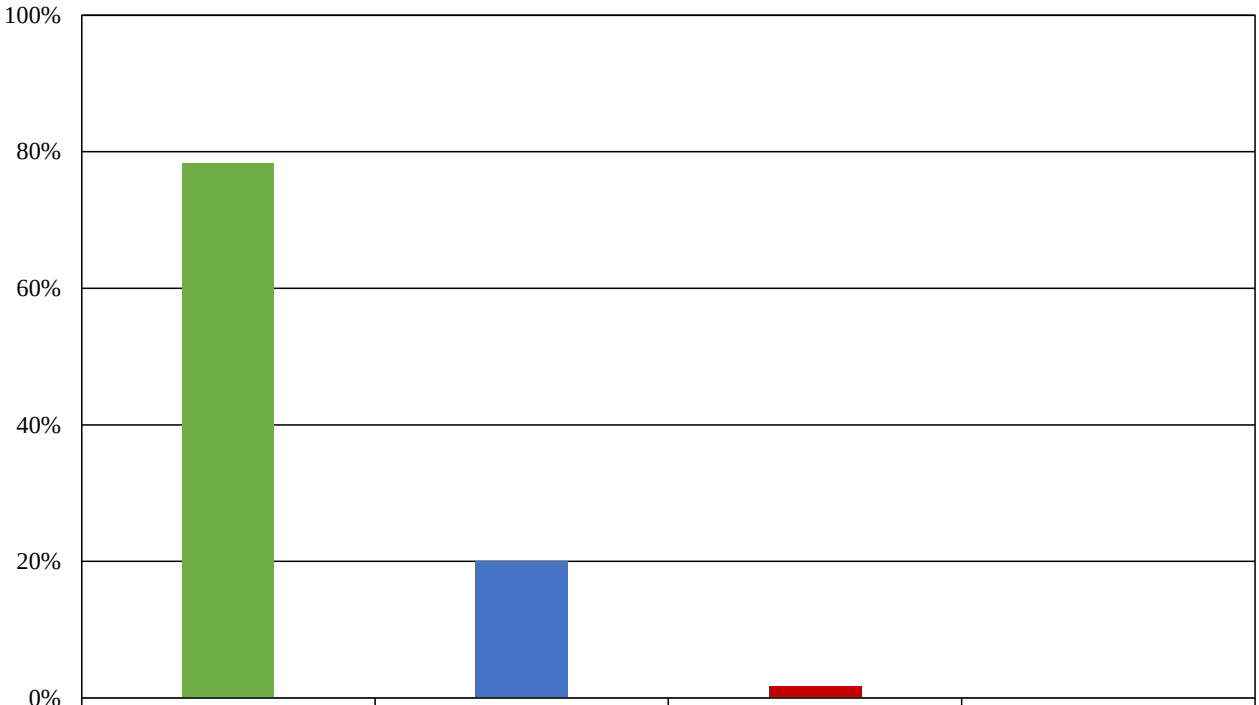
Figure 63
Caminos Outcomes (FY 2021/22)
Patient Health Questionnaire (PHQ-9): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	51	7	1	59
% Participants	86.4%	11.9%	1.7%	100.0%

In FY 2021/22, the Caminos program also began collecting the Generalized Anxiety Disorder (GAD-7) to document outcomes as a result of receiving Caminos services. The GAD-7 was collected from the time student entered the program (pre) to the time the student was discharged from the program, or the school year ended (post). In FY 2021/22, there were 60 students who had a pre and post outcome measurement (Figure 64). Of these students, 47 showed an improvement in anxiety and/or scored the best score across the time periods (78.3%).

Figure 64
Caminos Outcomes (FY 2021/22)
Generalized Anxiety Disorder (GAD-7): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	47	12	1	60
% Participants	78.3%	20.0%	1.7%	100.0%

Figure 65 shows the number of children and youth served by the YA GUIAS program, by age group. In FY 2021/22, 290 children and youth were served. There were 100 children ages 0-15 (34.5%); 54 youth ages 16-25 (18.6%) and nine (9) clients ages 26 and older (3.1%). There were 127 persons served who did not have age reported (43.8%).

Figure 65
GUIAS (FY 2021/22)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	100	34.5%
16 - 25 years	54	18.6%
26+ years	9	3.1%
Unknown	127	43.8%
Total	**290**	**100.0%**

Figure 66 shows the number of children and youth served by the YA GUIAS program. In FY 2021/22, the program served 57 males (19.7%) and 108 females (37.2%). There were three people (1%) who preferred not to answer and 122 with gender unknown (42.1%).

Figure 66
GUIAS (FY 2021/22)
Number of Clients, by Gender

	# Clients	% Clients
Male	57	19.7%
Female	108	37.2%
Prefer not to answer	3	1.0%
Unknown	122	42.1%
Total	**290**	**100.0%**

Figure 67 shows the number and percent of GUIAS clients, by Sexual Orientation for FY 2021/22. Of the 290 unique individuals served, there were 101 individuals who reported their Sexual Orientation as Heterosexual/Straight (34.8%); 27 who reported Other (9.3%); one (1) who reported N/A (0.3%); 40 who preferred not to answer (13.8%), and 121 who were Unknown (41.7%).

Note: The Sexual Orientation categories of Bisexual, Lesbian, Gay, Queer, and Questioning have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 67
GUIAS (FY 2021/22)
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	101	34.8%
Other	27	9.3%
N/A	1	0.3%
Prefer not to answer	40	13.8%
Unknown	121	41.7%
Total	**290**	**100.0%**

Figure 68 shows the number of children and youth served by GUIAS, shown by Race/Ethnicity. In FY 2021/22, there were 140 youth served who were Latino (48.3%) and 12 youth who were White (4.1%). There were 138 youth served with Other/Unknown reported (47.6%).

Note: The Race/Ethnicity categories of Black, Asian/Pacific Islander, and American Indian/Alaskan Native, Prefer not to answer, Other, and Unknown have been combined into Other/Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 68
GUIAS (FY 2021/22)
Number of Clients, by Race/Ethnicity

	# Clients	**% Clients**
White	12	4.1%
Latino	140	48.3%
Other/Unknown	138	47.6%
Total	**109**	**100.0%**

Figure 69 shows data on the youth served by GUIAS by Preferred Language. In FY 2021/22, 85 youth reported English as their Preferred Language (29.3%); 82 reported Spanish as their Preferred Language (28.3%); and 123 were Other or Unknown (42.4%).

Figure 69
GUIAS (FY 2021/22)
Number of Clients, by Language

	# Clients	% Clients
English	85	29.3%
Spanish	82	28.3%
Other	2	0.7%
Unknown	121	41.7%
Total	**290**	**100.0%**

Figure 70 shows the number and percent of clients by Disability for FY 2021/22. Of the 290 unique individuals served, there were 26 individuals who reported a Disability (9.0%); 114 who reported No Disability (39.3%); 24 who preferred to not answer (8.3%); and 126 who were Unknown (43.4%).

Note: The Disability categories of Communication, Cognitive, Physical/Mobility, Chronic Health Condition, and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 70
GUIAS (FY 2021/22)
Number of Clients, by Disability

	# Clients	% Clients
Disability	26	9.0%
No Disability	114	39.3%
Prefer not to answer	24	8.3%
Unknown	126	43.4%
Total	**290**	**100.0%**

Figure 71 shows the Average Attendance per Group for the GUIAS program. In FY 2021/22 there was a total attendance of 1,102 youth across 100 groups, for an average attendance of 11 youth per group.

Figure 71
GUIAS (FY 2021/22)
Average Attendance* per Group

Total Attendance	1,102
Number of Groups attended	100
Average Attendance per Group	**11.0**

* Clients may attend multiple groups.

Figure 72 shows the Average Hours per Client by Service Type for the GUIAS program. In FY 2021/22, the program served 129 unique youth for a total of 152 hours. There were 75 youth who received Case Management/Linkage services for a total of 54 hours, for an average of 0.72 hours per youth. There were 30 youth who received individual/family therapy for a total of 14 hours, for an average of 0.48 hours per youth. There were 73 youth who received 68 hours of support services, for an average of 0.94 hours per youth. There were 15 youth who received 15 hours of Other services, for an average of 1.03 hours per youth.

Figure 72
GUIAS (FY 2021/22)
Individual Services: Average Hours per Client, by Service Type

	# Hours	**# Clients**	**Average Hours/ Client**
Assessment/ Intake	-	-	**-**
Case Management/ Linkage	54	75	**0.72**
Individual/ Family Services	14	30	**0.48**
Support Services	68	73	**0.94**
Other	15	15	**1.03**
Total	**152**	**129**	**1.18**

Figure 73 shows the number of referrals for youth receiving services from the Guias program. In FY 2021/22, there were three (3) youth who were referred to Specialty Mental health Services and two (2) were connected (66.7%). One (1) was referred to a Social Worker and one (1) was connected (100%).

Figure 73
GUIAS (FY 2021/22)
Number and Percent of Clients, by Referrals

Referred Agency	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
Specialty Mental Health Services	3	2	66.7%
Social Worker	1	1	100%
Total Referrals	**4**	**3**	**75%**

**Client connections based on self-report.*

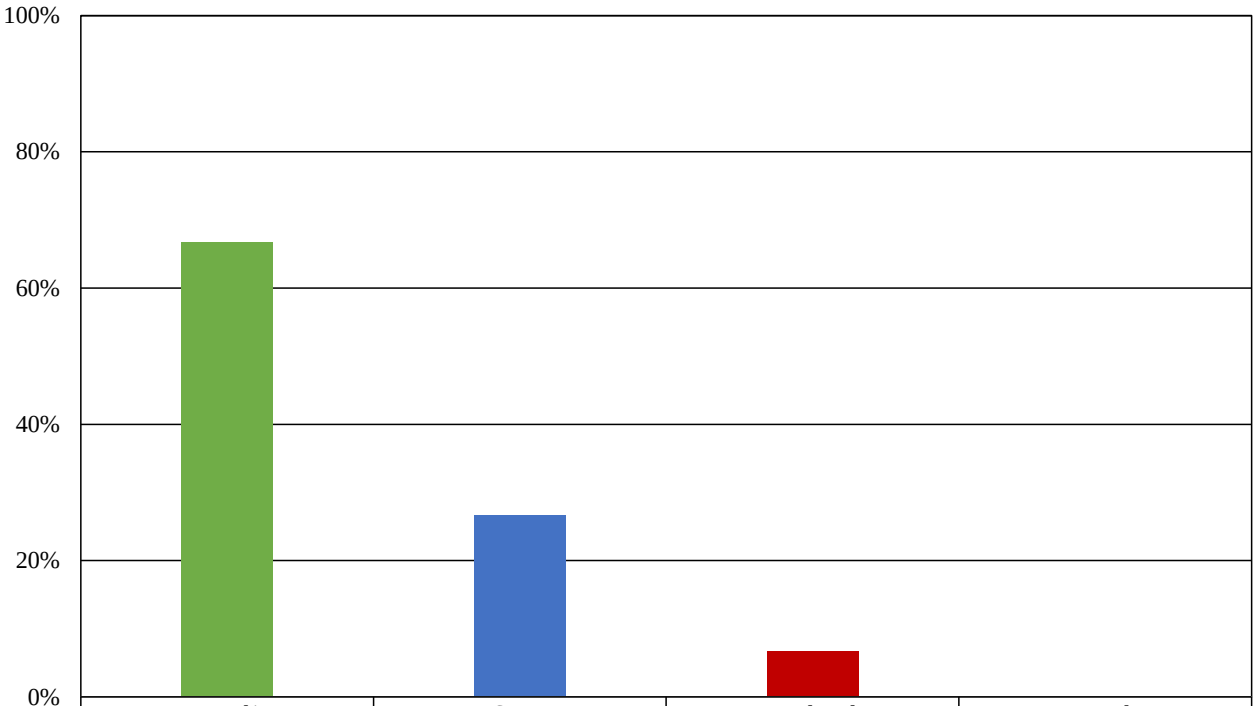
Figure 74 shows the number and percent of GUIAS participants who were discharged from the program, by Reason for Discharge for FY 2021/22. In FY 2021/22, there were 10 unique individuals discharged. Eight (8) met their goals (80%).

Figure 74
GUIAS (FY 2021/22)
Number and Percent of Clients Discharged, by Discharge Reason

	# Clients	% Clients
Goals Met	8	80.0%
Goals Partially Met	1	10.0%
Reason Not Available	1	10.0%
Total	**10**	**100.0%**

Youth Alliance collected the PHQ-9 and the GAD-7 to document outcomes over time. The Patient Health Questionnaire (PHQ-9) documents outcomes from when the student entered the program (pre) compared to the time the student was discharged from the program, or the school year ended (post). In FY 2021/22, the Guias Program had 15 students who had a pre and post PHQ-9 outcome measurement (see Figure 75). Of these students, 10 improved or scored the best across the time period (66.7%).

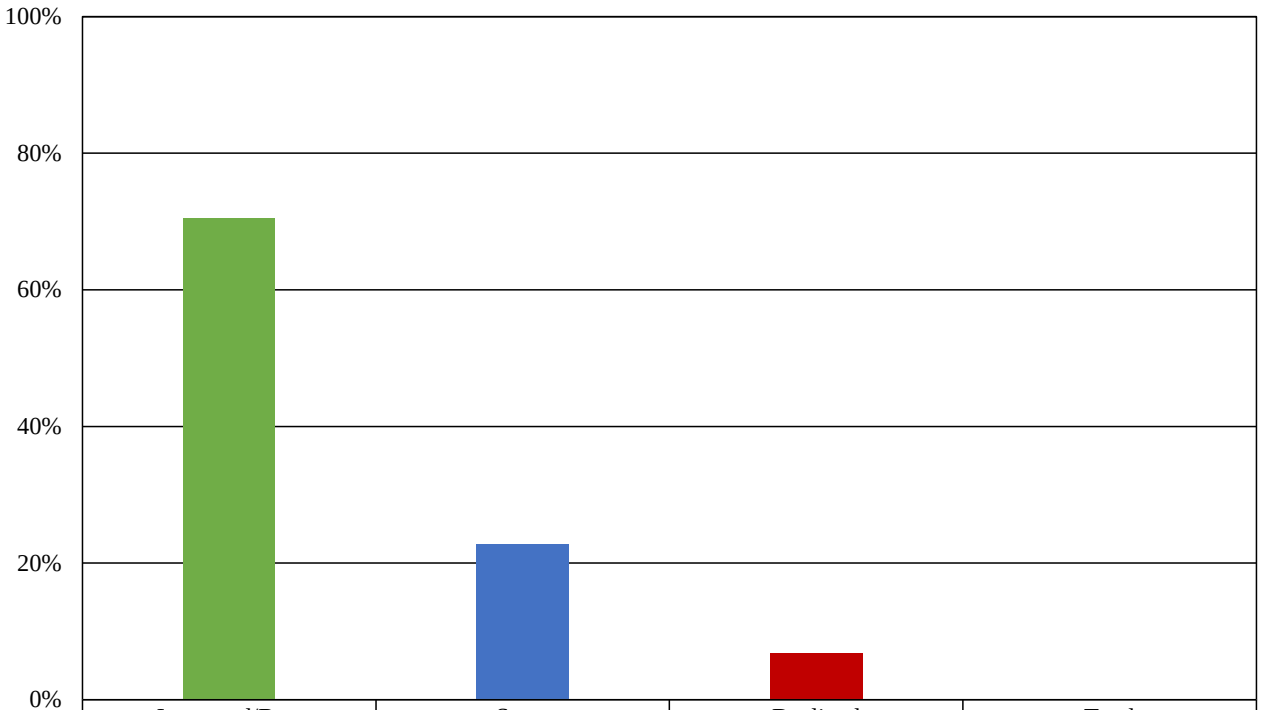
Figure 75
<u>GUIAS</u> Outcomes (FY 2021/22)
Patient Health Questionnaire (PHQ-9): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	10	4	1	15
% Participants	66.7%	26.7%	6.7%	100.0%

In FY 2021/22, the Guias program also collected the Generalized Anxiety Disorder (GAD-7) to document outcomes as a result of receiving Guias services. The GAD-7 was collected from the time student entered the program (pre) to the time the student was discharged from the program, or the school year ended (post). In FY 2021/22, there were 44 students who had a pre and post outcome measurement (see Figure 76). Of these students, 31 (70.5%) showed an improvement in anxiety and/or scored the best score across the time periods. There were ten (10) students who had the same score pre and post (22.7%.); and three (3) who declined (6.8%).

Figure 76
GUIAS Outcomes (FY 2021/22)
Generalized Anxiety Disorder (GAD-7): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	31	10	3	44
% Participants	70.5%	22.7%	6.8%	100.0%

6) School-Based Clinical Services

In FY 2021/22, SBCBH planned to expand the PATHS to add the availability of School-Based Clinical Services in FY 2022/23 with a contract with Community Solutions. Due to the COVID-19 restrictions, the roll-out of this program in FY 2021/22 was limited because children and families were at home and attending school remotely. Children and youth needing clinical services were linked to clinicians in the SBCBH clinic. In FY 2022/23, SBCBH contracted with a new provider (Community Solutions) to deliver school-based Early Intervention services, including clinical services. Client and service delivery data from Community Solutions will be reported in the next Annual Update (FY 2024/25).

c) Suicide Prevention Report (FY 2021/2022 and Current)

7) Suicide Prevention Training

SBCBH maintains a contract with a regional community resource (Suicide Prevention Services 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 and support resources.

In FY 2022/23, SBCBH began to offer the Applied Suicide Intervention Skills Training (ASIST) program. The ASIST training is a 2-day training that teaches participants how to assist those who are at risk for suicidal thinking and behavior. Anyone 16 years and older may use the ASIST approach, regardless of professional background.

Also in FY 2022/23, SBCBH began to offer training for the public on using the 9-8-8 Suicide Prevention Lifeline. This lifeline provides easy access to crisis services for people with mental health and substance use issues and help reduce the stigma in asking for help

There were no Suicide Prevention Training activities in FY 2021/22, as a result of COVID-19 restrictions (See Figure 77).

Figure 77
Suicide Prevention (FY 2021/22)
Number of Trainings and Participants

	FY 2021/22
# of Trainings	-
# of Participants	-

d) Access/Outreach/Stigma Reduction Report (FY 2021/2022 and Current)

8) San Benito+ Project

The San Benito+ project utilizes the SBCBH MHSA-funded Wellness Center, Esperanza, to promote access for youth and adults who are LGBTQ+. This 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 and adults, offer services, and support individuals in understanding how their personal experiences affect their mental health.

Four (4) Peer Mentors were hired part-time and provided leadership to the San Benito+ program by planning, designing, and implementing this innovative stigma reduction program. When the

program was first initiated, the community provided support to the development of this important new program.

San Benito+ access and outreach activities help to reduce stigma; identify and engage individuals who are interested in learning more about the LGBTQ+ community; and help reduce barriers to accessing services. In FY 2021/22, Peer Mentors offered access and outreach activities throughout much of the year, until the COVID-19 restrictions limited events. Activities included movie nights; an art contest; and virtual Zoom groups.

In FY 2021/22, there were 14 outreach activities with 1,506 persons involved. It is very exciting to see the effectiveness of these outreach activities in engaging so many people in this small, rural community (see Figure 78). The activities that reached the most people included Red Ribbon Run (250 people); Trick or Treat Street (1,200 people), and World Suicide Prevention Day (21people).

Figure 78
San Benito+ LGBTQ Resource Center (FY 2021/22)
Outreach Activities

	Number of Outreach Activities/ Events	**Number of Outreach Contacts**
Bob Ross Paint Night	3	8
Gave SBCFL "Safe Space" stickers they can display on windows	1	2
Manga Dojo	1	12
Rainbow Story Time	2	6
Red Ribbon Run	1	250
Spooky Movie Night	2	7
Trick or Treat Street	1	1,200
World Suicide Prevention Day and Table Events	3	21
Total	**14**	**1,506**

The LGBTQ+ Resource Center was open every Saturday at Esperanza, which created a safe and welcoming space for people to participate in activities and different events (see Figure 79). In FY 2021/22, there were 262 people who attended the drop-in activities across the year.

Figure 79
San Benito+ LGBTQ Resource Center (FY 2021/22)
Drop-in and Zoom Attendees

	FY 2021/22
# of Drop-in Attendees	262

** Individuals may drop-in activities throughout the year. This number reflects a duplicated count of people attending the LGBTQ+ activities.*

Figure 80 shows the number of LGBTQ+ groups that were attended. In FY 2021/22, there were 20 groups, with 82 people in attendance, for an average of 4.1 persons per group.

Note: Demographic data is not shown for the LGBTQ+ Resource Center to ensure confidentiality of our clients because the number of persons in one or more categories was fewer than 10.

Figure 80
San Benito+ LGBTQ Resource Center (FY 2021/22)
Group Services: Average Attendance per Group

	FY 2021/22
# Groups	20
Attendance	82
Avg. Attendance per Group	4.1

e) PEI Program Successes and Challenges

Successes
SBCBH is pleased with the progress of the San Benito+ LGBTQ program, and the involvement from the community and several city and county officials in planning the annual Pride Event. The drive to raise awareness and tolerance of the LGBTQ+ community has been active in FY 2022/23 when the City Council adopted a Resolution to have the LGBTQ+ Progressive Flag raised during June. In addition, the San Benito Board of Supervisors will be requested to approve a Proclamation that June is Pride Month. SBCBH is also hiring new individuals for two vacant Peer Mentor positions. The new contract with Community Solutions will help to expand services in the schools beginning in FY 2023/24.

Challenges
Since the COVID pandemic has subsided, and the change of staff for the Peer Mentor group, the Outreach and Engagement activities lost some momentum, but these activities will be a focus in the coming years.

2. PEI Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

a) Prevention Plan

For Prevention, SBCBH is making the following change: The Behavioral and Physical Health Integration program will be formally moved to CSS. Related activities will be more efficiently maintained under CSS, as part of the coordination of care and outreach efforts.

The following Prevention programs will continue at the same levels:

1) PATHS Program: Beginning in FY 2023/24, the School-Based Case Management Services program will be formally named the "PATHS (Promoting Access, Truth, and Healthy Behaviors in Schools) Program." The program has been referred to as "PATHS" for several years, and that program name will now be formalized in this Three-Year Plan. SBCBH will continue to provide the same level of services as last year through this program.

2) Older Adult Prevention Program: SBCBH will continue to provide the same level of services as last year through this program.

3) Intimate Partner Violence Prevention Services: SBCBH will continue to provide the same level of services as last year through this program.

b) Early Intervention Plan

4) Early Interventions for Youth: For Early Intervention, SBCBH will continue to provide the same services as in FY 2022/23. A new contract provider, Community Solutions, was awarded a three-year contract (beginning July 1, 2022) to deliver services to children and youth under the Early Intervention

category. Community Solutions has extensive experience providing a comprehensive array of prevention, intervention, treatment, and residential services in Santa Clara County and has expanded these services into San Benito County. Community Solutions focuses on serving students at local schools, especially those in the most rural areas of the county. Services are provided through a variety of evidence-based practices that will meet the unique needs of the youth and families served. Community Solutions also offers Brief Therapy as a component of its program. Demographic, service utilization, and outcome data is being collected and will be reported in the next Annual Update.

Beginning in FY 2023/24, the two (2) Early Intervention programs (*Children and Youth Early Intervention Services* and *School-Based Clinical Services*) will be combined into one (1) Early Intervention program, named "Early Interventions for Youth." These services are currently delivered by the same provider (Community Solutions) to the same demographic (children and youth). Combining the 2 older programs into one new program will streamline resources; data collection and reporting; and expenditure tracking.

c) Suicide Prevention Program Plan

5) Suicide Prevention Services: SBCBH will continue to provide the same level of services as last year through the Suicide Prevention Services program. In addition, SBCBH will expand these services to include the following activities:

- With the availability of in-person ASIST T4T becoming more available, the PEI Case Manager will be attending an ASIST T4T later this fiscal year. The Case Manager will be able to partner with other trainers in the Superior Region to provide this training to San Benito County in the next three years. SBCBH will be hosting both safeTALK and ASIST Training events at the BH facility in the coming years.

d) Access/Outreach/Stigma Reduction Program Plan

6) San Benito+: For Access/Outreach/Stigma Reduction, SBCBH will continue to provide the same level of services as FY 2022/23 through the San Benito+ program.

H. INNOVATION

1. Report on Prior Year's INN Program (FY 2021/2022 and Current)

a) Current INN Project: **Behavioral Health-Diversion and Reentry Court (BH-DRC)**

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 INN program was approved by the Mental Health Oversight and Accountability Commission (OAC) in Spring 2019 and will be funded for 5 years, through FY 2023/24.

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 services 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 court 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, are better served in the community.

The county partners involved in developing the INN program for MHSOAC approval 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. This program is showing positive outcomes and individuals enrolled in the program are working hard, attending training, and following court orders to achieve positive outcomes.

COVID-19 has impacted the last few years. It has been more challenging to find housing and shelter for individuals when they are released from jail. In addition, it has taken longer to work with other agencies to obtain benefits, access resources, and provide transportation support to help individuals access needed services.

There have also been a few changes in the local judicial system, with new judges; newly-elected officers; District Attorney; Sheriff; etc. These changes created the need to provide training on this important program and develop strategies for enhancing coordination and collaboration of services to meet the needs of our clients. While there are more referrals to LPS and other mental health services, referrals to the BH-DRC project have decreased. SBCBH continues to find creative ways to strengthen this project.

- ❖ INN Program Data (FY 2021/22)

From Spring 2019 through FY 2019/20, 11 individuals were enrolled into the BH-DRC program; and 10 more were enrolled in FY 2021/22. In FY 2021/22, five (5) additional individuals were enrolled in BH-DRC, making the unduplicated count served to 26 individuals since the beginning of the program. The goal is to serve 50 individuals over the five (5) years.

As a result of this small number, only summary data will be provided to protect individual's privacy and confidentiality. Of these individuals, over 80% are Latino, over 50% speak Spanish, and approximately 80% are heterosexual. Over 25% are veterans, and over 60% live in a house or apartment.

Some of the enrolled individuals are still successfully working through Phase I. So far, 22 individuals have moved into Phase 2, including 15 individuals who also moved into Phase 3. These individuals are making good progress in their treatment; complying with court orders; and are developing positive skills to help them successfully graduate in the program in the next year.

There have been 13 individuals who have exited the BH-DRC program. 10 of those 13 individuals met their goals, or partially met their goals (77%). All 13 individuals lived independently at exit (100%), and 10 of the 12 individuals who rated their overall mental health rated it as excellent or very good (83.3%).

b) INN Program Successes and Challenges

There have been some significant changes in key leaders in the BH DRC in FY 2021/22. The Sheriff, the judge, D.A. and public defender were all replaced (as a result of people retiring and/or taking different positions. Therefore, it has been challenging to train the new people in these important positions. We had stability and buy-in with the original team as we developed and implemented the program. For an entire year we had visiting judges. We now have a new permanent judge that has been there for a year. For the past year, it has also taken longer to enroll a client in the program because it takes several months to obtain a court resolution on each case. As a result, enrollment to BH DRC cases have been postponed for weeks.

As with all of the other MHSA programs, the biggest challenge was managing the impact of the COVID-19 restrictions. Many activities were paused until alternative services or methods of delivery could be developed. There were staff changes at all levels of the system.

SBCBH has had some great success with this program. SBCBH had had 10 successful graduations from the BH-DRC program. These individuals have the skills to achieve and maintain successful outcomes in their lives.

2. INN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

SBCBH will continue the BH-DRC project until June 30, 2024, when the project expires. A final report will be published within 6 months of the project's termination. Sustainability will be analyzed and a determination will be made if this project is to be continued under a different MHSA component.

I. WORKFORCE EDUCATION AND TRAINING

1. Report on Prior Year's WET Program (FY 2021/2022 and Current)

The SBCBH Workforce Education and Training (WET) program provides training components, career pathways, and financial incentive programs to staff, volunteers, clients, and family members.

a) Training and Technical Assistance: SBCBH utilizes WET funds to cover staff training programs, 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 CEUs. WET funding continues to provide for staff to attend other training events as needed.

b) Loan Assumption: Current employees who meet eligibility criteria can apply for assistance with their existing educational debt burden. In return, they agree to continue employment with SBCBH for a specified period of time.

c) Scholarships and Stipends: Currently employed staff who meet eligibility criteria can apply for scholarships and stipends to support their future education goals.

2. WET Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

SBCBH will continue to offer the same level of WET activities as in FY 2022/23. If needed, CSS funds will be transferred to WET to expand the scholarship and stipends offerings.

J. CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

1. Report on Prior Year's CFTN Program (FY 2021/2022 and Current)

The Capital Facilities and Technological Needs (CFTN) component allows SBCBH to make necessary upgrades to facilities and technology systems used for MHSA staffing, service delivery, and meeting client needs.

a. Projects in FY 2021/22:

1) Capital Facilities (CF): In FY 2021/22, SBCBH transferred additional funds from CSS to CFTN to cover unforeseen expenses as staff moved into the new building and the facility became occupied. This project has been completed as planned.

b. Ongoing Projects in FY 22/23:

1) Capital Facilities (CF) – **TAY Center**: SBCBH is using component funding to acquire a location for a TAY wellness center that offers youth programming. This need was identified during the MHSA Community Planning process, where stakeholders indicated that they would like to see expanded services for youth in the areas of prevention and treatment. Purchasing a space specifically for TAY, similar to the adult Esperanza Center, will allow for youth-centered services and provide a safe space for this population. New programming for the youth wellness center may include community partnerships, prevention programming, and expanded access to treatment for target populations.

    a) *CF Project Benchmarks*: By the end of FY 2022/23, SBCBH anticipates that it will have identified and purchased a site for the youth wellness center, near the local high school.
        1. Progress report: SBCBH has determined that a small house would be ideal for the new center. A suitable location is still being identified. New anticipated completion date for purchase is the end of FY 2023/24.

2) Technological Needs (TN): SBCBH will use component funding for 2 projects:

    a) **AV Project**: SBCBH will install an Audio/Visual (AV) system in the main conference room that is sufficient and efficient for large meetings and trainings, including meetings that include stakeholders and community members. The new AV system will also enhance teleconferencing / Zoom capabilities for virtual activities and events.

        1. *AV Project Benchmarks*: By the end of FY 2022/23, SBCBH anticipates that it will have purchased and installed a multi-functional AV system in the main SBCBH conference room. It is

also anticipated that a robust training plan for staff and stakeholders will be implemented to fully utilize the new AV system.

a. Progress report: This project has been completed as planned, within established benchmarks.

b) **EHR Project**: SBCBH will begin implementation of and migration to a new Electronic Health Record (EHR) that is scheduled to go live in FY 2023/24. Activities in FY 2022/23 will focus on the initial implementation of the new EHR system, including clean-up of existing data to ensure a smooth transition to the new system, as well as coordinating changes needed to meet the CalAIM initiative.

1. *EHR Project Benchmark*: By the end of FY 2022/23, SBCBH anticipates that it will have funded the needed components for initial set up of the new EHR prior to implementation in FY 2023/24.
   a. Progress report: This project is underway; but will require additional time and funding to meet all of the new documentation standards and training requirements. New anticipated completion date is the end of FY 2023/24.

c. Challenges and Mitigation Efforts for CFTN Projects

SBCBH anticipates some challenges to pursuing the new CFTN projects, and have identified efforts to mitigate.

- CF Project: SBCBH anticipates challenges in locating a suitable site for the new TAY wellness center, especially near the high school which is within a residential area. The community may resist the location of the new center in a residential neighborhood. Once a location is identified, SBCBH will hold informational meetings for the community to receive transparent information about the proposed programming and to provide a space for community feedback and questions.

- TN Projects:

  - *AV Project:* SBCBH does not anticipate any challenges in acquiring and installing a new AV system.

  - *EHR Project:* SBCBH does not anticipate any challenges with the setup and implementation of the new EHR. However, SBCBH anticipates possible issues with the data transfer/migration, and the identification of county-specific processes that would need to be added to the new system. To mitigate these challenges, the QI team will take the lead on the EHR migration process, coordinating efforts with the vendor and within SBCBH. The QI team will

provide supplemental training to staff on using the new system, beyond what the vendor has supplied.

2. CFTN Program Plan for Next Three Fiscal Years (FYs 2023/24-2025/26)

SBCBH will transfer CSS funding to CFTN to cover the costs of the CFTN projects in the coming fiscal years. Anticipated CF costs include purchase of a building for the TAY Center; remodeling needs; and other expenses required to open the new center. Anticipated TN costs include software, hardware, and supplemental training.

K. PRUDENT RESERVE

SBCBH is 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 the MHSA FY 2019/20 Annual Update. At the close of FY 2018/19, the SBCBH Prudent Reserve funding exceeded the maximum level allowed at that time. As a result, in FY 2019/20, SBCBH transferred the excess Prudent Reserve funding from the Prudent Reserve to CSS.

The FY 2019/20 Prudent Reserve assessment calculations are included below. SBCBH will conduct a new Prudent Reserve assessment in FY 2024/25.

San Benito County Behavioral Health
FY 2019/20 Prudent Reserve Assessment

Assessed on 05/14/2019
*Corrected on 03/12/2020**

MHSA Allocations by Fiscal Year	
FY 2013/14	$ 2,436,354
FY 2014/15	$ 3,394,414
FY 2015/16	$ 2,922,328
FY 2016/17	$ 3,523,951
FY 2017/18	$ 3,734,424
Total 5-Year MHSA Allocations	$ 16,011,471
CSS Allocations (Total MHSA Allocations x 76%)	$ 12,168,718
Average CSS Allocation (CSS Total / 5)	$ 2,433,744
Maximum Prudent Reserve Amount (Avg CSS Allocation x 33%)	**$ 803,135**
Prudent Reserve Amount**	$ 941,758
Amount in Excess (Transferred to CSS in 19/20)	**$ (138,623)**

**Per DHCS IN 19-037*
***Per FY 2017/18 RER PR Balance*

L. MHSA 3-YEAR PLANNING BUDGETS

See the next pages for the MHSA 3-Year Planning budgets.

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Fiscal Planning Summary

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	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 2023/24 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 8,558,166	$ 1,188,167	$ 423,275	$ 420,000	$ 1,223,689	790,758
2. Estimated New FY 2023/24 Funding	$ 2,952,768	$ 725,355	$ 193,066			
3. Transfer in FY 2023/24[a/]	$ (500,000)			$ -	$ 500,000	$ -
4. Access Local Prudent Reserve in FY 2023/24	$ -	$ -				$ -
5. Estimated Available Funding for FY 2023/24	$ 11,010,934	$ 1,913,522	$ 616,341	$ 420,000	$ 1,723,689	$ 790,758
B. Estimated FY 2023/24 MHSA Expenditures	$ 1,877,753	$ 976,246	$ 449,589	$ 30,000	$ 1,200,000	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 9,133,181	$ 937,276	$ 166,752	$ 390,000	$ 523,689	$ 790,758
2. Estimated New FY 2024/25 Funding	$ 3,100,406	$ 761,623	$ 202,719			
3. Transfer in FY 2024/25[a/]	$ (500,000)			$ -	$ 500,000	$ -
4. Access Local Prudent Reserve in FY 2024/25	$ -	$ -				$ -
5. Estimated Available Funding for FY 2024/25	$ 11,733,588	$ 1,698,899	$ 369,471	$ 390,000	$ 1,023,689	$ 790,758
D. Estimated FY 2024/25 Expenditures	$ 1,971,640	$ 1,025,058	$ -	$ 30,000		
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 9,761,947	$ 673,841	$ 369,471	$ 360,000	$ 1,023,689	790,758
2. Estimated New FY 2025/26 Funding	$ 3,255,427	$ 799,704	$ 212,855			
3. Transfer in FY 2025/26[a/]	$ (500,000)				$ 500,000	$ -
4. Access Local Prudent Reserve in FY 2025/26	$ -	$ -				$ -
5. Estimated Available Funding for FY 2025/26	$ 12,517,374	$ 1,473,545	$ 582,327	$ 360,000	$ 1,523,689	$ 790,758
F. Estimated FY 2025/26 Expenditures	$ 2,070,222	$ 1,076,311	$ -	$ 30,000	$ 250,000	
G. Estimated FY 2025/26 Unspent Fund Balance	$ 10,447,151	$ 397,233	$ 582,327	$ 330,000	$ 1,273,689	$ 790,758

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	$ 790,758
2.	Contributions to the Local Prudent Reserve in FY 23/24	$ -
3.	Distributions from the Local Prudent Reserve in FY 23/24	$ -
4.	Estimated Local Prudent Reserve Balance on June 30, 2024	$ 790,758
5.	Contributions to the Local Prudent Reserve in FY 24/25*	$ -
6.	Distributions from the Local Prudent Reserve in FY 24/25	$ -
7.	Estimated Local Prudent Reserve Balance on June 30, 2025	$ 790,758
8.	Contributions to the Local Prudent Reserve in FY 25/26	$ -
9.	Distributions from the Local Prudent Reserve in FY 25/26	$ -
10.	Estimated Local Prudent Reserve Balance on June 30, 2026	$ 790,758

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 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 957,654	$ 957,654				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 732,324	$ 732,324				
CSS Administration	$ 187,775	$ 187,775				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 1,877,753	$ 1,877,753				
FSP Programs as Percent of Total	51.0%					

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 1,005,537	$ 1,005,537				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 768,940	$ 768,940				
CSS Administration	$ 197,164	$ 197,164				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 1,971,640	$ 1,971,640				
FSP Programs as Percent of Total	51.0%					

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 1,055,813	$ 1,055,813				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 807,387	$ 807,387				
CSS Administration	$ 207,022	$ 207,022				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 2,070,222	$ 2,070,222				
FSP Programs as Percent of Total	51.0%					

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. PATHS Program (P)	$ 256,234	$ 256,234				
2. Older Adult Prevention Program (P)	$ 152,164	$ 152,164				
3. Intimate Partner Violence Prevention Services (P)	$ 1,714	$ 1,714				
4. Early Interventions for Youth (EI)	$ 351,465	$ 351,465				
5. Suicide Prevention Services (SP)	$ 22,256	$ 22,256				
6. San Benito+ (A/O/SR)	$ 64,788	$ 64,788				
PEI Administration	$ 97,624	$ 97,624				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	976,246	976,246				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. PATHS Program (P)	$ 269,499	$ 269,499				
2. Older Adult Prevention Program (P)	$ 160,042	$ 160,042				
3. Intimate Partner Violence Prevention Services (P)	$ 1,803	$ 1,803				
4. Early Interventions for Youth (EI)	$ 369,659	$ 369,659				
5. Suicide Prevention Services (SP)	$ 23,408	$ 23,408				
6. San Benito+ (A/O/SR)	$ 68,142	$ 68,142				
PEI Administration	$ 102,506	$ 102,506				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,025,058	1,025,058				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. PATHS Program (P)	$ 283,427	$ 283,427				
2. Older Adult Prevention Program (P)	$ 168,313	$ 168,313				
3. Intimate Partner Violence Prevention Services (P)	$ 1,896	$ 1,896				
4. Early Interventions for Youth (EI)	$ 388,764	$ 388,764				
5. Suicide Prevention Services (SP)	$ 24,618	$ 24,618				
6. San Benito+ (A/O/SR)	$ 71,663	$ 71,663				
PEI Administration	$ 107,631	$ 107,631				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,076,311	1,076,311				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2023/24					
	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
INN Programs						
1. BH-DRC Project	$ 449,589	$ 449,589				
	$ -					
INN Administration						
Total INN Program Estimated Expenditures	$ 449,589	$ 449,589				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2024/25					
	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
INN Programs *No INN Project in this Fiscal Year*	$ -	$ -				
INN Administration						
Total INN Program Estimated Expenditures	$ -	$ -				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2025/26					
	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
INN Programs *No INN Project in this Fiscal Year*	$ -	$ -				
INN Administration						
Total INN Program Estimated Expenditures	$ -	$ -				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	$ 10,000	$ 10,000				
2. Loan Assumption	$ 10,000	$ 10,000				
3. Scholarships and Stipends	$ 10,000	$ 10,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2024/25					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	$ 10,000	$ 10,000				
2. Loan Assumption	$ 10,000	$ 10,000				
3. Scholarships and Stipends	$ 10,000	$ 10,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Workforce Education and Training (WET) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Training and Technical Assistance	$ 10,000	$ 10,000				
2. Loan Assumption	$ 10,000	$ 10,000				
3. Scholarships and Stipends	$ 10,000	$ 10,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CFTN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)*						
1. TAY Center (CF)	$ 1,000,000	$ 1,000,000				
2. EHR System (TN)	$ 200,000	$ 200,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	1,200,000	1,200,000				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2024/25					
		B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CFTN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)*						
1. TAY Center (CF)	$ 500,000	$ 500,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	500,000	500,000				

FY 2023-2024 Through FY 2025-2026 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Planning Worksheet

County: San Benito Date: 5/15/23

All MHSA funds are managed via "first in, first out." MHSA funds are managed by a method that avoids supplantation of other funding, per California regulation and SBCBH policy.	Fiscal Year 2025/26					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)*						
1. TAY Center (CF)	$ 250,000	$ 250,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	250,000	250,000				

APPENDIX A
MHSA STAKEHOLDER TRAINING PRESENTATION

See the next pages for the MHSA stakeholder training presentation that was used during the Community Program Planning Process.

Mental Health Annual Stakeholder Planning

The Mental Health Services Act

FY 2022/23

What is MHSA?

- In November 2004, California voters passed Proposition 63, which created the **Mental Health Services Act** (MHSA).
- MHSA Vision Statement :
  - *"To create a state-of-the-art, culturally competent system that promotes recovery and wellness for adults and older adults with severe mental illnesses and resiliency for children with serious emotional disorders, and their families"*

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Guiding Principles

- Focus on Improving Access to Services
- Access to Unserved and Underserved Persons
- Expand Mental Health Services for Children (0-15), Transition Age Youth (TAY) (16-25), Adults (26-59), and Older Adults (60+)
- Create an Integrated Array of Services
- Promote Community Collaboration
- Strive for Cultural Competency
- Promote Services that Utilize Best Practices and Professional Standards

MHSA Funding Components

- Community Services & Supports (CSS); Esperanza Center; Outpatient; Full-Service Partnership (FSP); Housing
- Prevention & Early Intervention (PEI)
- Capital Facilities & Technological Needs (CFTN)
- Workforce Education & Training (WET)
- Innovation (INN)

Note: MHSA Programs can be funded by more than one funding stream.

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Overview of the Stakeholder Process

- The MHSA Stakeholder Process provides an opportunity for stakeholder input and feedback into all phases of the MHSA:
  - **Three Year Plans**
  - Annual MHSA Plans
  - Innovation Plans (every 5 years)

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Community and Stakeholder Engagement

- Community Collaboration is defined by MHSA as a process of working together with clients and/or families, other community members, organizations, and businesses to share information and resources to achieve a shared vision and goals.

- Stakeholder Engagement includes community meetings, focus groups, and surveys to facilitate community participation and input from diverse groups of individuals.

Stakeholder Meetings in 2023

- March 3 – Behavioral Health Narcan Training
- March 16 – Opioid Task Force
- March 27 – Diversion and Re-entry Court Committee
- April 7 – Consumer Group
- April 10 – Homeless Service Providers Committee
- April 12 – All BH Staff
- April 14 – MHSSA Lead (SBCOE & SBCBH)
- April 20 – SBC Behavioral Health Board
- April 20 – Noche de Familia - Migrant Family Wellness Workshop
- April 24 & 26 – Probation Officer Teams 1 & 2

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Key Components of the Current MHSA Plan

- In-home and community-based services include:
  - Wellness activities and support groups at the senior apartments
  - Focus on children, youth and families
  - Collaboration with local schools
  - Collaboration with Probation and Law Enforcement
  - Women's support group
  - LGBTQ+ activities and safe space

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Discussion – Children (0-15)

- What are mental health needs of children in San Benito County?
- What are some services that would help address these needs?
- What services are needed **in the schools** to promote health and wellness in children?
- What services do families with children ages 0 – 15 need to feel supported?

Discussion – Transition Age Youth (16-25)

- What are the mental health needs of youth age group in San Benito County?
- What are some Mental Health services that would help address these needs?
- What are some Substance Use treatment services that would help address these needs?
- What services are needed in the schools and community to promote health and wellness in transition age youth?
- What services do families with youth need to feel supported?

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Discussion – Adults (26 – 59)

- What are mental health needs of adults in San Benito County?
- What are some Mental Health services that would help address these needs?
- What are some Substance Use treatment services that would help address these needs?
- What services are needed for adults to promote health and wellness?

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Discussion – Older Adults (60+)

- What are mental health needs of older adults in San Benito County?
- What are some Mental Health services that would help address these needs?
- What services are needed for older adults to promote health and wellness?
- What services do caregivers of older adults need to feel supported?

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Additional Suggestions

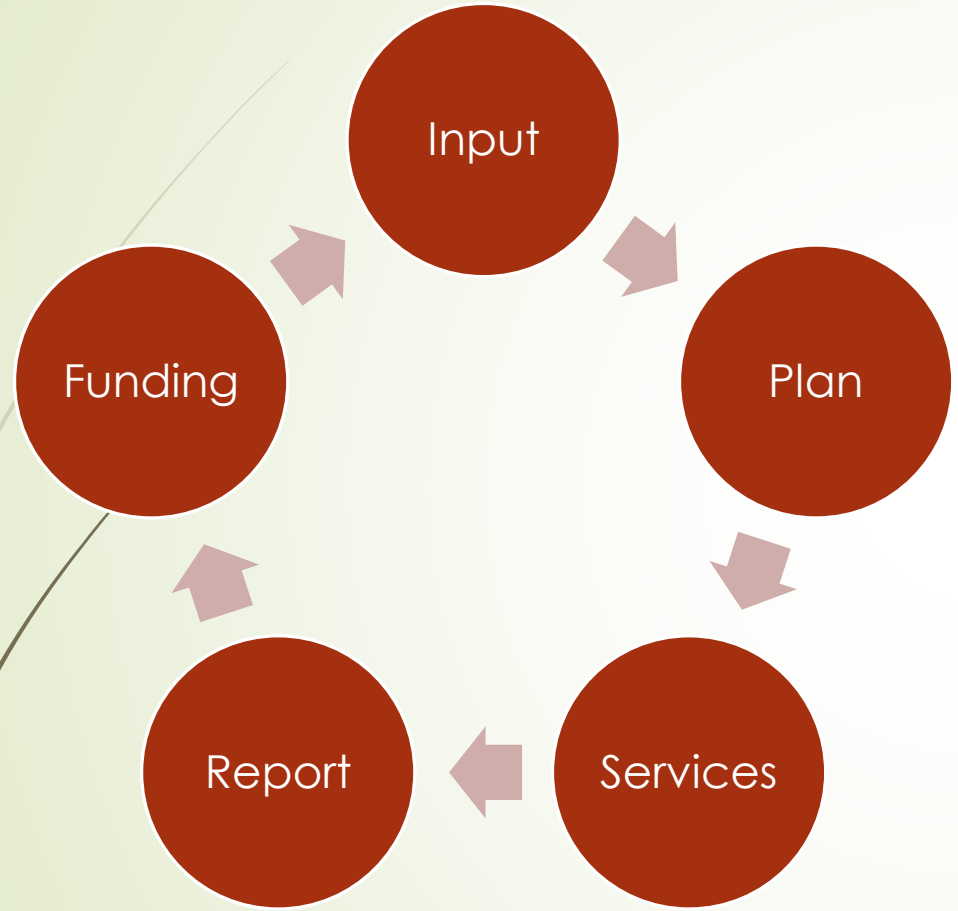
- What strategies could support collaboration between SBCBH and the Managed Care Plan (Anthem) to promote health and mental health wellness for the community?
- What strategies could help promote collaboration between SBCBH and Hazel Hawkins Emergency Department and Hospital?

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

Additional Suggestions

- Is there anything San Benito County Behavioral Health could do to promote mental health wellness for the community?
- How can we make sure that your voice is heard when decisions are made that affect the community?
- Do you have any other ideas to help promote health and wellness in the community?
- Other thoughts or questions?

SAN BENITO COUNTY BEHAVIORAL HEALTH DEPARTMENT

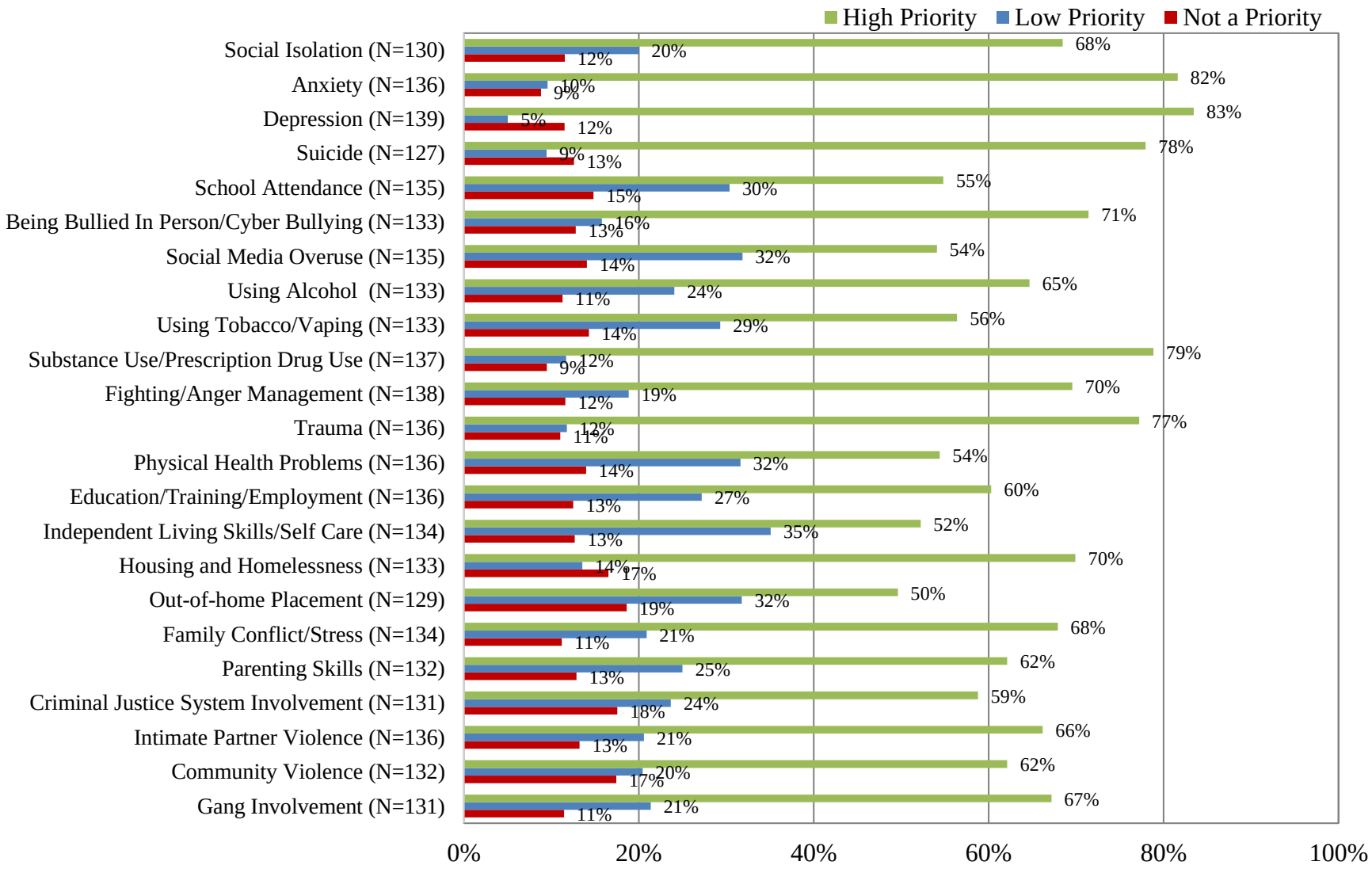


San Benito County Behavioral Health appreciates your input into our planning process to help develop our Three-Year MHSA Plan

APPENDIX B
MHSA STAKEHOLDER SURVEY RESULTS

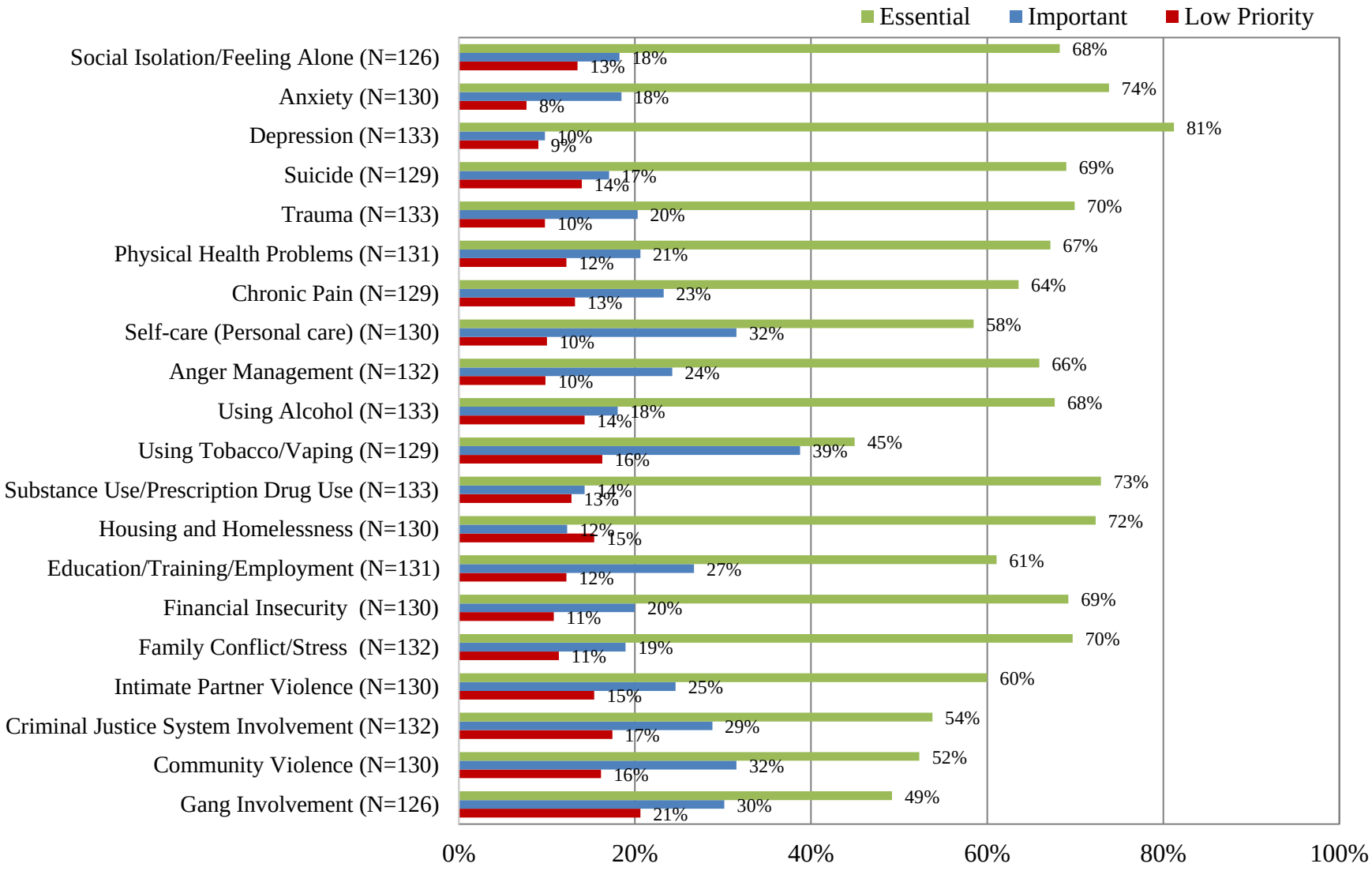
See the next pages for the results of the most recent MHSA Stakeholder Survey.

San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Child, Youth, and Family Issues That Need to Be Addressed



Produced by I.D.E.A. Consulting
ncallahan.idea@gmail.com
(530) 758-8815

San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Adult and Older Adult Issues That Need to Be Addressed



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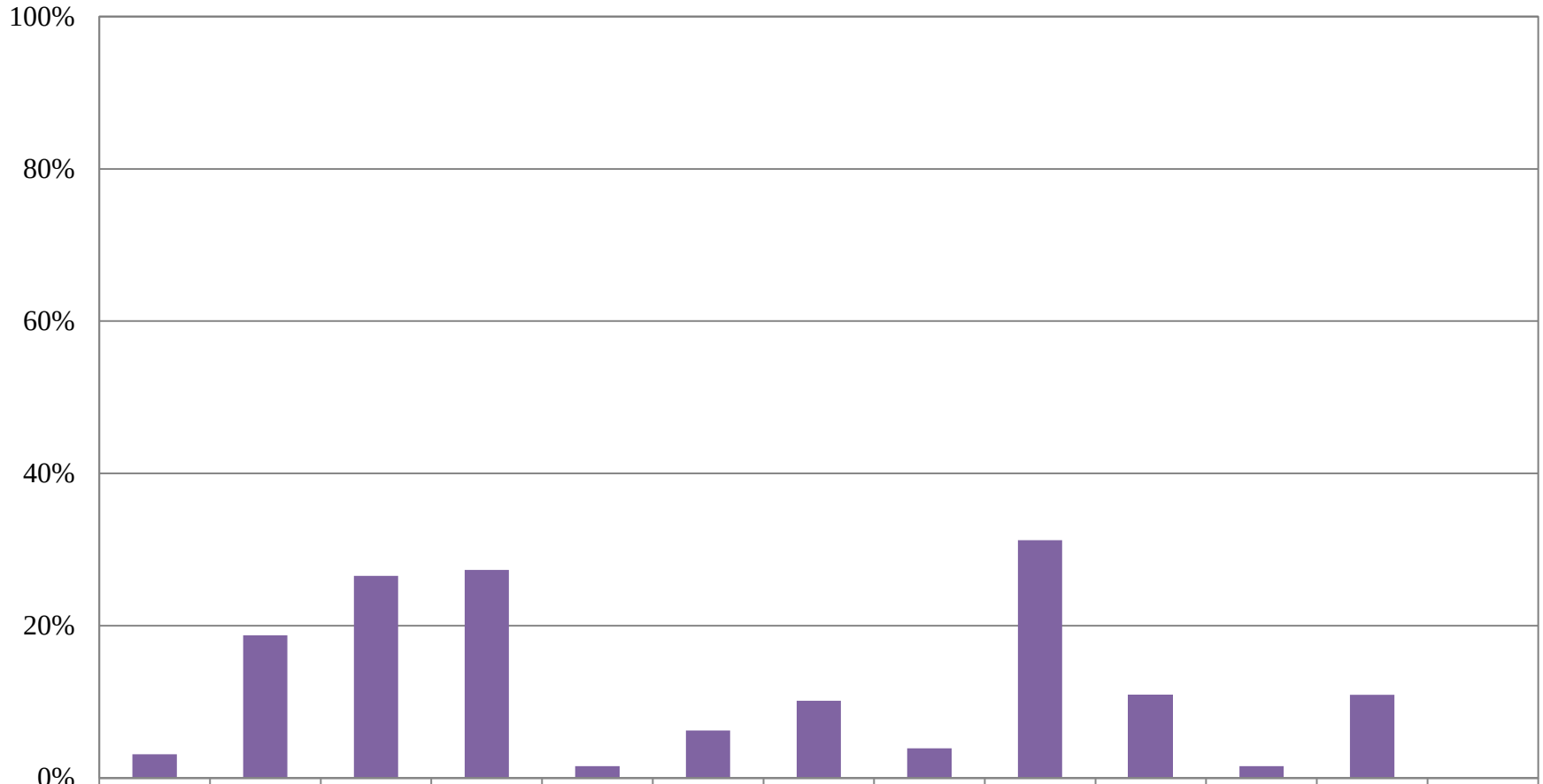
ncallahan.idea@gmail.com
(530) 758-8815

San Benito County Behavioral Health
MHSA Stakeholder Survey Results
What is your role in the community? (N=128)
(Respondents may select multiple answers)

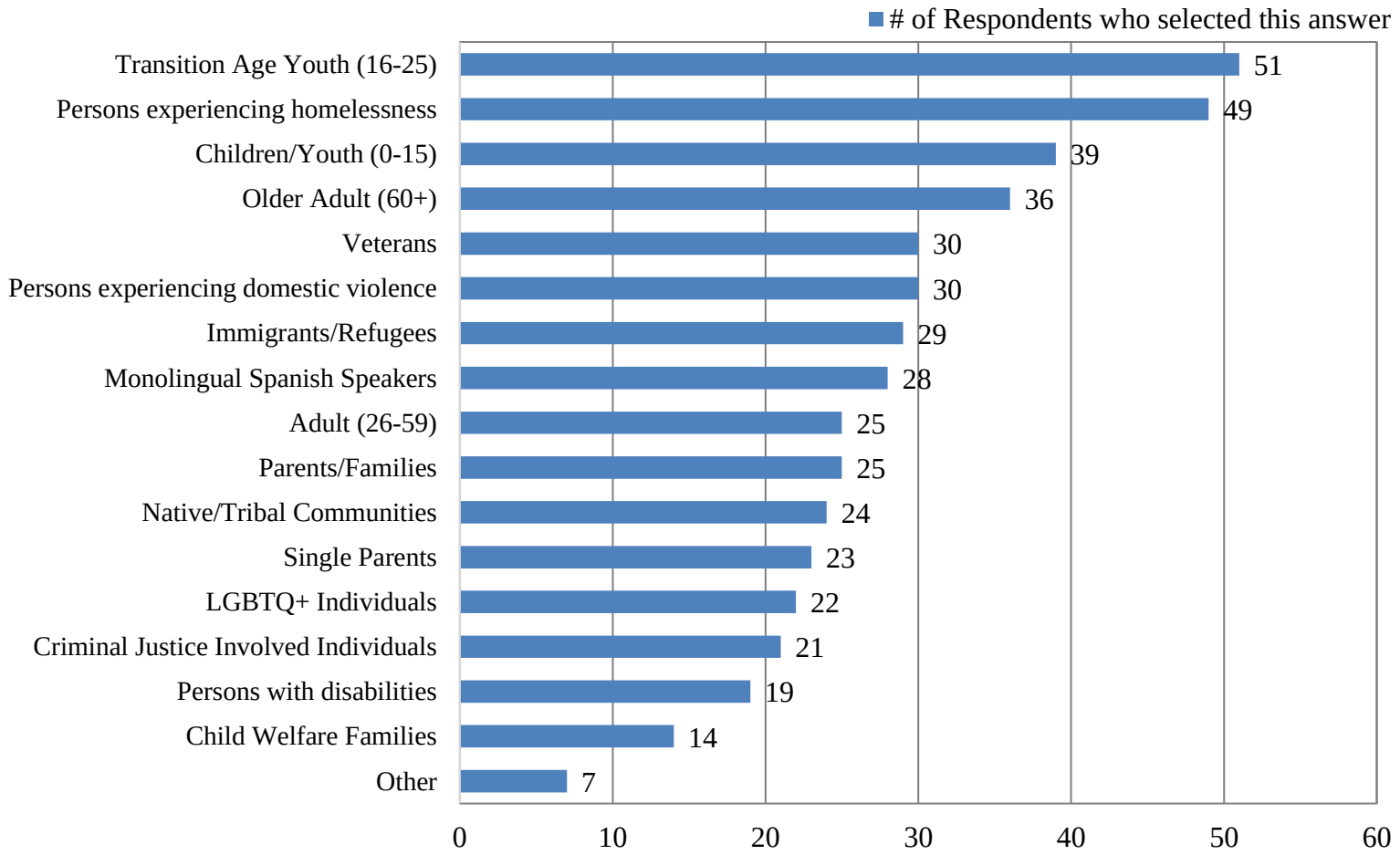


	Youth Consumer	Adult Consumer	Family member	Community member	Tribal Services	School Personnel	Social Services	Health Care Provider	San Benito County Behavioral Health Staff	Probation	Law Enforcement	Other	Total Responses
# Respondents	4	24	34	35	2	8	13	5	40	14	2	14	128
% Respondents	3.1%	18.8%	26.6%	27.3%	1.6%	6.3%	10.2%	3.9%	31.3%	10.9%	1.6%	10.9%	100.0%

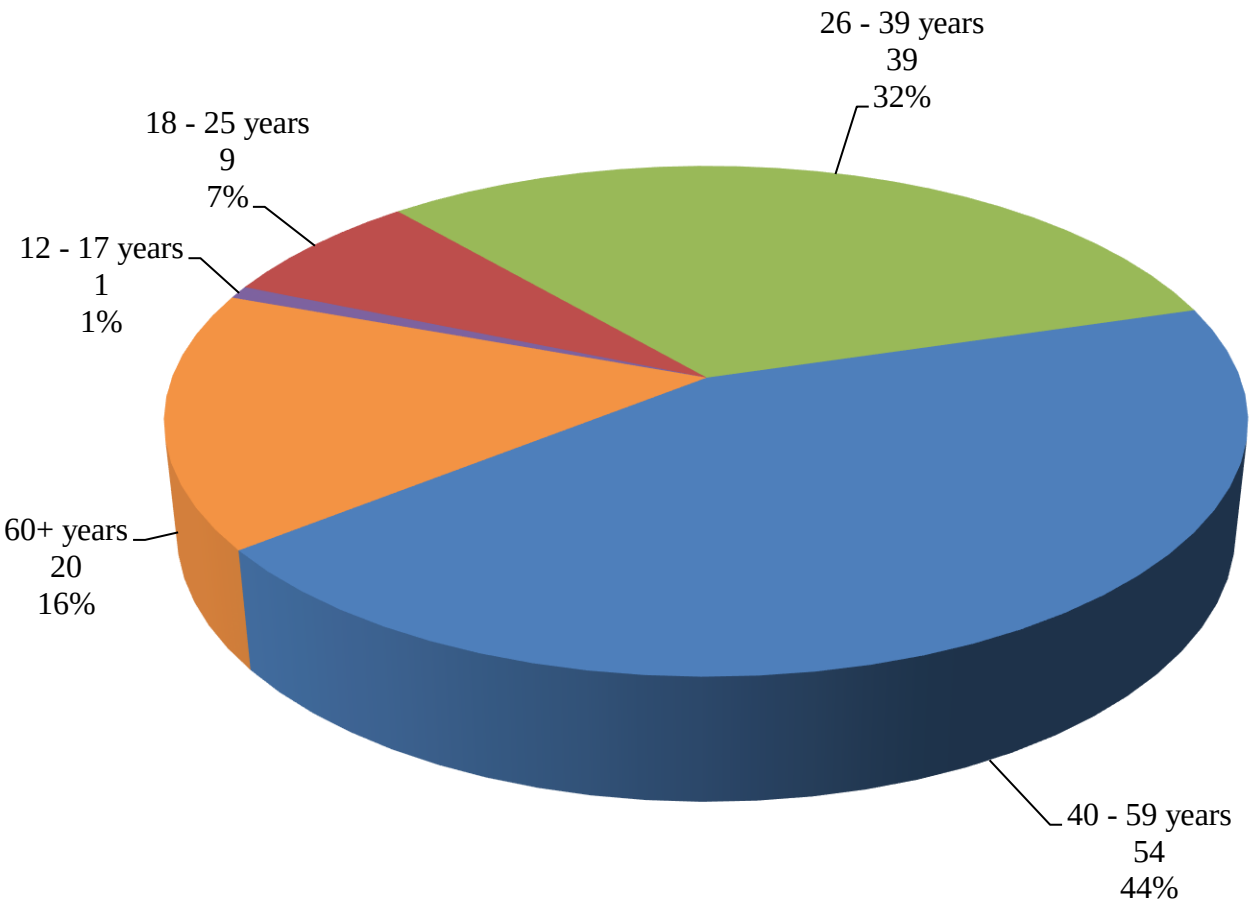
San Benito County Behavioral Health
MHSA Stakeholder Survey Results

Are there any populations or groups of people whom you believe are not being adequately served by the behavioral health program of San Benito County? (N=105)

(Respondents may select multiple answers)



San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Age (N=123)



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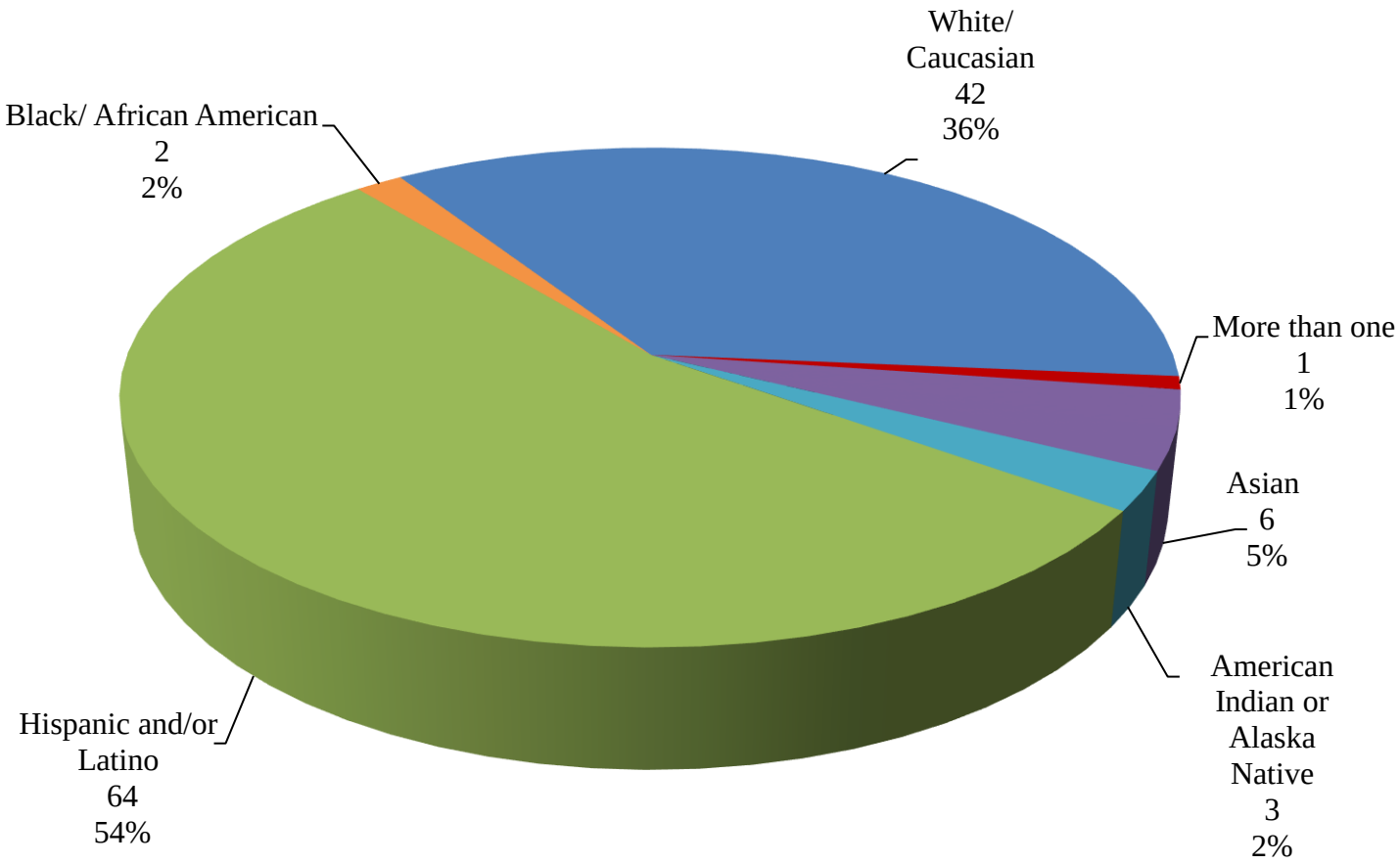
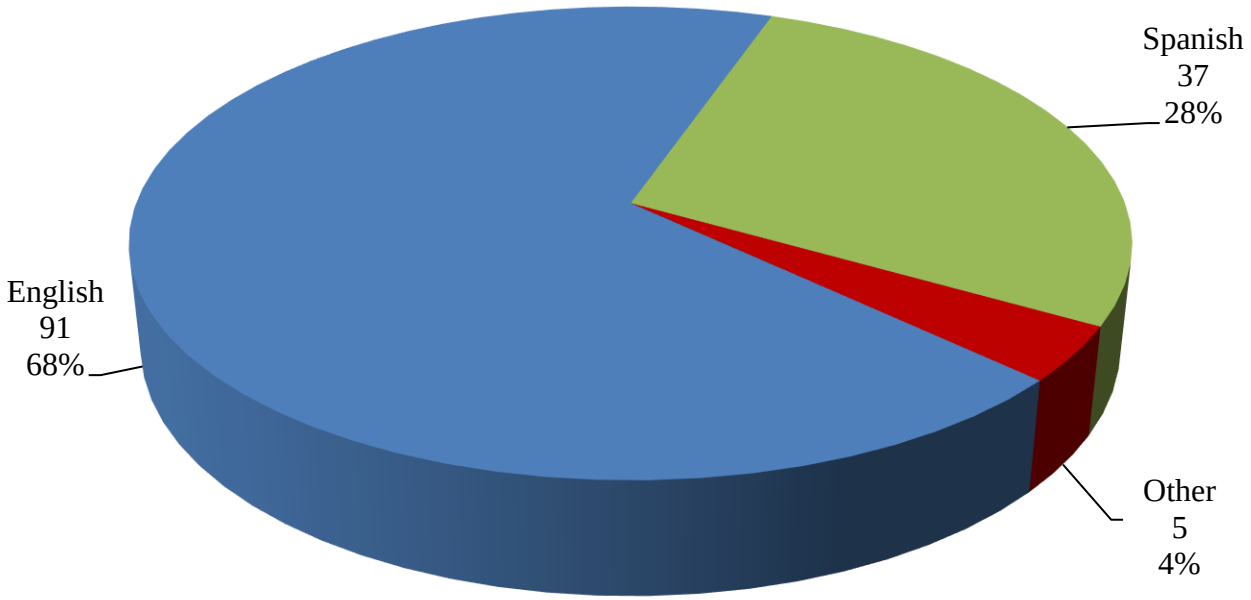
(530) 758-8815

San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Race/Ethnicity (N=118)

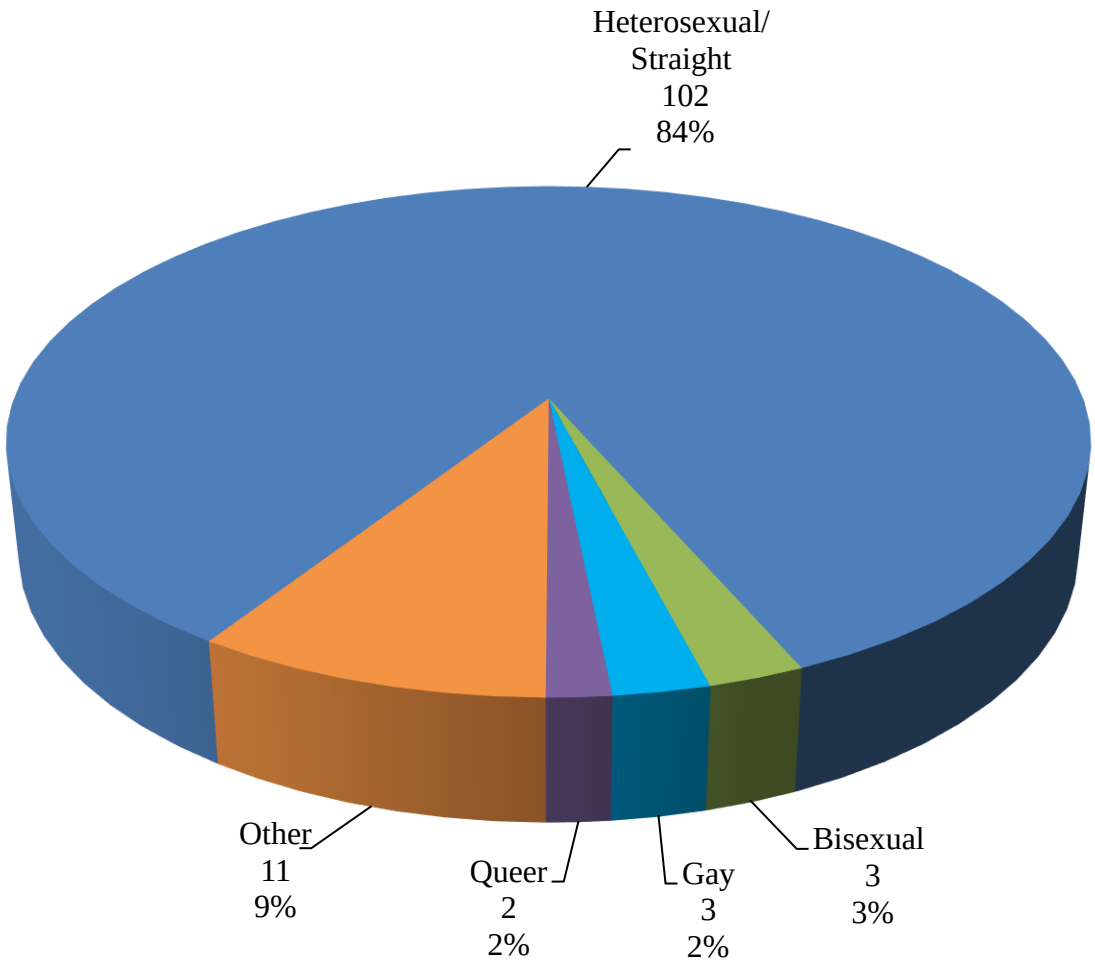


San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Primary language spoken at home (N=133)



San Benito County Behavioral Health
MHSA Stakeholder Survey Results

Sexual Orientation (N=121)



San Benito County Behavioral Health
MHSA Stakeholder Survey Results
Current Gender Identity (N=124)