SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT

Mental Health & Substance Use Disorder Services

MHSA Annual Update and Expenditure Plan FY 2024-2025

FINAL 06/30/2024

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

MENTAL HEALTH SERVICES ACT (MHSA)

ANNUAL UPDATE FISCAL YEAR 2023-2024

POSTED FOR PUBLIC COMMENT

APRIL 12TH THROUGH MAY 16TH, 2024

The MHSA FY 24-26 Annual Update is available for public review and comment from April 15, 2024 through May 16, 2024. 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, May 16, 2024.

PUBLIC HEARING INFORMATION

THURSDAY, MAY 16, 2024, 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://us06web.zoom.us/j/99587965746

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 Manager: lcoombes@sbcmh.org
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THANK YOU!

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FISCAL YEAR 2024/2025

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 67,579. The county is 1,390 square miles and is considered a rural county with 48 persons per square mile. San Benito County's largest city is Hollister, home to approximately 44,218 residents. *(US Census 2022)*

from the total population of San Benito County, approximately 49.0% of residents are Caucasian; 69.6% are Latino; 1.3% are African American; 3.4% are Asian; 1.8% are Native American; and 0.2% are Native Hawaiian/Other Pacific Islander (*Census.gov; Population Estimates, July 1, 2022*). *Source: U.S. Census Bureau QuickFacts: San Benito County, California*

The 2022 US Census indicates that 41.8% 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 2,303 veterans, which represent 3.4% of the population and 7.2% persons living in poverty.

Approximately 6.2% of the population is under 5 years of age, 25.0% are ages 5-17, 55.3% are ages 18-59; and 13.5% are over 65 years of age. Females represent 49.4% of the population (*Census.gov; Population Estimates, July 1, 2023*).

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.

MHSA COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

The San Benito County Behavioral Health (SBCBH) Community Program Planning Process (CPPP) provides an opportunity for stakeholders and the residents of San Benito County to participate in the development of the Behavioral Health MHSA 3 Year Plans and Annual Updates; the most recent of which is this Annual Update for FY 2024/25.

The intention is to listen to feedback on our services and gain meaningful input from the community on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations in each adopted MHSA Plan.

CPPP ACTIVITIES

Traditionally, efforts to provide information to the community on the range of services have been focused locally within the City of Hollister, the largest City in the County containing over two-thirds of the County population, however, there persists a lack of awareness of behavioral health services. Reinventing the CPPP process is intended to expand awareness deeper into the local community of Hollister, as well as broader into the rural community of the County, while increasing stakeholder involvement with the CPPP. Efforts to include as many diverse Stakeholders as possible, including the predominant Latino demographic will be increased.

The MHSA CPPP strives to include widespread representation from the community and stakeholder groups, including TAY; adults and older adults; and school student's parents; the LGBTQ+ community; the Homeless and Opioid Task Forces; and Community Consumer Group. In addition to a general invitation for SBC residents to these meetings, endeavors to contact existing community groups, of all varieties, will be made in order to provide a presentation as part of their regular agenda.

ADVERTISING THE CPPP TO THE COMMUNITY

In order to reach out to our clients whilst maintaining confidentiality, invitations were facilitated with the use of flyers provided in English and Spanish to all Clinical staff, Case Managers and Clerical staff three to four weeks ahead of the meeting dates with instructions to pass them to clients whilst explaining and encouraging them to participate in the CPPP. Additionally, the flyers were posted in English and Spanish on the Events page of the SBCBH website, as well as repeatedly on our social media.

Quantities of the flyers were also distributed to a multitude of public locations including, but not limited to, our own Wellness facility – the Esperanza Center, the Library, the HOME Resources Center, the Community Epicenter, City Hall, the Superior Court of San Benito, the Veterans Hall, the Food Bank, the YMCA, local cafés and laundromats, the Health and Human Services Department as well as the County Education and Administrative offices/chambers and the Behavioral Health Lobby, and where available, local public noticeboards were utilized.

The flyer was emailed to numerous partner agencies and community-based organizations, plus County Departments including the SBC Board of Supervisors, two local Mayors, the County Sheriff, Public Health, as well as placed on the Events page of BenitoLink; a popular local online Newsletter with widespread readership. The distribution process will be reviewed for effectiveness via the participant survey.

COMMUNITY EDUCATION & INPUT MEETINGS

The stakeholder meetings are named Community Education & Input Meeting in order to provide clarity as to the content of the meetings. To obtain stakeholder input for inclusion into this MHSA Annual Update FY2024/25, two stakeholder meetings were conducted in person, in two locations, the Esperanza Wellness Center and the Behavioral Health facility.

As previously mentioned, these two meetings were widely advertised in the community, however attendance was low. It will take time for the community to recognize that these meetings are a regular opportunity to attend and provide meaningful input. The long-term plan is to repeatedly hold such meetings at quarterly intervals throughout the year as opposed to an intensive exercise at the beginning of each year. The results obtained from meetings throughout the year will be included in the next Annual Update.

CPPP CONTENT

A presentation has been developed, in both English and Spanish, to illustrate all five components, and the services or programs in place for each of those components, including information on services such as access and eligibility. Any changes made to services within the previous fiscal year were presented, along with upcoming program changes within the next FY including major budgetary decisions. The most recent DHCS Review Findings were outlined including indications for correction. An Interpreter is available to provide translation services for monolingual Spanish-speaking clients and persons from the community. See Appendix A for a copy of the Stakeholder Presentation. It is planned that the Presentation is offered both in person and via Zoom meetings, thus expanding the reach and accessibility for community members.

Program data is periodically analyzed to review access, quality, outcomes, and cost-effectiveness to determine the unique needs of the community and continue to implement MHSA programs that are well designed to meet the needs of the citizens and stakeholders.

This Annual Update 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.

STAKEHOLDER AND COMMUNITY INPUT

Several stakeholders were involved in the initial stage of the CPPP. Input was obtained from BH staff including the BH Director; several staff at SBC Public Health; local health and wellness agencies and contracted community-based services. As the new CPPP evolves throughout the year, further input will be gained from a wider range of community members. Continued effort to encourage BH clients and families to attend will be made. It is anticipated that the formation of the Stakeholder Coalition will provide truly meaningful input in the areas of mental health policy; program planning; implementation; monitoring; quality improvement; evaluation; and budget. The initial stakeholder survey results will be included in this plan in Appendix B.

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

CAPACITY TO IMPLEMENT MHSA PROGRAMS

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

STRENGTHS & LIMITATIONS

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.

Strengths: 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.

Limitations: Throughout the State there is a known shortage of licensed clinical staff and SBCBH is no exception to this experience. However, increased and continuing efforts during the last fiscal year to attract such staff outside the normal recruitment channels have been worthwhile. In addition, in early FY 2023/24 two contracts were awarded to community-based organizations to provide outpatient services specifically for children, youth and their families; of the five contracted clinical staff, four are bilingual.

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, many act as a Spanish interpreter as part of their job function. By FY 2024/25 a contract with the National Latino Behavioral Health Association (NLBHA) will be in place to provide Interpreter Trainings to SBCBH staff.

POPULATION DIVERSITY

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.

Comparison of SBC Population; SBCBH clients; and SBCBH staff on age, race/ethnicity, language, and gender: Figure 1 shows census from 2020 with a population of 64,209. 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; to have a work force that is primarily this age group is expected. When examining the data for Race/Ethnicity, the proportion of persons who are Latino in the general population (61.1%) and BH Staff (60%) is comparable. However, the client population shows that 66.1% of all clients are Latino. For language, the general population has approximately 41.8% of the population speak a language other than English at home. For mental health clients, there are 8.7% of the clients who reported a primary language of Spanish. SBCBH have 38% of SBCBH staff who are bilingual Spanish speakers which shows the importance to ensure the recruitment of bilingual and bicultural staff into the workforce. For gender, there are 50.3% females in the population; 54.8% female clients; and 76% female staff.

Figure 1

San Benito County Population, Mental Health Clients and SBCBH Staff, by Demographics

FY 2022/23

	San Benito County Population 2020 Census		SBCBH Mental Health Clients FY 2022/23		SBCBH Staff	
Age Distribution						
0 - 14 years	13,410	20.9%	183	14.9%	-	-
15 - 24 years	8,819	13.7%	300	24.5%	2	3%
25 - 59 years	29,378	45.8%	626	51.1%	60	90%
60+ years	12,602	19.6%	117	9.5%	5	7%
Totals	**64,209**	**100.0%**	**1,226**	**100.0%**	**67**	**100%**
Race/Ethnicity Distribution						
Black	479	0.7%	9	0.7%	2	3%
American Indian/ Alaskan Native	221	0.3%	5	0.4%	0	0%
Asian/ Pacific Islander	2,316	3.6%	17	1.4%	6	9%
White	19,785	30.8%	303	24.7%	18	27%
Latino	39,241	61.1%	810	66.1%	40	60%
Other/ Unknown	2,167	3.4%	82	6.7%	1	1%
Totals	**64,209**	**100.0%**	**1,226**	**100.0%**	**67**	**100%**
Language Distribution						
English	-	-	1,106	90.2%	42	65%
Spanish	-	-	107	8.7%	25	38%
Other/ Unknown	-	-	13	1.1%	0	0%
Totals	-	-	**1,226**	**100.0%**	**67**	**100%**
Gender Distribution						
Male	31,941	49.7%	554	45.2%	16	24%
Female	32,268	50.3%	672	54.8%	51	76%
Totals	**64,209**	**100.0%**	**1,226**	**100.0%**	**67**	**100%**

IMPLEMENTATION BARRIERS

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

Workforce Barriers: The aforementioned continual challenge of recruiting clinical staff, especially bilingual and bicultural, coupled with competitive rates of pay from surrounding Counties.

Location Barrier: San Benito is a small rural County at the southern tip of the Bay Area with a low population per square mile thereby less attractive for larger healthcare providers. The availability of resources, especially the lack of a network of private providers can be a barrier to delivering further services beyond SBCBH's current capacity. We deliver considerable preventative services, but the higher level of service is limited and many clients have to seek services outside this County.

Mitigation Efforts: SBCBH continually makes efforts to attract qualified staff outside the normal recruitment channels and has implemented recent contracts to cover gaps in service delivery. In addition, SBCBH identified the need for the provision of Telehealth for outpatient and psychiatric services for both adults and children and has recently contracted with Iris Telehealth through FY 2024/25.

ACCESS AND LINKAGE TO TREATMENT

ACCESS

Individuals in the San Benito County community and, where appropriate, the individuals' parents, caregivers, or other family members, can initially seek access to services through a variety of ways, many of which include our existing MHSA programs:

- **PATHS:** Children and youth who are identified as needing behavioral health services in the schools and, who need a higher level of care than the school services or PATHS services offer are referred to SBCBH.
  See PATHS for more information.
- **BH-DRC**: BH services are provided by SBCBH as an integral part of the BH-DRC program that the convicted individual is required to complete and may or may not be court mandated. See BH-DRC for more information.
- **SanBenito+**: The SB+ Peer Mentor Team may recognize that a SB+ guest is in need of further services and can provide the individual with information to seek services at the SBCBH outpatient clinic. See SanBenito+ for more information.
- **SAFE**: The SBCBH SAFE Team may be called upon to attend an individual anywhere in the community who may be experiencing a behavioral health crisis. See SAFE for more information.
- **Hospital**: Individuals in crisis may arrive at the Emergency Department. Whilst the Hospital is not part of the SBCBH network per se, there is an SBCBH on-call Clinician who is on-site and assists the client to de-escalate the crisis, especially if the client is an immediate danger to themselves or others. The individual may or may not be under a 5150 Psychiatric hold at the hospital. Individuals who meet criteria for Specialty Behavioral Health services are referred to SBCBH and those who do not are linked to appropriate Behavioral Health services.
- **Health Foundation**: An individual may seek services via the local Federally Qualified Health Center (FQHC); the level of services required may exceed those provided by the SBCBH Clinician there, so a referral to the SBCBH Outpatient Clinic will be made. See FQHC for more information.
- **Referrals from Other Services**: Several other County or Healthcare services may refer individuals to SBCBH, these include; Health and Human Services; the local hospital; Child Protective Services; Adult Protective Services; Probation; Court mandated; Jail and Youth Services (formerly Juvenile Hall).

INTAKE AND LINKAGE

During the Intake process, all individuals seeking services will first need to complete a registration and provide financial information before being screened for service eligibility. A Case Manager creates a chart in the electronic healthcare record (EHR) SmartCare and works with the individual to complete the Adult or Youth Medi-Cal Screening Tool to determine eligibility. Depending on the outcome of the Screening, the Case Manager will then utilize the Transition of Care Tool to assist the individual through any mechanisms of referral or linkage to alternative services in cases where the individual is not eligible for SBCBH services. Ineligibility may be because the symptoms are mild to moderate, in which case they would be referred to our Managed Care Provider, Central California Alliance for Health (CCAH) , for further services. Other reasons for ineligibility include the individual has private insurance, or non-residency in San Benito County; in each instance the Case Manager would assist the individual in either applying for Medi-Cal insurance, linkage to their Primary Care Provider, linkage to an appropriate community based organization (CBO) or other County Agency, or linkage to services in their County of residency.

The exception to the Screening Tool being used before any treatment is where an individual is in crisis and a member of the SAFE Team and/or the on-call Clinician will work with the individual to deescalate the crisis first. After initial recovery from the crisis, the SAFE Team Case Managers will utilize the Screening Tool, then assist the individual in linkage to further eligible service either with SBCBH or other service.

The EHR has the ability to track referrals, information obtained via the Screening Tool or Transition of Care Tool for any individuals that are either referred to SBCBH from Managed Care Providers or that SBCBH have referred to other services. Where an individual is referred to another service, the SBCBH Case Manager assigned to that individual will follow up to make sure that the first appointment was booked and attended.

TREATMENT AT SBCBH

The SBCBH outpatient clinical staff provide services to clients with moderate to severe symptoms. If the Screening Tool reveals that the individual is eligible for services, an appropriate licensed clinical staff member is assigned, the individual becomes an SBCBH client, an assessment is performed and, if necessary, a plan may be developed in alignment with the treatment needs identified.

Depending on the symptomology and the level of care required, the client may also receive medication from our Medical Team, or be enrolled in our Full-Service Partnership (FSP) Program. As the client improves, medication or FSP may no longer be a requirement and a Case Manager can assist the client further, or the client may continue to receive outpatient services, or a combination of both. In rare cases, conservatorship may become a necessity.

MENTAL HEALTH NEEDS ASSESSMENT

MEDI-CAL BENEFICIARIES

Figure 2 compares the number of San Benito County residents who are eligible for Medi-Cal with the data from our records demonstrating the quantity of eligible residents who have received mental health services from SBCBH, indicated as a percentage to illustrate the proportion or *Penetration Rate*.

The data source is an annual external review of our services, known as External Quality Review Organization (EQRO), carried out by an independent party under contract with the State. This data is used to help us understand how SBCBH is performing related to our primary function in providing Specialty Mental Health Services to eligible Medi-Cal beneficiaries. A broader assessment of comprehensive community mental health needs and penetration rates in services outside of SBCBH is not possible due to lack of data for individuals who have private or commercial insurance, as well as those who are not insured, who have mental health needs who are served by other entities.

If possible, SBCBH will work with the Public Health Department to create a methodology to conduct a mental health needs assessment for the community of San Benito.

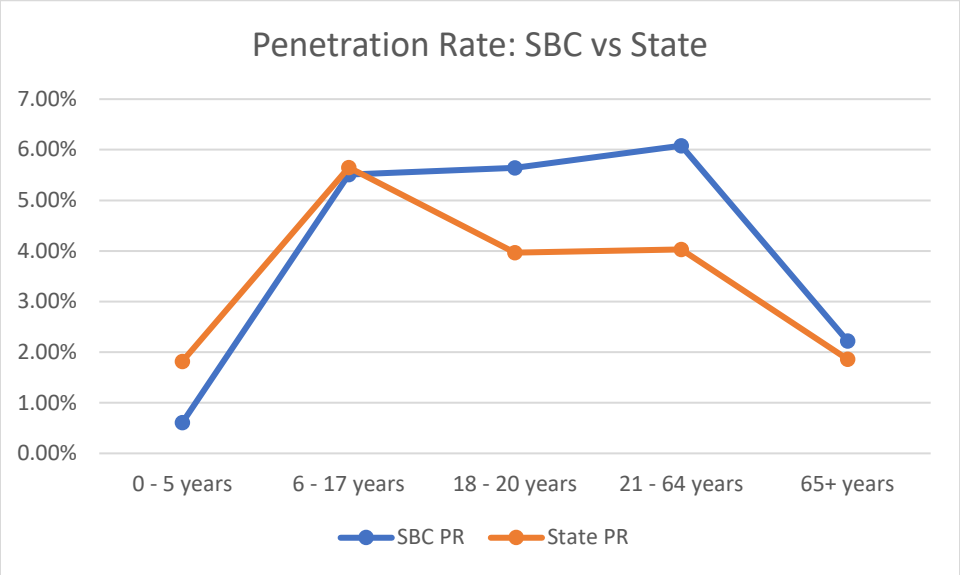
Figure 2 – Calendar Year 2022

San Benito County Mental Health Penetration Rates

	Medi-Cal Eligible Residents of SBC		SBCBH Mental Health Clients		SBC Population Mental Health Penetration Rate *Clients ÷ Eligible Res*	State Penetration Rate
Age Distribution						
0 - 5 years	2,450	11%	15	1%	0.61%	1.82%
6 - 17 years	5,503	26%	303	28%	5.51%	5.65%
18 - 20 years	1,241	6%	70	7%	5.64%	3.97%
21 - 64 years	10,532	49%	640	60%	6.08%	4.03%
65+ years	1,714	8%	38	4%	2.22%	1.86%
Totals	**21,440**	**100%**	**1066**	**100.00%**	Avg: 4.01%	Avg: 3.47%
Race/Ethnicity Distribution						
African American	82	0%	<11	-	-	7.08%
Asian/ Pacific Islander	407	2%	14	1.31%	3.44%	1.91%
Hispanic/Latino	15,900	74%	723	67.82%	4.55%	3.51%
Native American	29	0%	<11	-	-	5.94%
White	2,944	14%	245	22.98%	8.32%	3.57%
Other/ Unknown	2,079	10%	76	7.13%	3.66%	5.45%
Totals	**21,441**	**100%**	**1,058**	**99.25%**	**-**	**-**

PENETRATION RATE

At the recent EQRO, the SBCBH Penetration Rate was reviewed and revealed how the SBCBH Penetration Rate compared to the State Penetration Rate; in all but the youngest age group of 0-5 years, SBCBH either met or exceeded the State Penetration Rate visually demonstrated in the chart below, based on the age percentages in the table on the preceding page.



The penetration rate data shows that an average of 4.01% of the Medi-Cal eligible population of San Benito County received mental health services from SBCBH, with1,066 individuals out of the 21,440 eligible residents. Comparing the SBCBH 4.01% average penetration rate to the State average penetration rate of 3.47%, it seems that SBCBH are above average in reaching those who need mental health services. SBCBH will continue to continue to reach out to help the community be aware of the services offered through our Outreach efforts and events and the CPP Process mentioned earlier.

Penetration rate can be influenced by many factors, some of which are mentioned here. Stigma associated with seeking mental health services particularly in the Older Adult age group, or certain ethic groups may also contribute to a reluctance to seek services. To address stigma, the SBCBH Department continues to reach out to the community through numerous local community events and school student early intervention education (See **PATHS** for more information), an anti-stigma campaign is planned for FY 2024/25 (see STIGMA REDUCTION CAMPAIGN for more information).

Approximately two-thirds of the population reside in Hollister, the remaining population density is spread out across the 1,390 square miles of the County with approximately only 46 persons per square mile, compared to the State of CA, as a whole, with approximately 251 persons per square mile. Travel to the SBCBH facility may be cost prohibitive for many people, therefore the provision of Telehealth becomes a vital resource (See IMPLEMENTATION BARRIERS for more information).

The lack of community knowledge of the provision of mental health services, which is being addressed by the increased efforts of the CPPP as well as offering a wide variety of mental health education and facility tours are regularly held during the month of May which is widely recognized as *May is Mental Health Month* every year.

SBCBH AND SBCPH COLLABORATION

In FY 2023/24 an exciting new collaborative relationship is being mutually cultivated between SBCBH and the SBC Public Health (PH) Department since many goals are shared in making "*San Benito County a healthier place to live…*". A recent directive of PH is to develop a Community Health Improvement Plan (CHIP) via a Community Health Assessment (CHA) process. Several SBCBH staff attended the CHA Listening Sessions at which community health strengths and needs were identified and prioritized.

In the December 2023 version of the CHIP that was prepared for review by the CHIP advisors, the CHA had revealed that "*In 2022, the percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted) was 12.4% in San Benito County."* The apparent disparity between the need and the Penetration Rate percentage demonstrates the necessity for continued and increased efforts to reach the community members in need within the limitations of SBCBH's capacity.

PH also carried out a "Two Cents" survey at eight different community events in Fall 2023 to ask the community to identify issues on which they would like to see improvement and found that Mental Health Support and Substance Use Support were by far in the top three.

Source: SBC PH Community Health Assessment/Improvement Plan 2024

Plans to continue to develop the collaborative relationship and shared goals for community education and well as the potential for a combined Behavioral Health and Public Health Stakeholder Coalition are in the formative stages and will continue to develop into FY 2024/25.

LOCAL REVIEW PROCESS

30-DAY POSTING PERIOD AND CIRCULATION METHODS

This proposed MHSA Annual Update was posted for a 30-day public review and comment period is April 12 through May 16, 2024. A copy was posted on the Behavioral Health portion of the San Benito County website, see link below, and through various SBCBH social media platforms. This document was distributed to all members of the San Benito County Behavioral Health Board; client groups; staff; and partner agencies representatives (upon request). The document was available via mail or email, upon request. Hard copies were distributed at the Behavioral Health Outpatient clinic and at the Esperanza Center, the Board of Supervisors Chambers, Hollister Library.

SBC Behavioral Health website: https://www.cosb.us/departments/behavioral-health

MHSA Plans are specifically posted here: MHSA (Mental Health Services Act) | San Benito County, CA (cosb.us)

PUBLIC HEARING INFORMATION

The Public Hearing for the posted MHSA Annual Update will be held on Thursday, May 16, 2024 at 12:00 pm. The meeting will be held in-person and online via Zoom. The in-person meeting location is the Redwood Meeting Room at San Benito County Behavioral Health Clinic at 1131 Community Parkway, Hollister, CA 95023.

PUBLIC FEEDBACK ON PROPOSED DOCUMENT

Stakeholder comments and questions during the Public Hearing are welcome. Significant comments will be noted in the Annual Update and considered in programmatic changes. Questions will be answered during the Public Hearing.

SUBSTANTIVE RECOMMENDATIONS AND CHANGES

The proposed MHSA Annual Update will be updated to include substantive recommendations to change the Annual Update, after the posting period and public hearing, to include the public hearing information. The MHSA Annual Update was also updated to include costs per client for the CSS, PEI, and INN components in FY 2022/23, as well as the FY 2024/25 projected numbers of clients to be served.

COUNTY APPROVAL AND STATE SUBMISSION

The MHSA Annual Update was approved by the County Board of Supervisors on Tuesday, June 18, 2024. The final approved document has been submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS (CSS)

REPORT ON CSS PROGRAMS - FY 2022/23 AND CURRENT

Three SBCBH programs are funded by the Community Services and Supports (CSS) component; Full-Service Partnership (FSP) program; General System Development (GSD) program; and Outreach & Engagement (O&E) program. These three programs encompass a variety of services and activities, as well as the Esperanza Wellness Center.

CSS FULL-SERVICE PARTNERSHIP (FSP) PROGRAM REPORT

The FSP program is an intensive program with a collaborative agreement between SBCBH and the client and, when appropriate, the client's family, through which SBCBH plans for, and provides, a full spectrum of services so that the client can achieve goals identified in the Integrated Services and Supports Plan (ISSP).

The 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
- Participation in FSP Behavioral Health Diversion and Re-entry Court for specific clients. See BH-DRC for more information.
- Access to flexible funding

FSP services offer flexible funding to support clients with "whatever it takes" for a limited time, when consistent with the Individual Services and Supports Plan (ISSP) goals. Flex funds may be used to pay security deposits and the 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.

The FSP team consists of a 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 and ongoing recovery.

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
- Institutionalization

- Homelessness or at risk of becoming homeless
- Involvement in the criminal justice system
- Frequent use of crisis or emergency room services as the primary resource for mental health treatment
- Substance use, co-occurring disorders

FSP FOR CHILDREN AND YOUTH

For children and youth, additional criteria to those listed above include:

- School failure
- At risk or high-risk behaviors
- Out of home placement
- Involvement with a public agency, such as Probation or Child Welfare

FSP services for youth may include client-driven Child & Family Team (CFT) meetings that develop goals and strategies to promote wellness and recovery in everyday life. These teams are comprised of members chosen by the youth, and their family members/child welfare when the youth is under the age of 12, 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 WITH CO-OCCURRING DISORDERS

The Full-Service Partnership program also works with adults who have been identified through screenings and assessments to have 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 by identifying the clients' strengths to engage in activities that promote wellness and recovery.

FSP PROGRAM & COST DATA - FY 2022/23

Data is 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, see Figures 3-11 below.

Figure 3

CSS Full-Service Partnership Services

Number and Percent of Mental Health FSP Clients, by Age

	# Clients	% Clients
0 - 15 years	14	13.3%
16 - 25 years	26	24.8%
26+ years	65	61.9%
Total	**105**	**100.0%**

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 4

CSS Full-Service Partnership Services

Number and Percent of enrolled Mental Health FSP Clients, by Gender

	# Clients	% Clients
Male	50	47.6%
Female	55	52.4%
Total	**105**	**100.0%**

Figure 5

CSS Full-Service Partnership Services

Number and Percent of enrolled Mental Health FSP Clients, by Race/Ethnicity

	# Clients	% Clients
White	31	29.5%
Latino	64	61.0%
Other/ Unknown	10	9.5%
Total	**105**	**100.0%**

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 6

CSS Full-Service Partnership Services

Number and Percent of enrolled Mental Health FSP Clients, by Preferred Language

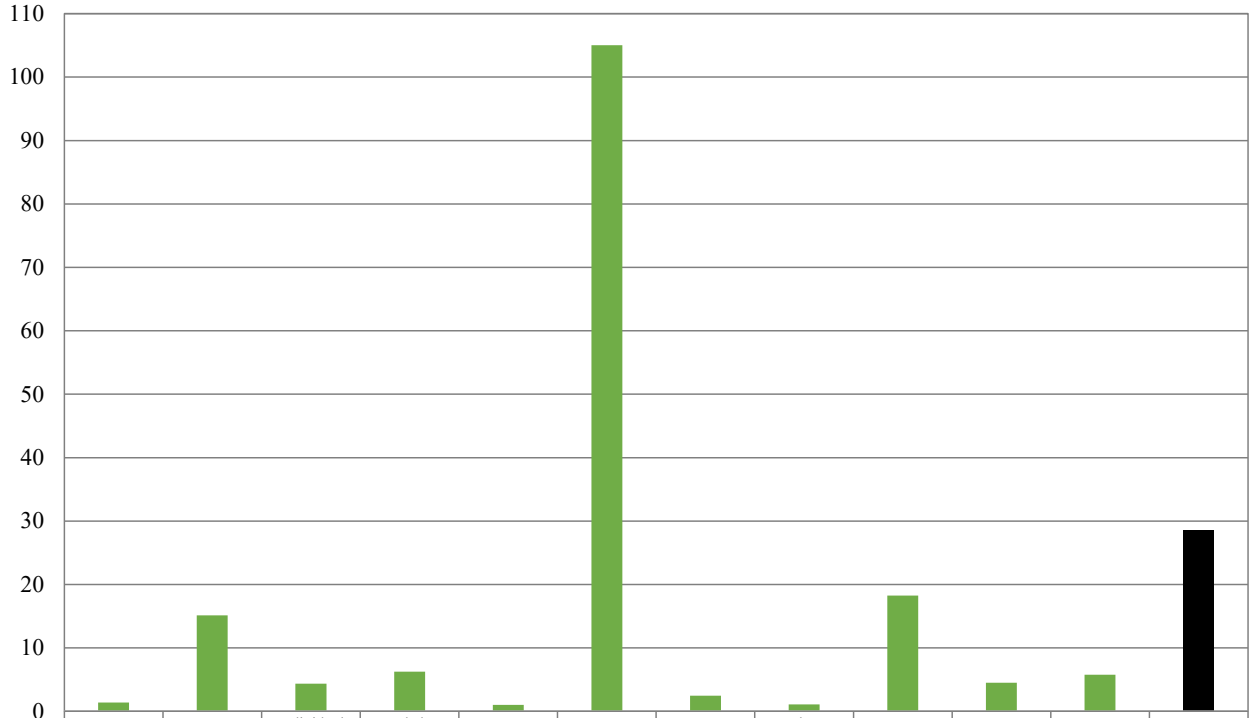
	# Clients	% Clients
English	98	93.3%
Spanish	7	6.7%
Total	**105**	**100.0%**

FSP clients represent individuals who have the highest level of acuity served by SBCBH and receive a full array of services, as shown in Figure 7 below. 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 7

CSS Full-Service Partnership Services

Total Mental Health FSP Hours, Clients, by Hours per Client, by Service Type



	Assessment	Case Management	Individual Counseling	Rehab. Individual	ICC	IHBS	Collateral	Plan Development	Group	Crisis	Medication	Total
# Hours	55.3	1,407.1	217.2	276.0	1.0	105.0	91.6	63.3	273.5	72.0	438.7	3,000.7
# Clients	40	93	50	44	1	1	37	57	15	16	76	105
Avg Hrs/Clt	1.4	15.1	4.3	6.3	1.0	105.0	2.5	1.1	18.2	4.5	5.8	28.6

Figure 8 shows the total number and percent of clients diverted from in-patient hospitalization as a result of FSP services. An exceptional outcome is to note that 85.1% of all FSP clients were not hospitalized in the fiscal year.

Figure 8

CSS Full-Service Partnership Services

Number and Percent of FSP Clients Who Remained Out of Inpatient

	# Clients	% Clients
No Inpatient Admissions	95	90.5%
Inpatient Admission(s)	10	9.5%
Total	**105**	**100.0%**

Figure 9 shows the total number and percent of clients who were diverted from crisis situations as a result of FSP services. This data shows another excellent outcome; 82.1% of all clients did not receive a crisis service in the fiscal year.

Figure 9
CSS Full-Service Partnership Services
Number and Percent of FSP Clients Who Remained Out of Crisis

	# Clients	% Clients
No Crisis Services	89	84.8%
Crisis Service(s)	16	15.2%
Total	**105**	**100.0%**

Figure 10
CSS Full-Service Partnership Services
Total FSP Expenditures, Clients, and Cost per Client

Total # FSP Clients	Total FSP Cost	Cost per FSP Client
105	$121,365	$1,156

CSS FSP Program Projection FY 2024/25

Figure 11
CSS Full-Service Partnership
Estimated number of FSP clients by, age group, to be served FY 2024/25

Age Group	Total # Clients	Cost per Person
Child (Ages 0-15)	30	$22,177
TAY (Ages 16-25)	50	
Adult (Ages 26-59)	75	
Older Adult (Age 60+)	25	
Total	**180**	

NOTE: SBCBH designates the age groups shown above for its FSP program to avoid inconsistencies in data due to the overlap in age ranges as defined by the Cal. Code Regulations Title 9 § 3200. 030 / 280 / 010 / 230.

In FY 2023/24, evaluation of the existing FSP clients by clinical staff revealed a number of existing clients who were no longer in need of such a high level of care, and so were transitioned to regular outpatient services. This is an excellent outcome for those clients as it shows they are better able to cope with the activities of daily living.

CSS FSP Program Successes and Challenges

Successes

- The FSP has provided a level of care that has promoted and maintained clients' wellbeing, allowing them to live as productive a life as possible in the community.
- Several FSP clients have obtained and sustained employment.
- FSP interventions 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.
- During FY 20223/23, the enrollment of new FSP clients did reduce, in particular, for the youth age group. Many of these youth no longer required the FSP level of care and were transitioned to a lower level of care with our outpatient services. It was often the case that the Mental Health services provided in schools were able to better meet the needs of the youth in the school setting
- A new functional management team worked collaboratively to review all existing FSP clients and identified several more that no longer required the FSP level of care and were also transferred to a lower level of care with outpatient services
- SBCBH notes that the legislation requires a large percentage of the CSS funds to be spent on FSP to serve clients who have intensive needs with a high level of care. SBCBH experiences challenges in meeting the legislated level of provision due to a variety of factors, including; staff capacity; fiscal remodeling; new EHR implementation defining identification and documentation of FSP clients.
- SBCBH plans to continue to identify new opportunities for enrolling persons of all ages into the FSP program. Considerable efforts to increase the numbers of FSP clients are planned for FY2024/25 with a matching increase in clinical and case management staff added to the budget.

CSS FSP Program Plans for Next Fiscal Year - FY 2024/25

In FY 2024/25 and beyond, the intention to review both existing and new clients to assess if a more intensive treatment modality would be more beneficial to provide clients with a higher level of care will be added to the program going forward. A potential challenge to this intention is the continuation of limited availability of clinical and case management staff.

Beginning in FY 2024/25, the Behavioral Health Diversion and Re-entry Court will be moved to the MHSA CSS FSP component to sustain this program that has shown successful outcomes for clients involved in the criminal justice system.

GENERAL SYSTEM DEVELOPMENT (GSD) NON-FSP PROGRAMS REPORT
(FY 2022/23 AND CURRENT)

General System Development encompasses non-FSP programs within the Community Supports and Services (CSS) component to provide outpatient services; wellness center activities; SAFE Team services; and housing support services.

OUTPATIENT SERVICES

SBCBH provides comprehensive outpatient services as follows:

- Therapy
    - Individual, Family, Group
    - Assessment
    - Case planning
    - Crisis response / support
- Case management
    - Individual rehabilitation interventions
    - Linkage to resources
    - Advocacy
    - Housing support
- Psychiatric medication support services
    - Doctor to Doctor consultations
    - Medication monitoring
    - Nursing consultation

ESPERANZA WELLNESS CENTER ACTIVITIES

The drop-in Esperanza Wellness Center is open several days a week and provides a welcoming environment with programs for adults, older adults and the LGBTQ+ community. The SBCBH Prevention Team work hard to continually improve the available programs; activities include classes, social activities, and rehabilitation groups as well as necessary supports and linkage to services as needed.

Through the MHSA program *San Benito+*, the Esperanza Center creates a welcoming environment for all LGBTQ+ youth, including the LGBTQ+ community; Peer Mentors from the LGBTQ+ community host an LGBTQ+ friendly Safe Space every Friday, Saturday and Sunday, including information and linkage to services as needed and often hold culturally-relevant activities. In addition, there are LGBTQ+ activities for adults on Sundays at Esperanza.

A TAY program previously run by Community Solutions was in place until the program sunset in June 2023. Since then, planning and budgeting has begun for a new TAY program to be initially located at the Esperanza Center until such time as the attendance of the program outgrows the capacity of the Center and the necessity for a larger location is identified. The budget for FY2024/25 will include provision for an additional Case Manager and a contract with a community based local service to help develop and implement the TAY program.

One day a week, Telepsychiatry services are provided by a contracted Psychiatrist supported by a SBCBH Nurse in a private room to ensure confidentiality at the Center by appointment. Clients who utilize this service are remotely connected via a video call to the Psychiatrist and, as an added benefit, are introduced to the Wellness Center staff and programming. In FY2024/25, SBCBH is working to expand the capacity of this Telepsychiatry service and introducing extended hours.

In a recent Treatment Perception Survey, many clients without readily available transport reported the location of the Behavioral Health clinic (two miles north of downtown) was a barrier to treatment. In order to address this issue, the possibility of providing a more accessible site for some services is being considered. The Esperanza Center is located downtown, with private rooms which can be utilized for an on-site Psychiatrist to be available during specific periods on a regular basis for prescription medication refills by appointment. Other possible expansion of services may also include a general medical education group provided to help community members understand medication including correct dosage and management of possible side-effects.

EXPANSION OF PEERS IN FY 2024/25

SBCBH would like to develop infrastructure and training to support increased involvement and employment of peers throughout our department. There is a recognition that both the organization and our current peers could benefit from support from an organization that has experience and success in developing and sustaining peers to work in Behavioral Health departments. SBCBH will use MHSA CSS funding to enter into a contract to help develop the necessary foundation and infrastructure to establish and sustain authentic peer involvement in our Behavioral Health delivery system.

Figure 12
Esperanza Center
Walk-in Attendees

	FY 2022/23
# of Walk-in Attendees	1,428

SUPPORT, AWARENESS, FOLLOW-UP AND ENGAGEMENT (SAFE) TEAM ACTIVITIES

Throughout FY 2022/23 and FY 2023/24, the SAFE Team continues to respond to crises in the community; to help de-escalate situations and support the individual to remain stable in the community.

The SAFE 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.

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

FROM SAFE TO MOBILE CRISIS

The SAFE Team was originally 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) and a mental health clinician available to support the SAFE Team on an as-needed, case-by-case basis.

An exciting development in FY 2022/23 was the expansion of the team with the addition of three Case Managers. This expansion is in preparation for the upcoming State mandated requirement that BH Departments offer a 24/7 crisis response.

Further preparations are underway in the Spring of 2024 to launch the new Mobile Crisis Team to provide the community with that 24/7 crisis response. The existing internal team of SBCBH staff will be restructured to include a Mobile Crisis Supervisor, Clinician and 4 Case managers. This team will be supplemented by staff from a contract provider to ensure 24/7/365 coverage for the community.

GENERAL SYSTEM DEVELOPMENT PROGRAM DATA - FY 2022/23

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. 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.

Figures 13 through 16 show the demographics of the total clients served in FY 2022/23.

Figure 13
CSS General System Development
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	229	18.7%
16 - 25 years	278	22.7%
26 - 59 years	602	49.1%
60+ years	117	9.5%
Total	**1,226**	**100.0%**

Figure 14
CSS General System Development
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	303	24.7%
Latino	810	66.1%
Black	17	1.4%
Asian/ Pacific Islander	96	7.8%
Other/ Unknown	303	24.7%
Total	**1,226**	**100.0%**

Figure 15
CSS General System Development
Number of Clients, by Gender

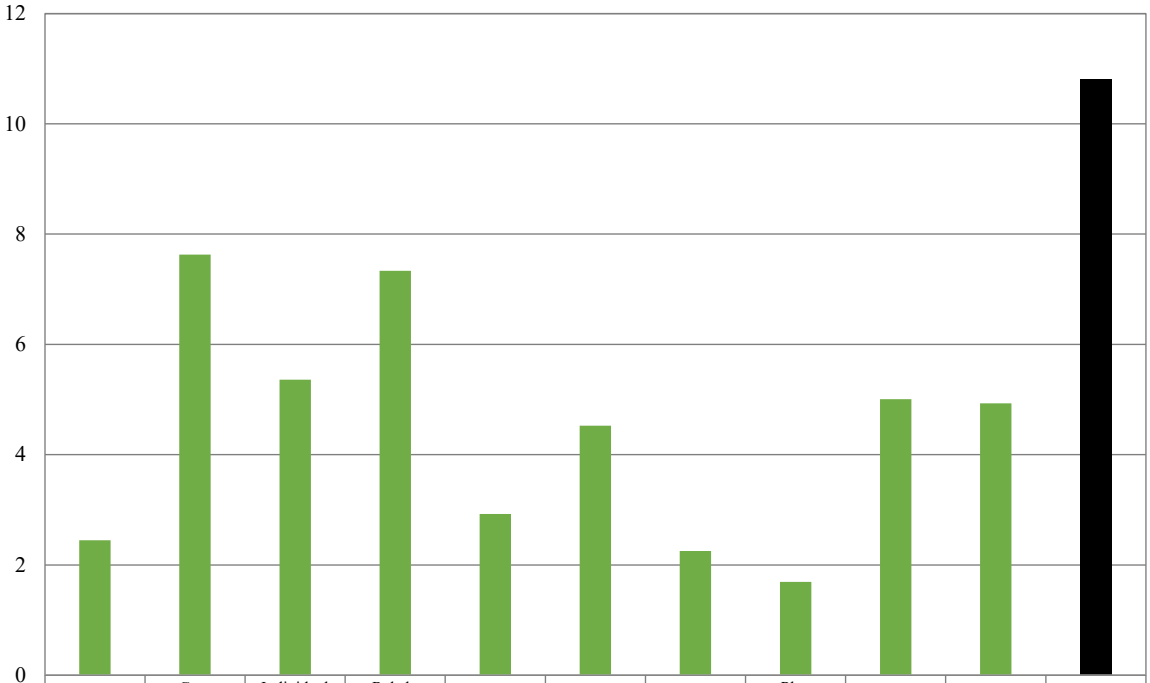
	# Clients	% Clients
Male	554	45.2%
Female	672	54.8%
Total	**1,226**	**100.0%**

Figure 16
CSS General System Development
Number of Clients, by Preferred Language

	# Clients	% Clients
English	1,106	90.2%
Spanish	107	8.7%
Other/Unknown	13	1.1%
Total	**1,226**	**100.0%**

Figure 17 shows the proportional distribution of average hours spent with clients.

Figure 17
CSS General System Development
Number of Mental Health Hours and Clients, by Hours per Client, 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 18 shows the total number and percent of clients who received psychiatric inpatient services and those who were not admitted in FY 2022/23. This data shows that 96.2% of all clients were not hospitalized in the fiscal year, an excellent outcome!

Figure 18
CSS General System Development
Number and Percent of Mental Health Clients Who Remained Out of Inpatient

	# Clients	% Clients
No Inpatient Admissions	1,180	96.2%
Inpatient Admission(s)	46	3.8%
Total	**1,226**	**100.0%**

Figure 19 shows the total number and percent of clients who received crisis services and those who did not receive crisis services in FY 2022/23. This data shows that 74.5% of all clients did not receive a crisis service in the fiscal year, an excellent outcome!

Figure 19
CSS General System Development
Number and Percent of Mental Health Clients Who Remained Out of Crisis

	# Clients	% Clients
No Crisis Services	913	74.5%
Crisis Service(s)	313	25.5%
Total	**1,226**	**100.0%**

Figure 20
CSS SAFE Team
Number of Clients and Crisis Responses served by the SAFE Team

	FY 2022/23
# Crisis Responses	38
# Clients	35

Figure 21
CSS SAFE Team
Number and Percent of Clients, by Age

	# Clients	% Clients
0 - 25 years	12	34.3%
26+ years	19	54.3%
Unknown	4	11.4%
Total	**35**	**100.0%**

Note: The age categories of 0-15 and 16-25 have been combined, as well as 26 – 59 and 60+ to ensure confidentiality of our clients because the number of individuals in one or more of these categories is fewer than 10.

Figure 22
CSS SAFE Team
Number and Percent of Clients, by Gender

	# Clients	% Clients
Male	11	31.4%
Female	24	68.6%
Total	**35**	**100.0%**

Figure 23
CSS SAFE Team
Number and Percent of Clients, by Race/Ethnicity

	# Clients	% Clients
White	19	54.3%
Latino	14	40.0%
Other	2	5.7%
Total	**35**	**100.0%**

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 24
CSS SAFE Team
Number and Percent of Clients, by Preferred Language

	# Clients	% Clients
English	33	94.3%
Other	2	5.7%
Total	**35**	**100.0%**

CSS General System Development Cost Data – FY 2022/23

Figure 25 shows the cost per CSS client in FY 2022/23, across all CSS General System Development activities.

Figure 25
CSS General System Development
Total CSS Expenditures, Clients, and Cost per Client

Total # CSS GSD Clients	Total GSD Cost	Cost per CSS Client
1,226	$1,220,120	$995

HOUSING SUPPORT SERVICES

SBCBH case managers support and link clients to available housing resources in the community. When needed, this support includes connecting to rental assistance programs, coordinating with landlords to resolve any issues; and helping clients find a roommate.

BUENA VISTA APARTMENTS

One of our most significant achievements in 2018 was to blend funding from several MHSA-funded programs to develop a joint housing project through Buena Vista Apartments (CHSPA). A forty (40) apartment complex was built, and five (5) clients, who were homeless or at risk of homelessness, were successfully placed in four of the apartments that were built and designated for our clients. It should be noted that whilst these apartments are currently occupied by FSP clients, they were not acquired solely for the exclusive use of FSP clients.

These FSP individuals have a serious mental illness (SMI) and often have a history of placement in Institutions for Mental Disease (IMDs) and/or group home settings. An SBCBH Case Manager regularly checks in with the clients, teaches cooking, bill paying, social skills, and problem resolution. The same clients continue to achieve their lifelong goals of living independently in the community.

INTEGRATED OUTREACH & ENGAGEMENT (O&E) REPORT (FY 2022/23 AND CURRENT)

Outreach & Engagement activities and services are integrated into many of the programs across all the MHSA components throughout San Benito County, to connect with a variety of populations and communities at as many local community events as our staff have capacity to attend. Outreach and engagement services are also provided to the migrant worker population, LGBTQ+ community, homeless individuals and, in community settings, with other at-risk individuals who are unserved or underserved.

INTEGRATED OUTREACH & ENGAGEMENT PROGRAM DATA - FY 2022/23

There were several different outreach activities held throughout FY 2022/23 to inform the community on how to access mental health services. Figure 26 shows the activities and community members reached across the year.

Figure 26
CSS Outreach
Number of Outreach Activities and Outreach Contacts

Outreach Activity	# of Outreach Activities	# of Outreach Contacts
Father's Day and June Birthday Celebration	1	30
Gavilan Health Fair	1	50
Homeless Outreach	3	56
Intervention Counselor at Hollister High School	1	1
Introduction and Tour of Jóvenes de Antaño / Aging and Disabled Resource Connection	1	1
LCSW at Ladd Lane Elementary School	1	1
Maze Middle School: present program and services	1	unknown
Migrant Fair at Anzar High School	1	30
National Night Out	1	250
Outreach Event	1	25
Outreach to flood victims	3	13
Principal at Willow Grove Elementary School	1	1
Property Manager of potential outreach location	1	1
SBC Bilingual Disaster Resource Outreach	1	20
Social Media Parent/ Caregiver Workshop	1	2
Willow Grove Family Back to School Night	1	50
Total	**20**	**531**

CSS Outreach & Engagement Cost Data – FY 2022/23

Figure 27
CSS Outreach & Engagement
Total CSS Outreach Expenditures, Clients, and Cost per Contact in FY 2022/23

Total # O&E Clients	Total O&E Cost	Cost per O&E Client
531	$610,134	$1,149

CSS Non-FSP Program Projection - FY 2024/25

SBCBH will continue to provide the same level of services as last year through the CSS Non-FSP Programs. In addition, SBCBH will expand the Non-FSP Program to include the development of a 24/7 Mobile Crisis Team – please see section **From SAFE to Mobile Crisis** for further information.

Figure 28
CSS GSD - Non-FSP
Estimates of clients to be served in FY 2024/25

Age Group	Total # Clients	Cost per Person
Child (Ages 0-15)	350	$1,348
TAY (Ages 16-25)	650	
Adult (Ages 26-59)	450	
Older Adult (Age 60+)	400	
Total	**1850**	

PREVENTION AND EARLY INTERVENTION (PEI)

REPORT ON PEI PROGRAMS - FY 2022/23 AND CURRENT

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) 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 and many of these programs incorporate two or more of these categories as indicated.

Note: 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.

PROMOTING ACCESS TRUST AND HEALTHY BEHAVIORS IN SCHOOLS (PATHS)

Primary Category: Prevention

The PATHS Program is a school-based PEI program that provides preventive mental health services to children and youth, ages 5-18. 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.

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 and in the community. The focus is on identifying high-risk children, youth, and families and connecting them to Specialty MH services. 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 decrease MH symptoms affecting their attendance. This approach helps to reduce stigma and develops a plan for improving outcomes for these high-risk children, youth, and families. This collaborative approach helps us support the youth in the school setting and integrate those that are in the SARB program into the preventative PATHS program. PATHS provides supportive prevention services and reduces stigma regarding accessing mental health services.

An SBCBH Case Manager provides informative assistance and is available to support families. Discussions with the families help to identify issues that are occurring in the home that may be affecting the students' school performance. 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 throughout FY 2022/23.

Community Solutions was awarded a three-year contract (beginning July 1, 2022) to deliver services to children and youth. 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. Services are provided through a variety of evidence-based practices that will meet the unique needs of the youth and families served. Community Solutions Offer limited individual therapy for youth with mild to moderate symptoms, as well as Parent Education presentations.

The PATHS program is staffed with four (4) SBCBH Case Managers, including three (3) bicultural and one (1) bilingual Case Managers and staff contracted from Community Solutions, who collectively represent the entire PATHS Team.

SBCBH CLINICAL SERVICES

In FY 2022/23, SBCBH planned to revise the referral process in collaboration with all school districts currently served to provide a referral route for parents and youth to clearly understand the connection to clinical services beyond the school setting. Children and youth needing clinical services are linked to clinicians in the SBCBH outpatient clinic for a higher level of care in cases of moderate to severe symptoms.

PATHS PROGRAM DATA – FY 2022/23

NOTE: Community Solutions is indicated as C.S. throughout the following data Figures.

Figure 29
School-Based PEI Services
Outreach Activities

	SBCBH	C.S.	Total
# of Outreach Activities	6	251	257
# of Outreach Contacts	550	4,197	4,747

With the ending of the pandemic, outreach activities and referrals increased to help engage more students in services and receive more referrals to the program from teachers and families.

Figure 30
School-Based PEI Services – Community Solutions
Average Attendance per Group

	# Clients
# Groups	244
Attendance	3,408
Avg. Attendance/Group	14.0

Figure 31
School-Based PEI Services – Community Solutions
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Assessment/ Screening	98.50	105	0.94
Individual/ Family Therapy	108.13	24	4.51
Case Management/ Linkage	181.40	197	0.92
Rehab./ Mental Health Services	84.05	54	1.56
Support Services	212.25	64	3.32
Collateral	34.67	31	1.12
Other	40.03	45	0.89
Total (All Services)	**759.03**	**520**	**1.46**

Figure 32
School-Based PEI Services - SBCBH
Number of Clients, by Onset of Symptoms

	# Clients	% Clients
Less than 6 months ago	10	6.4%
6 months – 4 years ago	11	7.1%
Prefer not to answer	18	11.5%
N/A	49	31.4%
Unknown	68	43.6%
Total	**156**	**100.0%**

NOTE: Data is shown in Figures 33 to 37 below for individuals who received services and reported their demographics. Many individuals did not report demographic data which is reflected in these tables.

Figure 33
School-Based PEI Services
Number of Clients, by Age

	# Clients		% Clients	
	SBCBH	C.S.	SBCBH	C.S.
0 - 15 years	74	23	47.4%	69.7%
16 - 25 years	14	-	9.0%	-
Other/Unknown	68	10	43.6%	30.3%
Total	**156**	**33**	**100.0%**	**100.0%**

Figure 34
School-Based PEI Services
Number of Clients, by Gender

	# Clients		% Clients	
	SBCBH	**C.S.**	**SBCBH**	**C.S.**
Male	38	15	24.4%	45.5%
Female	49	13	31.4%	39.4%
Prefer not to answer	2	-	1.3%	-
Unknown	67	-	42.9%	-
Total	**156**	**33**	**100.0%**	**100.0%**

Figure 35
School-Based PEI Services
Number of Clients, by Race/Ethnicity

	# Clients		% Clients	
	SBCBH	**C.S.**	**SBCBH**	**C.S.**
White	19	-	12.2%	-
Latino	63	29	40.4%	87.9%
Other	6	4	3.8%	12.1%
Prefer not to answer	2	-	1.3%	-
Unknown	66	-	42.3%	-
Total	**156**	**33**	**100.0%**	**100.0%**

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 36
School-Based PEI Services
Number of Clients, by Preferred Language

	# Clients		% Clients	
	SBCBH	**C.S.**	**SBCBH**	**C.S.**
English	74	27	47.4%	81.8%
Spanish	11	-	7.1%	-
Unknown	71	6	45.5%	18.2%
Total	**156**	**33**	**100.0%**	**100.0%**

Figure 37
School-Based PEI Services - SBCBH
Number of Clients, by Disability

	# Clients	% Clients
Disability	11	7.1%
No Disability	63	40.4%
Prefer not to answer	12	7.7%
Unknown	70	44.9%
Total Unique Individuals	**156**	**100.0%**

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 38
School-Based PEI Services
Number and Percent of Clients, by Referrals

	# Client Referrals		# of Clients Connected*	
	SBCBH	C.S.	SBCBH	C.S.
Mental Health Services	9	1	7	0
SBC PEI Group Therapy	-	4	-	2
Other	3	-	3	-
Total Referrals	**12**	**5**	**10**	**2**

**Client connections based on self-report.*

Figure 39
School-Based PEI Services
Number and Percent of Clients Discharged, by Discharge Reason

	# Clients		% Clients	
	SBCBH	C.S.	SBCBH	C.S.
Goals Met	39	8	52.0%	73%
Goals Partially Met	7	1	9.3%	9%
Client Left Program/ Did Not Complete Program	3	2	4.0%	18%
Referred to another Program	8	-	10.7%	-
Administrative Discharge	9	-	12.0%	-
Other	9	-	12.0%	-
Total	**75**	**11**	**100.0%**	**100%**

Figure 40

School-Based PEI Services - SBCBH

Participant Perception of Care* Survey Results - Percent of Participants, by *Satisfaction

	Agree	Neutral	Disagree	N
My stress/anxiety has decreased	77.1%	14.3%	8.6%	35
I am better able to control/manage my symptoms	74.3%	25.7%	-	35
My communication skills have improved	66.7%	24.2%	9.1%	33
I am able to verbalize my troubles/concerns	78.8%	15.2%	6.1%	33
I know where to reach out for help when I need it	94.3%	5.7%	-	35

Figure 41

School-Based PEI Services - Community Solutions

Participant Perception of Care* Survey Results - Percent of Participants, by *Satisfaction

	Agree	Neutral	Disagree	N
I am getting along better with my family.	73.8%	21.4%	4.8%	42
I do better in school and/or work.	69.8%	20.9%	9.3%	43
My housing situation has improved.	52.9%	44.1%	2.9%	34
I am better able to do things that I want to do.	64.3%	31.0%	4.8%	42
I am better able to deal with crisis.	69.0%	26.2%	4.8%	42
I do better in social situations.	69.0%	23.8%	7.1%	42
I have people with whom I can do positive things.	88.6%	11.4%	-	44
I do things that are more meaningful to me.	83.7%	14.0%	2.3%	43
I have learned to use coping mechanisms other than alcohol and/or other drugs.	88.6%	11.4%	-	35
In a crisis, I would have the support I need from family or friends.	90.5%	9.5%	-	42
Staff welcome me and treat me with respect.	100.0%	-	-	27
Staff are sensitive to my cultural background.	100.0%	-	-	27

Figure 42

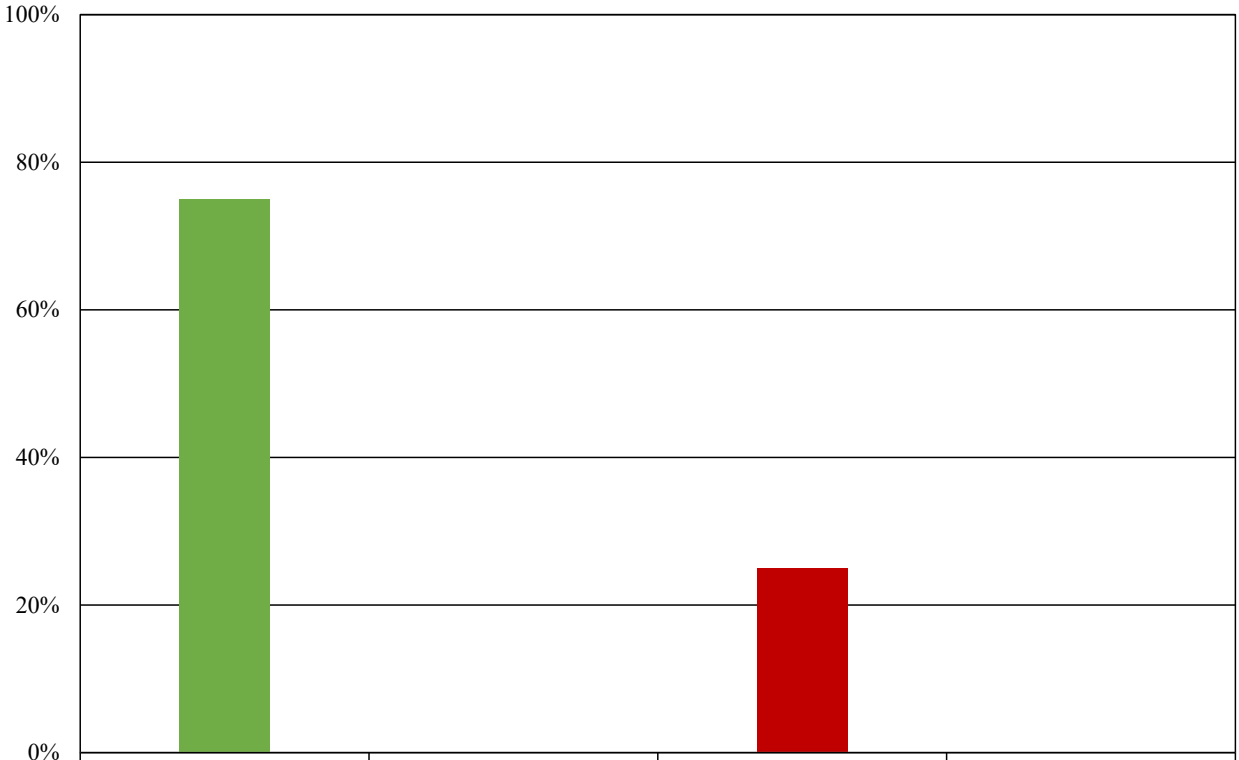
Community Solutions

Perception of Services for Parents Survey Results - Percent of Parents, by Satisfaction

	Agree	Neutral	Disagree	N
My child has been more successful in school, including grades, attendance, and school-related activities	84.2%	15.8%	-	19
My relationship with my child has improved	94.1%	5.9%	-	17
I am better able to connect with my child's school on his/her behalf	73.3%	26.7%	-	15
My child is able to set personal goals	70.6%	29.4%	-	17
My child is connecting with caring, supportive adults that he/she trusts	82.4%	17.6%	-	17
My child has become better at making responsible choices	94.1%	5.9%	-	17
My child's communication skills have improved	82.4%	17.6%	-	17
My child's support system has improved	82.4%	17.6%	-	17

In FY 2022/23, the Patient Health Questionnaire (PHQ-9) was collected to document outcomes from when the participant entered the program (pre) compared to the time the participant was discharged from the program, or the school year ended (post). In FY 2022/23, there were four (4) students who had a pre and post PHQ-9 outcome measurement. Of these students, three (3) improved or scored the best across the time period (75%).

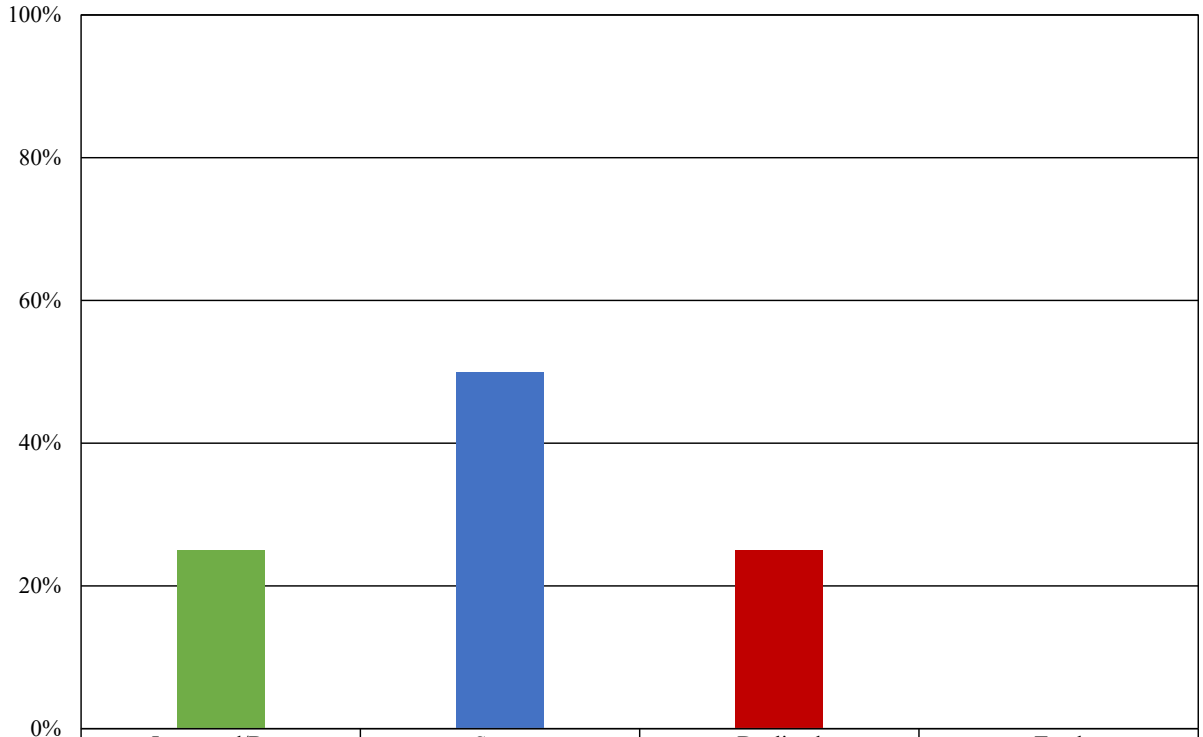
Figure 43
School-Based PEI Services
Patient Health Questionnaire (PHQ-9): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	3	0	1	4
% Participants	75.0%	0.0%	25.0%	100.0%

In FY 2022/23, the Generalized Anxiety Disorder (GAD-7) was also collected to document outcomes as a result of receiving services. The GAD-7 was collected from the time the participant entered the program (pre) to the time the participant was discharged from the program, or the school year ended (post). In FY 2022/23, there were four (4) students who had a pre and post outcome measurement. Of these students, one (1) showed an improvement in anxiety and/or scored the best score across the time periods (25%).

Figure 44
Community Solutions
Generalized Anxiety Disorder (GAD-7): Category Score Pre/Post Outcome



	Improved/Best	Same	Declined	Total
# Participants	1	2	1	4
% Participants	25.0%	50.0%	25.0%	100.0%

OLDER ADULT PREVENTION PROGRAM

Primary Category: Outreach

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 outreach, education and linkage to specialty mental health services to those older adults experiencing mental health problems that may interfere with their ability to remain living independently in the community. 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.

During the COVID-19 pandemic, the older adult facilities with whom we partner placed restrictions on our attendance at those facilities which seriously impacted outreach services during that time. Since those restrictions lifted, a Case Manager facilitates a bi-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.

SBCBH's Older Adult program will continue to provide the same level of service throughout FY2023/24 and FY 2024/25.

OLDER ADULT PROGRAM DATA – FY 2022/23

Figure 45
Older Adult Prevention Program
Number of Clients, by Age

	# Clients
60+ years	117

Figure 46
Older Adult Prevention Program
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	52	44.4%
Latino	52	44.4%
Other/Unknown	13	11.1%
Total	**117**	**100.0%**

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 47
Older Adult Prevention Program
Number of Clients, by Preferred Language

	# Clients	% Clients
English	91	77.8%
Spanish	23	19.7%
Other/Unknown	3	2.6%
Total	**117**	**100.0%**

Figure 48 shows the predominance of females in the Older Adult Prevention Program

Figure 48
Older Adult Prevention Program
Number of Clients, by Gender

	# Clients	% Clients
Male	52	44.4%
Female	65	55.6%
Total	**117**	**100.0%**

INTIMATE PARTNER VIOLENCE (IPV) PREVENTION PROGRAM

Primary Category: Early Intervention

SBCBH contracts with Transend Educational Services 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 2022/23 and will continue to provide the same level of services into FY 2024/25.

INTIMATE PARTNER VIOLENCE PROGRAM DATA – FY 2022/23

Figure 49
Intimate Partner Violence Prevention Services
Average Attendance per Group

	FY 2022/23
# Groups	**30**
Attendance	**172**
Avg. Attendance/Group	**5.7**

Figure 50
Intimate Partner Violence Prevention Services
Number of Clients, by Age

	# Clients	% Clients
16+ years	37	67.3%
Unknown	18	32.7%
Total	**55**	**100.0%**

Note: The Age categories of 16-25, 26-59, and 60+ years have been combined into 16+ years to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 51
Intimate Partner Violence Prevention Services
Number of Clients, by Gender

	# Clients	% Clients
Female	40	72.7%
Unknown	15	27.3%
Total	**55**	**100.0%**

Figure 52
Intimate Partner Violence Prevention Services
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	17	30.9%
Latino	18	32.7%
Other/Unknown	20	36.4%
Total	**55**	**100.0%**

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 53
Intimate Partner Violence Prevention Services
Number of Clients, by Preferred Language

	# Clients	% Clients
English	38	69.1%
Other/Unknown	17	30.9%
Total	**55**	**100.0%**

Figure 54
Intimate Partner Violence Prevention Services
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	25	45.5%
Other/Unknown	30	54.5%
Total Unique Individuals	**55**	**100.0%**

Figure 55
Intimate Partner Violence Prevention Services
Number of Clients, by Disability

	# Clients	% Clients
Disability	27	49.1%
No Disability	7	12.7%
Unknown	21	38.2%
Total	**55**	**100.0%**

BEHAVIORAL AND PHYSICAL HEALTH INTEGRATION

Primary Category: Access/Linkage

At the local Health Foundation, which is a Federally Qualified Health Center (FQHC), SBCBH has an MOU to locate a bilingual, Spanish-speaking licensed, or license waivered, clinician onsite, up to 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 or other locations where Medi-Cal is accepted, often in the client's County of residence. Further discussions are planned regarding the services at the FQHC in FY 2024/25.

BEHAVIORAL AND PHYSICAL HEALTH PROGRAM DATA – FY 2022/23

Figure 56 shows the Average Hours per Client by Service Type for the individuals who received services at the San Benito Health Foundation for FY 2022/23. There were 145 clients served in the year. These 145 clients received 115.2 hours of services, which calculates as an average of 0.8 hours per client.

Figure 56
FQHC Clients Served by SBC Behavioral Health
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Assessment/ Screening	45.8	42	1.1
Individual/ Family Therapy	45.9	67	0.7
Case Management/ Linkage	21.3	35	0.6
Other	2.2	6	0.4
Total (All Services)	**115.2**	**145**	**0.8**

Figure 57
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	39	26.9%
16 - 25 years	30	20.7%
26+ years	68	46.9%
Unknown	8	5.5%
Total	**145**	**100.0%**

Figure 58
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Gender

	# Clients	% Clients
Male	40	27.6%
Female	97	66.9%
Prefer not to answer	1	0.7%
Unknown	7	4.8%
Total	**145**	**100.0%**

Figure 59 demonstrates the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 59
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	117	80.7%
Other	28	19.3%
Total	**145**	**100.0%**

Figure 60
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Language

	# Clients	% Clients
English	44	30.3%
Spanish	93	64.1%
Other/Unknown	8	5.5%
Total	**145**	**100.0%**

Figure 61
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Disability

	# Clients	% Clients
Disability	15	10.3%
No Disability	121	83.4%
Prefer not to answer	1	0.7%
Unknown	8	5.5%
Total Unique Individuals	**145**	**100.0%**

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 62
FQHC Clients Served by SBC Behavioral Health
Number of Clients, by Onset of Symptoms

	# Clients	% Clients
Less than 1 year ago	19	13.1%
1 – 4 years	24	16.6%
5 years or more	14	9.7%
Prefer not to answer	5	3.4%
N/A	45	31.0%
Unknown	38	26.2%
Total	**145**	**100.0%**

Figure 63
FQHC Clients Served by SBC Behavioral Health
Number and Percent of Clients, by Referrals

Referred Agency	Number of Client Referrals	Number of Clients Connected*	Percent of Clients Connected
Mental Health Services	86	82	95.3%
Substance Use Treatment Services	3	3	100.0%
Private Therapist/Psychiatrist	10	10	100.0%
San Benito Health Foundation	17	16	94.1%
Youth Alliance	3	3	100.0%
Primary Health Care Provider	4	4	100.0%
Homeless Shelter	3	-	0.0%
Human Services (Benefits)	7	7	100.0%
PATHS Program	7	7	100.0%
Community Solutions	1	1	100.0%
Other	15	12	80.0%
Total Referrals	**156**	**145**	**92.9%**

**Client connections based on self-report.*

SUICIDE PREVENTION PROGRAM - FY 2022/23 AND CURRENT

Primary Category: Suicide Prevention

SUICIDE PREVENTION TRAINING AND 988 CRISIS LINE

SBCBH maintains a contract with a regional community resource Suicide Prevention Services of the Central Coast (SPSCC) to provide suicide prevention training in our county. Training teaches individuals 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 early FY 2023/24, SBCBH offered the first Applied Suicide Intervention Skills Training (ASIST) and scheduled future training in FY 2023/24. 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. Attendance data will be available in the next Annual Update.

SPSCC has also developed shorter trainings, known as "Let's Talk" and "Let's Talk About It", offering both in English and Spanish to community groups, parents/caregivers, SBCBH staff and schools and to the community during May Is Mental Health Month in FY 2022/23.

At each of these training events, as well as during all SBCBH outreach efforts, information and education is offered on the use of the 988 Crisis Line which SPSCC provides for the region. This service offers easily accessible help either to individuals experiencing a crisis, or those supporting someone experiencing any kind of crisis including mental health or substance abuse issues as well as suicide.

SUICIDE PREVENTION PROGRAM DATA – FY 2022/23

Figure 64
Suicide Prevention Training
Trainings and Attendees

	# of Trainings	# of Attendees
SafeTALK	1	6
Let's Talk About it	2	35
Total	**3**	**41**

Figure 65
Suicide Prevention Training
Number of Attendees, by Age

	# Clients	% Clients
0 - 25 years	11	26.8%
26+ years	30	73.2%
Total	**41**	**100.0%**

Figure 66
Suicide Prevention Training
Number of Attendees, by Race/Ethnicity

	# Clients	% Clients
Latino	36	87.8%
Other	4	9.8%
Total	**41**	**100.0%**

Figure 67
Suicide Prevention Training
Suicide Prevention Services Survey Results

	"Disagree" Responses Before Training	**"Disagree" Responses After Training**
I believe a person with mental health problems is a danger to others. (N=2)	50%	50%
People who have had mental health problems are never going to be able to contribute to society much. (N=2)	50%	50%
	"Agree" Responses Before Training	**"Agree" Responses After Training**
I believe a person with mental health problems can eventually recover. (N=2)	0%	0%
I know how I could be supportive of people with mental health problems if I wanted to be. (N=2)	100%	100%
I plan to take action to prevent discrimination against people with mental health problems. (N=2)	100%	100%
People with mental health problems experience high levels of prejudice and discrimination. (N=2)	100%	100%
	"Never" Responses Before Training	**"Never" Responses After Training**
I would deliberately conceal your mental health problems from classmates or others? (N=2)	50%	50%
I would deliberately conceal your mental health problems from your friends or family? (N=2)	100%	100%
I would delay seeking treatment for fear of letting others know about your mental health problems? (N=2)	100%	100%

SUICIDE PREVENTION PROGRAM PLAN - FY 2024/25

The possibility for an amendment to the future contract with SPSCC may include answering the SBCBH specific Crisis Line both during the day and after hours as those answering calls are specifically trained to handle Crisis calls.

In September 2024, SBCBH and SPSCC will coordinate an event to raise awareness on the importance of addressing suicide prevention and will endeavor to address local community leaders who can influence the communities they serve.

SANBENITO+ PROGRAM REPORT - FY 2022/23 AND CURRENT

Primary Category: Stigma Reduction

The San Benito+ program utilizes the SBCBH MHSA-funded Wellness Center, Esperanza, to promote access for youth and adults who are LGBTQ+. This project is led by a Peer Mentor Team from the LGBTQ+ community and to provide an LGBTQ+ friendly and culturally relevant service. The goal of San Benito+ is to create a welcoming and safe space for LGBTQ+ youth and adults, offer linkage to further mental health services, and support individuals in understanding how their personal experiences may affect their mental health.

Four (4) part-time Peer Mentors provide 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. This program has now been running for approximately six years, with an annual Pride event in June as a focal point to the years' activities.

San Benito+ access and outreach activities are intended 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 2022/23, Peer Mentors offered access and outreach activities throughout much of the year, as much as possible within the limitations of the continued COVID-19 restrictions. Activities included movie nights, an art contest and during the last months of the pandemic, virtual Zoom groups.

In FY 2022/23, there were five (5) outreach activities with 218 persons involved. At the Fifth Annual Pride Event 2023, a passport and survey were provided to encourage attendees to visit all the services providers with supportive information. The number of passports/surveys turned in was 117, of which 60 people provided contact information and requested further services. Within two weeks of the event, all 60 were contacted by telephone or email and provided with information about our services as appropriate. However, it is probable that far more than 117 people attended the event; estimated attendance was around 200.

Figure 68
San Benito+ LGBTQ Resource Center FY2022/23
Outreach Activities

	Number of Outreach Activities/ Events	Number of Outreach Contacts
LGBTQ+ Youth Workshop	2	15
Local online newspaper article	1	Public Article
Meeting to discuss future LGBTQ+ Workshops	1	3
Pride Event 2023	1	±200
Total	**5**	**218**

SAN BENITO+ DATA – FY 2022/23

The LGBTQ+ Resource Center located in the Esperanza Wellness Center was open each week for four hours on Friday, Saturday and Sunday, which creates a safe and welcoming space for people to meet likeminded individuals and participate in a variety of activities and events. In FY 2022/23, there were 334 people who attended the drop-in activities across the year.

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 69
San Benito+ LGBTQ Resource Center
Drop-in and Zoom Attendees

	FY 2022/23
# of Drop-in Attendees	334

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

Figure 70
San Benito+ LGBTQ Resource Center
Group Services: Average Attendance per Group

	FY 2022/23
# Groups	27
Attendance	111
Avg. Attendance per Group	4.1

SUCCESSES AND CHALLENGES OF PEI PROGRAMS

OLDER ADULT PREVENTION PROGRAM

SUCCESSES

After all the restrictions of the pandemic were lifted, being able to reestablish outreach and return to the residential facility, Jóvenes de Antaño, to provide the older adult community with education and connection to services, was welcomed by both the residents and SBCBH staff. This was especially the case where bilingual SBCBH staff were able to connect with the monolingual older adult community members. An increase in SBCBH Case Managers allowed connection with residents at the additional branch of Jóvenes de Antaño in the nearby town of San Juan Bautista.

CHALLENGES

Within the recent months a frequent change in the Management staff at the Older Adult facility meant frequent reeducation of each new Manager about our program, which often made forward progress challenging. Indeed, there was no contact at all for almost a year since one Manager unexpectedly passed away and the position was vacant for many months. Prior to that, the challenges of Covid restrictions persisted for some time after the general population became more relaxed, to avoid any exposure to the virus for this potentially vulnerable population; contact and programming suffered as a result.

INTIMATE PARTNER VIOLENCE PROGRAM

SUCCESSES

The contractor providing this service continues to have regular and reliable ongoing support groups helping those who have survived intimate partner violence in an easily accessible downtown location.

CHALLENGES

Accurate or complete data collection from clients continues to be challenging, principally due to attendees dropping out before the program is completed. Widespread advertising of this important, and high need, program to reach those in the San Benito community who may need it, is a continual difficulty. Both of these challenges could be due to the highly emotionally charged nature of experiencing intimate partner violence and possible associated stigma.

SUICIDE PREVENTION PROGRAM

SUCCESSES

Within the last year, SBCBH has been pleased to host the two-day ASIST training twice. This invaluable training has provided many community members and many of our SBCBH staff with important information on how to handle situations in which someone may be considering suicide. SBCBH is also fostering a collaborative connection to local school districts to bring the same message into local schools with a shorter presentation tailored for a youthful audience.

CHALLENGES

Getting word out and engaging the community on this important topic is a persistent challenge. This may be due to associated stigma and perception of awkwardness when talking about suicide often keeping community members away.

BEHAVIORAL AND PHYSICAL HEALTH INTEGRATION (FQHC)

SUCCESSES

Providing bilingual SBCBH Clinical or Case Management Staff at the local FHQC has provided a steady and ongoing service, especially for those clients who are monolingual. This has led to an increase in clients seeking linkage to an on-going higher level of care.

CHALLENGES

Being Federally qualified, the facility serves numerous clients from many different counties, not just San Benito County, so appropriate connection to other counties often needs to be made and it can be challenging to ensure appropriate care is found and continued in the client's home county.

SAN BENITO+ (SB+) PROGRAM

SUCCESSES

Considering the Peer Mentor staff was reduced from four to two for several months in early 2023, the safe space remained open through the dedication of the remaining two Peers. SBCBH hired new individuals for two vacant Peer Mentor positions to bring the SB+ Peer Mentor team back to being fully staffed. In mid FY 2022/23 a change in the Team Supervision brought a more structured approach to the weekly business meeting, budget awareness and professional development training as well as new musical instruments.

The drive to raise awareness and tolerance of the LGBTQ+ community was active in FY 2022/23 when the City Council adopted a Resolution to have the LGBTQ+ Progressive Flag raised during June outside City Hall. In addition, the San Benito Board of Supervisors approved a Proclamation that June is Pride Month. The SB+ Peer Mentor Team were also provided an opportunity to review and edit the "Friendly Workplace Manual" by the Hollister City Directorship. The document had originally been created in 2011 to engender tolerance and understanding of the LGBTQ+ community in the City workforce. Terminology and definitions have changed considerably in the intervening years, so the Peer Mentors worked together with the City to bring the document up to date: The Friendly Workplace Manual.

Outreach efforts continue with the goal of increasing guest attendance to the SB+ program with the Peer Mentors tabling at a number of community held events to offer information about SB+. Additionally, the Peer Mentors plan to meet with SBCOE Staff at both San Benito High Schools to provide outreach to students at lunchtimes and offer information for their Wellness Centers. One of the High Schools requested the Peer Mentors play an advisory role in the formation of a Gay/Straight Alliance Club at the school.

At the end of FY 2022/23 the fifth annual Pride event was held in the closed off street outside Hollister City Hall with an estimated 200+ attendees. Planning the event occurred in collaboration with several Hollister City staff and officials. The event incorporated motivational speeches by several Officials including the Hollister City current Mayor and San Juan Bautista Mayor Pro Tempore as well as a member of the Board of Supervisors and representatives from the offices of several elected Senators and Assemblymembers. Music, entertainment and raffle prizes provided a lighthearted feel to the day and the community was offered information on a range of health and wellness subjects and the opportunity to connect to services.

CHALLENGES

Since the COVID pandemic and the change of staff for the Peer Mentor group, the Outreach and Engagement activities lost some momentum, but are steadily increasing as opportunities and availability of the Peers allows. Efforts for outreach often proved challenging with the lack of Peer availability due to college commitments as three of the Peers are undergraduates.

The reduction in Peer Mentor staff for many months in last FY 2022/23 meant that the Peer Mentor Team did not have as much time to devote to creative programming and previous peer mentors were the primary source of creativity. Efforts to increase the creative programming for FY 2024/25 will be addressed with the addition of a Case Manager to work with the Peer Mentor Team and opportunities to gain inspiration from other LGBTQ+ programs in the area.

PEI PROGRAMS COST DATA - FY 2022/23

Figure 71
School-Based PEI Services
Total PATHS Expenditures, Clients, and Cost per Client

Total FY 22/23 School-Based PEI Services Costs	$519,360
Total FY 22/23 School-Based PEI Services Clients	341
FY 22/23 Cost per School-Based PEI Services Client	$1,569

Figure 72
PEI Access/Outreach/Stigma Reduction
Total Access/Outreach/Stigma Reduction Expenditures, Contacts, and Cost per Contact

Total FY 22/23 PEI A/O/SR Costs	$57,655
Total FY 22/23 PEI A/O/SR Contacts	469
FY 22/23 Cost per PEI A/O/SR Contacts	$123

Figure 73
PEI Prevention Programs
Total Prevention Expenditures, Clients, and Cost per Client

Total # PEI Clients	Total PEI Cost	Cost per PEI Client
810	$592,608	$1,692

PEI PROGRAM PLANS FOR NEXT FISCAL YEAR - FY 2024/25

BI-LINGUAL STIGMA REDUCTION CAMPAIGN

In FY 2024/25, plans to introduce an enhanced Stigma Reduction Program, created using MHSA PEI funds, to help the community understand how commonly mental health conditions occur and affect everyone at some point during their life and to assist community members in accessing behavioral health services.

Part of this campaign will be to rebrand SBCBH's logo, vision and mission statements to present an updated image of SBCBH so that our staff and clients have a positive perception of our Behavioral Health Department. This will also include a revamp of the SBCBH website to make it more welcoming and easily navigable for the public. The new website may include a page containing videos, developed as part of the campaign, where actual clients and community members describe their recovery journeys. Education on commonly occurring mental health conditions with symptoms may also be provided via the updated website, through social media, print materials and giveaways. The intention of the campaign is to normalize the experience of mental health conditions so that seeking services is nothing unusual and to dispel the association of shame or perceived weakness.

SUPPORTS FOR FAMILIES

During the recent CPPP, stakeholders identified the need for community-based supports for parents and caregivers, such as parenting classes and trainings, to help parents and caregivers address mental health, substance use, truancy, educational difficulties, and other areas where children and young people are struggling. In addition, educators and school personnel.

PREVENTION PLAN

In the 3 Year MHSA Plan FY 2023/24-FY2025/26 the following statement was made:

For prevention, SBCBH is making the following changes: 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.

On reflection, SBCBH believes that this program more closely fits the guidelines for PEI funding and will therefore remain under PEI.

PEI PROGRAM PROJECTION - FY 2024/25

Figure 74
Prevention and Early Intervention Program Projection
Estimates of clients to be served in FY 2024/25

Age Group	# Clients	Cost Per Client
Child (Ages 0-15)	450	$1,763
TAY (Ages 16-25)	300	
Adult (Ages 26-59)	75	
Older Adult (60+)	75	
Total	**900**	

INNOVATION (INN)

REPORT ON INN PROGRAM - FY 2022/23 AND CURRENT

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 individuals with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders who 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 the end of FY 2023/24.

The BH-DRC serves individuals 18 years and older who have been arrested, charged, or convicted of a crime and have mental health and possibly substance use issues. A court defendant or jail inmate meeting the criteria for participation in the BH-DRC will be referred and will choose to be voluntarily enrolled in the program in lieu of jail incarceration and/or a reduction of charges. Whenever possible, the BH-DRC Project will reduce the severity of the charges or 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 MDT 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.

This program utilizes culturally-relevant, evidence-informed strategies to motivate individuals to enroll in the BH-DRC, including strategies to help 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 Mentally Ill Offender Court Referred Treatment (MIOCR); 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 through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, BH-DRC diverts individuals from jail incarceration who have a mental illness and who have encountered difficulties navigating the legal system. 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 measurable positive outcomes.

INN PROGRAM DATA - FY 2022/23

Over the course of this INN project, the following numbers of individuals were enrolled:

- 11 since Spring 2019 through FY 2019/20
- 10 in FY 2020/21
- 5 in FY 2021/22
- 11 in FY 2022/23
- So far, 4 for FY 2023/24 with 18 referrals yet to be assessed for eligibility

The unduplicated count since the beginning of the program to date, totals 41 individuals served. The goal is to serve over 50 individuals over the five (5) project years.

Some of the enrolled individuals are still successfully working through Phase I. So far, 29 individuals have moved into Phase 2, including 18 individuals who also moved into Phase 3. These individuals are making good progress in their treatment; complying with court orders; and developing positive skills to help them successfully graduate in the program in the next year.

There have been 14 individuals who have exited the BH-DRC program through FY 2022-23. Eleven (11) of those 14 individuals met their goals, or partially met their goals (78.6%). All 14 individuals lived independently at exit (100%), and 85% of the individuals rated their overall mental health as excellent or very good.

As a result of this small number, only summary data will be provided to protect individual's privacy and confidentiality. Of the eleven who graduated, 36% are Hispanic, 64% are white. 91% are Heterosexual, none are mono-lingual Spanish and none are Veterans.

INN PROGRAM COST DATA – FY 2022/23

Figure 75
INN BH-DRC Services
Total INN Expenditures, Clients, and Cost per Client Since Project Implementation

Total # INN Clients	Total INN Cost	Cost per INN Client
14	$396,171	$28,298

INN PROGRAM SUCCESSES AND CHALLENGES

SUCCESSES

At the beginning of FY2023/24, the supervision of this program changed from the Case Management Manager to a Licensed Practitioner of the Healing Arts (LPHA) providing greater clinical insight. The Behavioral Health involvement became even more collaborative to include some of the Substance Use Disorder (SUD) Team members, including a fluently Spanish speaking Clinician to assist those individuals who are monolingual Spanish, without the need for a translator, thereby ensuring direct understanding of information and treatment modalities.

Since FY2022/23, repeated changes of several staff in the local judicial system, including three visiting judges in one year, created a continual need for SBCBH to provide training on this important program. A year later, recruitment of permanent staff and the BH-DRC training has resulted in a return to a stable and committed team, as enjoyed during the initial stages of the program. This team employs and develops strategies for enhanced coordination and collaboration of services to meet the needs of the BH-DRC clients, including reaching a court resolution on each case within a more reasonable timeframe.

CHALLENGES

Additional training will be needed again soon as in early 2024, the Probation Officer was replaced and San Benito County is currently searching for a new Public Defender as the case load far exceeds the capacity of the Public Defender and multiple individuals have occupied this position in recent months.

It continues to be challenging to find housing and shelter for individuals when they are released from jail, especially as rent increases since COVID-19 have not declined. Traditionally, it has taken longer to work with other agencies to obtain benefits, access resources, and provide transportation support to help individuals access needed services. However, in FY2024/25, it is anticipated that some of these issues will be mitigated with the new health plan provided by Central California Alliance for Health (CCAH) and Managed Care Plan (MCP) Carelon.

SBCBH has seen some great achievements with this program; so far there have been 11 successful graduations from the BH-DRC program. These individuals have the skills to achieve and maintain successful outcomes in their lives.

INN PROGRAM PLAN FOR FY 2024/25

SBCBH will continue the BH-DRC project until June 30, 2024, when the project expires under the Innovation component. A report will be published within 6 months of the Innovation project's completion. Due to the success of this program, it will be continued under the CSS FSP component from FY 2024/25 onward.

WORKFORCE EDUCATION AND TRAINING (WET)

REPORT ON WET PROGRAM - FY 2022/23 AND CURRENT

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

TRAINING

SBCBH utilizes WET funds to cover a multitude of focused staff training programs from external sources designed to enhance and increase knowledge of subjects pertinent to mental health, many of which offer licensed staff the opportunity to obtain continuing education units to maintain their licensure.

In addition, a contract with Relias Learning for access to its online training curriculum provides a wealth of courses covering essential subjects such as safety training, ethical issues, cultural considerations, understanding various physical and mental health conditions, best practices and HIPAA. Staff utilize Relias to complete various training classes. WET funding continues to provide for staff to attend other training events as needed.

LOAN REPAYMENT PROGRAM

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.

SCHOLARSHIP PROGRAM

Currently employed staff who meet eligibility criteria can apply for scholarships to support their future education goals.

STIPEND PROGRAM

The Stipend program is being developed to offer financial incentives to currently employed staff with a particular skillset or achievements that enhances their role.

RETENTION PROGRAM

This program is focused on staff who are in hard to fill and retain positions, primarily clinical positions, who may no longer have a debt burden associated with their education. This program provides them with a financial incentive to stay in their current position at SBCBH for a specific period of time.

WET PROGRAM PLAN FOR FY 2024/25

SBCBH is committed to training and retaining quality staff of a high value to the mental health profession and supporting roles. The WET program is considered a valuable asset by SBCBH and is continually being considered for potential enhancements to keep quality staff well trained and supported in their employment at SBCBH into the future.

SBCBH will continue to develop, then review and revise all WET funded programs to provide SBCBH staff with the education necessary to fulfill their roles. As needed, CSS funds will be transferred to WET to expand the scholarship and stipends offerings. WET funds may be used in FY 24/25 to obtain a contract provider to develop a communication plan for SBCBH which may include annual staff surveys to solicit input from all staff on areas of employment satisfaction, staff morale and ways to improve departmental functioning, which will aid in staff retention and engagement.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CF/TN)

REPORT ON CF/TN COMPONENT - FY 2022/23 AND CURRENT

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

CAPITAL FACILITIES (CF)

The MHSA Three Year Plan FY 2023 through FY 2026 indicated that SBCBH were looking to purchase a new TAY House. However, as indicated in the section ESPERANZA WELLNESS CENTER ACTIVITIES, it was considered more prudent to develop the program, assess the need and ensure that attendance was sufficient to justify the expenditure and effort required to purchase a TAY House at this juncture.

TECHNOLOGICAL NEEDS (TN)

SBCBH is using component funding for 2 projects, the **AV Project** and the **EHR Project (Electronic Health Record)**. The necessity to rename the "EHR Project", as it was in previous Plans, became apparent to broaden the scope of the project to encompass all the necessary system updates required by CalAIM. More appropriately the name **Technology and Systems** will be used in this and future Plans.

TECHNOLOGY AND SYSTEMS

During the last few months of FY2022/23, plans were in place to implement the new SmartCare Electronic Health Record (EHR), with the vendors CalMHSA and Streamline, to migrate the client demographic data from the previous EHR, Anasazi, to SmartCare.

The original intent of this project was to implement a new EHR that is in compliance with CalAIM standards. As of July 1, 2023, SBCBH successfully migrated to SmartCare and achieved full compliance with the requirements of Payment Reform and now functions on a Fee-For-Service model of care. The work continues with refining the remaining elements of CalAIM, such as documentation standards and interoperability for data exchange and client access to records.

SmartCare Project Benchmark: By the end of FY 2023/24, SBCBH anticipates that it will have funded the needed elements for initial set up of SmartCare prior to implementation in FY 2023/24. As DHCS requirements for data and reporting evolve, SBCBH will utilize CFTN funds to address needed system upgrades and infrastructure to support data and reporting requirements.

SmartCare Progress report: This project continues and will require additional time and funding to meet all of the new documentation standards and training requirements. The anticipated completion date is the end of FY 2024/25.

Challenges and Mitigation Efforts: SBCBH identified challenges to pursuing the TN projects and have applied efforts to mitigate:

- SBCBH anticipated possible issues with the data transfer/migration to align with County specific processes. The need was identified for a new member of staff, expert in conversion, to ensure the accurate migration of client information and was hired in late FY 2022/23.
- During the implementation of SmartCare, some software functionality deficiencies were identified which continue to hamper the project. Remediation efforts continue in collaboration with CalMHSA and Streamline.

- Going forward into FY 2024/25 it is anticipated that there will initially be increased costs related to the modernization of the SBCBH's technological infrastructure of client information in line with standards set by Centers for Medicare/Medicaid Services (CMS). Ultimately, this change in EHR will result in a lowering of overall service costs and improve client outcomes.

AV PROJECT UPDATE

SBCBH is planning to complete the installation of an Audio/Visual (AV) system in the main conference room that is sufficient and efficient for large meetings and trainings, especially meetings that include stakeholders and community members. The AV system will also enhance teleconferencing / Zoom capabilities for virtual activities, events and online training.

***Progress report*:** This project has been partially completed as planned with a operational AV system with Zoom functionality, however, SBCBH was not able to fully implement the new AV system in FY22/23 due to understaffing and IT issues. SBCBH anticipates completing this project in FY24/25 as the issues are resolved.

CF/TN PROGRAM PLAN FOR FY 2024/25

SBCBH will transfer CSS funding to CFTN to cover the costs of the CFTN projects in the coming fiscal years. Anticipated TN costs include software, hardware, and supplemental training.

Additional CF funds will also be necessary to cover the costs of the new BH Clinical facility as actual costs exceeded the original budget amounts due to unanticipated price increases in building materials and labor which increased considerably during the pandemic. SBCBH intend to transfer a minimum of 20% of CSS funding to cover building related costs and any other facility needs, via a Bond for a Certificate of Participation, and has requested an exception to transfer a larger percentage. The intended transfer has been included in the current CPPP for community feedback as well as the BUDGET pages of this document.

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, per MHSUDS 19-037. 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.

Since FY 2018/19 the DHCS has published the Maximum Prudent Reserve level for all CA counties, shown below in Figure 76.

Figure 76
San Benito County Prudent Reserve

Fiscal Year	Max PR Level
FY 2018/19	$803,135.40
FY 2019/20	$867,871.04
FY 2020/21	$869,622.05
FY 2021/22	$983,633.24
FY 2022/23	$1,085,108.04
FY 22-23 Max. Prudent Reserve Level	$1,085,108.04
Prudent Reserve (Per FY2022/23 MHSA RER)	$790,759.00
Additional Transfer to MHSA Prudent Reserve from CSS in FY 2023/24	**$294,349.04**

MHSA PLANNING BUDGETS

FY2023/24 THROUGH FY2025/26

See the next six 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: 4/12/24

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	$ 7,942,748	$ 1,256,471	$ 345,309	$ 341,065	$ 55,120	790,759
2. Estimated New FY 2023/24 Funding	$ 4,790,775	$ 1,197,777	$ 315,126			
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	$ 12,233,523	$ 2,454,248	$ 660,435	$ 341,065	$ 555,120	$ 790,759
B. Estimated FY 2023/24 MHSA Expenditures	$ 6,938,358	$ 1,616,600	$ 430,229	$ 113,689	$ 230,000	
C. Estimated FY 2024/25 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 5,295,165	$ 837,648	$ 230,206	$ 227,376	$ 325,120	$ 790,759
2. Estimated New FY 2024/25 Funding	$ 3,216,311	$ 804,119	$ 211,637			
3. Transfer in FY 2024/25[a/]	$ (960,294)			$ 360,294	$ 600,000	$ -
4. Access Local Prudent Reserve in FY 2024/25						
5. Estimated Available Funding for FY 2024/25	$ 7,551,182	$ 1,641,767	$ 441,843	$ 587,670	$ 925,120	$ 790,759
D. Estimated FY 2024/25 Expenditures	$ 4,885,557	$ 1,211,936	$ -	$ 360,000	690,000	
E. Estimated FY 2025/26 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 2,665,625	$ 429,831	$ 441,843	$ 227,670	$ 235,120	790,759
2. Estimated New FY 2025/26 Funding	$ 2,613,513	$ 653,378	$ 171,872			
3. Transfer in FY 2025/26[a/]	$ (996,615)			$ 346,615	$ 650,000	$ -
4. Access Local Prudent Reserve in FY 2025/26	$ -	$ -				$ -
5. Estimated Available Funding for FY 2025/26	$ 4,282,523	$ 1,083,209	$ 613,715	$ 574,285	$ 885,120	$ 790,759
F. Estimated FY 2025/26 Expenditures	$ 4,282,522	$ 962,950	$ -	$ 346,000	$ 747,500	
G. Estimated FY 2025/26 Unspent Fund Balance	$ 1	$ 120,259	$ 613,715	$ 228,285	$ 137,620	$ 790,759

H. Estimated Local Prudent Reserve Balance		
1.	Estimated Local Prudent Reserve Balance on June 30, 2023	$ 790,759
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	$ 790,759
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	$ 790,759
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	$ 790,759

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: 4/12/24

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	$ 3,538,562	$ 3,538,562				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 2,493,041	$ 2,493,041				
CSS Administration	$ 906,755	$ 906,755				
CSS MHSA Housing Program Assigned Funds	$ -					
Total CSS Program Estimated Expenditures	$ 6,938,358	$ 6,938,358				
FSP Programs as Percent of Total	51.0%					

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	$ 2,526,386	$ 2,526,386				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 1,719,524	$ 1,719,524				
CSS Administration	$ 639,647	$ 639,647				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 4,885,557	$ 4,885,557				
FSP Programs as Percent of Total	51.7%					

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	$ 2,218,959	$ 2,218,959				
Non-FSP Programs						
2. Integrated Non-FSP Program	$ 1,502,573	$ 1,502,573				
CSS Administration	$ 560,990	$ 560,990				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 4,282,522	$ 4,282,522				
FSP Programs as Percent of Total	51.8%					

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: 4/12/24

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)	$ 415,479	$ 415,479				
2. Older Adult Prevention Program (P)	$ 246,261	$ 246,261				
3. Intimate Partner Violence Prevention Services (P)	$ 4,127	$ 4,127				
4. Early Interventions for Youth (EI)	$ 569,564	$ 569,564				
5. Suicide Prevention Services (SP)	$ 35,770	$ 35,770				
6. San Benito+ (A/O/SR)	$ 104,558	$ 104,558				
PEI Administration	$ 210,841	$ 210,841				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,616,600	1,616,600				

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)	$ 313,192	$ 313,192				
2. Older Adult Prevention Program (P)	$ 115,541	$ 115,541				
3. Intimate Partner Violence Prevention Services (P)	$ 10,000	$ 10,000				
4. Early Interventions for Youth (EI)	$ 429,343	$ 429,343				
5. Suicide Prevention Services (SP)	$ 76,964	$ 76,964				
6. San Benito+ (A/O/SR)	$ 78,817	$ 78,817				
7. Bilingual Stigma Reduction Campaign (O/SR)	$ 30,000	$ 30,000				
PEI Administration	$ 158,079	$ 158,079				
Total PEI Program Estimated Expenditures	1,211,936	1,211,936				

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)	$ 273,671	$ 273,671				
2. Older Adult Prevention Program (P)	$ 62,209	$ 62,209				
3. Intimate Partner Violence Prevention Services (P)	$ 10,000	$ 10,000				
4. Early Interventions for Youth (EI)	$ 315,633	$ 315,633				
5. Suicide Prevention Services (SP)	$ 76,964	$ 76,964				
6. San Benito+ (A/O/SR)	$ 68,871	$ 68,871				
7. Bilingual Stigma Reduction Campaign (O/SR)	$ 30,000	$ 30,000				
PEI Administration	$ 125,602	$ 125,602				
Total PEI Program Estimated Expenditures	962,950	962,950				

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

County: San Benito Date: 4/12/24

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	$ 374,084	$ 374,084				
INN Administration	$ 56,145	$ 56,145				
Total INN Program Estimated Expenditures	$ 430,229	$ 430,229				

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	$ -	$ -				

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: 4/12/24

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	$ 98,853	$ 98,853				
WET Administration	14,836	14,836				
Total WET Program Estimated Expenditures	$ 113,689	$ 113,689				

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	$ 112,000	$ 112,000				
2. Workforce Recruitment & Retention	$ 100,000	$ 100,000				
3. Scholarships and Stipends	$ 100,000	$ 100,000				
WET Administration	48,000	48,000				
Total WET Program Estimated Expenditures	$ 360,000	$ 360,000				

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	$ 100,000	$ 100,000				
2. Workforce Recruitment & Retention	$ 100,000	$ 100,000				
3. Scholarships and Stipends	$ 99,000	$ 99,000				
WET Administration	47,000	47,000				
Total WET Program Estimated Expenditures	$ 346,000	$ 346,000				

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: 4/12/24

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)	$ -					
2. EHR System (TN)	$ 200,000	$ 200,000				
CFTN Administration	30,000	30,000				
Total CFTN Program Estimated Expenditures	230,000	230,000				

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. Facility Maintenance & Lease	$ 450,000	$ 450,000				
2. EHR System (TN)	$ 100,000	$ 100,000				
3. Audio Visual System	50,000	50,000				
CFTN Administration	90,000	90,000				
Total CFTN Program Estimated Expenditures	690,000	690,000				

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. Facility Maintenance & Lease	$ 575,000	$ 575,000				
2. EHR System (TN)	$ 75,000	$ 75,000				
CFTN Administration	97,500	97,500				
Total CFTN Program Estimated Expenditures	747,500	747,500				

MHSA REVISED EXPENDITURE FUNDING SUMMARY

FY2020/21 THROUGH FY2022/23

See the next seven pages for the MHSA Revised Expenditure Funding Summaries.

NOTE: In FY 23/24 and beyond, SBCBH is undergoing a Fiscal revision to more accurately track and represent our MHSA programs and align more closely with the State reporting. The next six pages are a more accurate representation of the budget section in the previous MHSA 3 Year Plan FY 2023/24 through FY2025/26.

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: San Benito

Date: 4/9/24

All MHSA funds are managed via "first in, first out."	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 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 4,073,196	$ 953,871	$ 790,717		$ 522,542	$ 790,759
2. Estimated New FY 2020/21 Funding	$ 3,844,817	$ 961,204	$ 252,948		$ 13,782	
3. Transfer in FY 2020/21[a/]	$ (693,950)			150,000	543,950	
4. Access Local Prudent Reserve in FY 2020/21						
5. Estimated Available Funding for FY 2020/21	$ 7,224,063	$ 1,915,075	$ 1,043,665	$ 150,000	$ 1,080,274	$ 790,759
B. Estimated FY 2020/21 MHSA Expenditures	$ 1,940,543	$ 926,493	$ 388,372	$ -	$ 467,712	
C. Estimated FY 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 5,283,520	$ 988,582	$ 655,293	$ 150,000	$ 612,562	$ 790,759
2. Estimated New FY 2021/22 Funding	$ 4,361,048	$ 1,090,262	$ 286,911		$ 1,657	
3. Transfer in FY 2021/22[a/]	$ (784,932)			384,932	400,000	
4. Access Local Prudent Reserve in FY 2021/22						
5. Estimated Available Funding for FY 2021/22	$ 8,859,636	$ 2,078,844	$ 942,204	$ 534,932	$ 1,014,219	$ 790,759
D. Estimated FY 2021/22 Expenditures	$ 1,231,388	$ 938,600	$ 412,943	38,506	469,404	
E. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 7,628,248	$ 1,140,244	$ 529,261	$ 496,426	$ 544,815	$ 790,759
2. Estimated New FY 2022/23 Funding	$ 3,225,741	$ 806,435	$ 212,220	$ 3,648	$ 29,510	
3. Transfer in FY 2022/23[a/]	$ (784,932)				784,932	
4. Access Local Prudent Reserve in FY 2022/23						
5. Estimated Available Funding for FY 2022/23	$ 10,069,057	$ 1,946,679	$ 741,481	$ 500,074	$ 1,359,257	$ 790,759
F. Estimated FY 2022/23 Expenditures	$ 2,126,308	$ 690,211	$ 396,171	$ 102,578	$ 1,304,137	
G. Estimated FY 2022/23 Unspent Fund Balance	$ 7,942,749	$ 1,256,468	$ 345,310	$ 397,496	$ 55,120	$ 790,759

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	790,758
2. Contributions to the Local Prudent Reserve in FY 20/21	0
3. Distributions from the Local Prudent Reserve in FY 20/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	790,758
5. Contributions to the Local Prudent Reserve in FY 21/22	0
6. Distributions from the Local Prudent Reserve in FY 21/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	790,758
8. Contributions to the Local Prudent Reserve in FY 22/23	0
9. Distributions from the Local Prudent Reserve in FY 22/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	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 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	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	$ 463,493	$ 463,493				
Non-FSP Programs						
2. Integrated General System Development	$ 1,270,036	$ 1,270,036				
3. Integrated Outreach & Engagement	$ -	$ -				
CSS Administration	$ 207,014	$ 207,014				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 1,940,543	$ 1,940,543				
FSP Programs as Percent of Total	23.9%					

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	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	$ 723,540	$ 723,540				
Non-FSP Programs						
2. Integrated General System Development	$ 415,925	$ 415,925				
3. Integrated Outreach & Engagement	$ 27,497	$ 27,497				
CSS Administration	$ 64,426	$ 64,426				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 1,231,388	$ 1,231,388				
FSP Programs as Percent of Total	58.8%					

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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	$ 121,365	$ 121,365				
Non-FSP Programs						
2. Integrated General System Development	$ 1,220,120	$ 1,220,120				
3. Integrated Outreach & Engagement	$ 610,134	$ 610,134				
CSS Administration	$ 165,449	$ 165,449				
CSS Planning	$ 6,424	$ 6,424				
CSS Evaluation	$ 2,816	$ 2,816				
CSS MHSA Housing Program Assigned Funds	$ -					
Total CSS Program Estimated Expenditures	$ 2,126,308	$ 2,126,308				
FSP Programs as Percent of Total	5.7%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	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. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 224,015	$ 224,015				
3. Older Adult Prevention Program (P)	$ 133,031	$ 133,031				
4. Women's Prevention Services (P)	$ -					
5. Behavioral & Physical Health Integration (P)	$ 1,498	$ 1,498				
6. Children & Youth PEI Services (EI)	$ 184,242	$ 184,242				
7. Suicide Prevention Training (SP)	$ 19,458	$ 19,458				
8. Promoting Access for LGBTQ (P)	$ 56,641	$ 56,641				
9. School-Based Clinical Services (EI)	$ 123,030	$ 123,030				
PEI Administration	$ 120,847	$ 120,847				
PEI Planning	$ 25,624	$ 25,624				
PEI Evaluation	$ 6,405	$ 6,405				
PEI Assigned Funds (CalMHSA)	$ -					
PEI Expenditures Incurred by JPA	$ 31,702	$ 31,702				
Total PEI Program Estimated Expenditures	926,493	926,493				

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	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. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 236,814	$ 236,814				
3. Older Adult Prevention Program (P)	$ 104,771	$ 104,771				
4. Women's Prevention Services (P)	$ -					
5. Behavioral & Physical Health Integration (P)	$ 3,557	$ 3,557				
6. Children & Youth PEI Services (EI)	$ 297,501	$ 297,501				
7. Suicide Prevention Training (SP)	$ 22,988	$ 22,988				
8. Promoting Access for LGBTQ (P)	$ 12,547	$ 12,547				
9. School-Based Clinical Services (EI)	$ 94,695	$ 94,695				
PEI Administration	$ 122,426	$ 122,426				
PEI Evaluation	$ 13,464	$ 13,464				
PEI Assigned Funds (CalMHSA)	$ 29,837	$ 29,837				
Total PEI Program Estimated Expenditures	938,600	938,600				

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 212,908	$ 212,908				
3. Older Adult Prevention Program (P)	$ 15,593	$ 15,593				
4. Women's Prevention Services (P)	$ -					
5. Behavioral & Physical Health Integration (P)	$ 2,966	$ 2,966				
6. Children & Youth PEI Services (EI)	$ 306,452	$ 306,452				
7. Suicide Prevention Training (SP)	$ 23,503	$ 23,503				
8. Promoting Access for LGBTQ (P)	$ 15,593	$ 15,593				
9. School-Based Clinical Services (EI)	$ 15,593	$ 15,593				
PEI Administration	$ 80,883	$ 80,883				
PEI Planning	$ 2,728	$ 2,728				
PEI Evaluation	$ 13,992	$ 13,992				
PEI Assigned Funds (CalMHSA)	$ -					
Total PEI Program Estimated Expenditures	690,211	690,211				

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Innovation (INN) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	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. Diversion & Reentry Court (BH-DRC)	$ 337,715	$ 337,715				
INN Administration	$ 50,657	$ 50,657				
INN Planning	$ -					
Total INN Program Estimated Expenditures	$ 388,372	$ 388,372				

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	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. Diversion & Reentry Court (BH-DRC)	$ 359,081	$ 359,081				
INN Administration	$ 53,862	$ 53,862				
INN Planning	$ -					
Total INN Program Estimated Expenditures	$ 412,943	$ 412,943				

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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. Diversion & Reentry Court (BH-DRC)	$ 349,565	$ 349,565				
INN Administration	$ 46,434	$ 46,434				
INN Planning	$ 172	$ 172				
Total INN Program Estimated Expenditures	$ 396,171	$ 396,171				

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education, and Training (WET) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	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. Staff, Provider, & Client Training	$ -	$ -				
WET Administration	0	0				
WET Planning	0					
WET Expenditures Incurred by JPA	0					
Total WET Program Estimated Expenditures	$ -	$ -				

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	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. Staff, Provider, & Client Training	$ -					
WET Administration	5,023	5,023				
WET Planning	7,078	7,078				
WET Expenditures Incurred by JPA	26,405	26,405				
Total WET Program Estimated Expenditures	$ 38,506	$ 38,506				

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	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. Staff, Provider, & Client Training	$ 81,418	$ 81,418				
WET Administration	12,023	12,023				
WET Planning	9,137	9,137				
WET Expenditures Incurred by JPA	0					
Total WET Program Estimated Expenditures	$ 102,578	$ 102,578				

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: San Benito Date: 4/9/24

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	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. New Behavioral Health Building (CF)	406,706	406,706				
CFTN Administration	61,006	61,006				
Total CFTN Program Estimated Expenditures	467,712	467,712				

	Fiscal Year 2021/2022					
		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. New Behavioral Health Building (CF)	408,177	408,177				
CFTN Administration	61,227	61,227				
Total CFTN Program Estimated Expenditures	469,404	469,404				

	Fiscal Year 2022/2023					
	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. New Behavioral Health Building (CF)	399,014	399,014				
2. Electronic Health Record Implementation	751,281	751,281				
CFTN Administration	153,842	153,842				
Total CFTN Program Estimated Expenditures	1,304,137	1,304,137				

APPENDIX A

MHSA STAKEHOLDER EDUCATION PRESENTATION

See the next ten pages for the current MHSA stakeholder training presentation for the Community Program Planning Process.

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Community Education and Input Meeting

The Mental Health Services Act (MHSA)

Community Program Planning Process (CPPP)

FY 2023-2024

1

Who are Stakeholders?

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

- Stakeholders are all residents of San Benito County
- Stakeholders provide meaningful input into the areas of:
  - Mental health policy
  - Program planning
  - Implementation
  - Monitoring
  - Quality improvement
  - Evaluation
  - Budget

2

What is the MHSA?

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

- In November 2004, California voters passed Proposition 63, which created the **Mental Health Services Act** (MHSA).
- Each CA County directed to create a Behavioral Health Department to provide MH Services to the County community
- 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"*

3

Overview of SBCBH Services

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

- Delivers prevention and early intervention to the County's population
- Provides specialty mental health and substance use treatment services.
- Services are available in English and Spanish
- Primarily delivered at:
  - Outpatient clinic – 1131 Community Parkway, Hollister
  - In SBC schools – all over the County
  - Esperanza Center in downtown Hollister – 544 San Benito Street, Hollister
- Services are also delivered both in the community and at individuals' homes to support them in achieving positive outcomes.

SBCBH Services

4

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Guiding Principles of the MHSA

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

SBCBH Services

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Where Can People Go & What to Expect?

- Most people come directly to our Behavioral Health Facility
  - 1131 Community Parkway, Hollister, CA 95023
  - Access Days are held on Tuesdays and Thursdays
    - Walk-In without an appointment 8am-10am / 12pm-2pm
    - During "Intake" process, a set of questions is designed to assess your eligibility
    - An appointment with a licensed professional is provided as soon as possible
- Someone Experiencing A Mental Health Crisis
  - Call or Walk In to the BH Clinic
  - A member of the SAFE / Mobile Crisis Team can attend in the community
    - S.A.F.E. stands for Support, Awareness, Follow-Up and Engagement
    - Currently during office hours 8-5 M-F
  - Access to Call our Crisis line 24/7
    - Licensed clinical staff will answer

SBCBH Services

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Crisis Services

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

- A crisis is defined by a temporary event in which a person would feel like they are, or might become, a danger to themselves, others or their symptoms are making it difficult to meet their basic needs for food, clothing and shelter
- When the crisis is resolved, a person will be able to resume normal activities of daily living
- 24/7 Crisis Line: 831 636 4020
- SAFE Team/Mobile Community Response Team
  - A dedicated team of Behavioral Health Staff responds to those in crisis to assess needs and next steps
    - Referral to licensed professionals for therapy, medication or substance abuse counseling
    - Full-service partnership (FSP)
    - Connecting to resources: Social Services / Food Resources / Shelter & Housing resources
- A dedicated law officer is available and can assist when safety concerns are identified

SBCBH Services

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Who Is Eligible for Service?

SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

- Primarily for those with MediCal coverage
  - SBCBH provides services for moderate to severe MH conditions
  - Carelon provides services for mild to moderate conditions
  - Private Insurance - people can be referred for appropriate service through their own Healthcare plan or provider
- Anyone in Crisis
  - No matter the health insurance type – anyone in crisis can seek help from SBCBH
  - At Hospital Emergency Department
  - Attended by our SAFE Team, in partnership with Law Enforcement if needed
  - Linkage to care after the Crisis

SBCBH Services

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

MHSA Components

- CSS - Community Services & Supports
- PEI - Prevention & Early Intervention
- INN – Innovation
- WET - Workforce Education & Training
- CFTN - Capital Facilities & Technological Needs

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

MHSA Components & Current Programs

- CSS
  - Esperanza Wellness Center - Adult
  - Full-Service Partnership (FSP)
  - Housing as part of FSP
  - Outpatient Therapy for all ages
  - SAFE Team - Crisis
- PEI
  - PATHS – school students
  - Suicide Prevention – 988
  - Intimate Partner Violence Prevention
  - Older Adult Program
  - SanBenito+ Safe Space
- INN
  - BH-Drug Reentry Court
- WET
  - Loan Repayment Program
- CFTN
  - New Outpatient Building
  - New Electronic Health Record - SmartCare

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Service Changes in FY2023/24

- New contracts with three Community Based Organizations during this period:
  - Seneca - Outpatient services for children/TAY
  - Rebekah Children's Services - Outpatient services for children/TAY
  - Iris Telehealth – Adult remote service

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Upcoming Changes in FY 2024/25

- The new Community Mobile Crisis Team is set to be launched in the Spring 2024
  - This provides the community with 24/7 crisis response
  - A team will be developed along with possible contractor services
- A new, more user-friendly website design is being planned to make navigating our services simpler
  - Alongside the new website, SBCBH are planning to modernize our logo and branding
- PEI funds will be used to create an enhanced Stigma Reduction program
  - Helping everyone understand how common MH conditions are
    - Short videos – recovery journeys
    - Normalizing the experience of MH conditions
  - The intention is to make seeking MH services nothing unusual

MHSA

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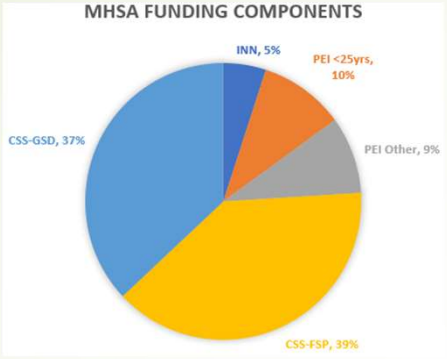
SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

MHSA Components – FY 2024-25
Estimated Funding Allocations

- Community Services & Supports (CSS)
  - $4,680,797
- Innovation (INN)
  - $307,971
- Prevention & Early Intervention (PEI)
  - $1,170,158
- Capital Facilities & Technological Needs (CFTN)
  - Determined by the County as a discretionary fund
- Workforce Education and Training (WET)
  - Determined by the County as a discretionary fund



MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Transfer of Funds

- We want the community to know that funds can be moved from component to component as needs arise and according to DHCS guidelines
- In 2021 plans to build a much-needed dedicated facility estimated an original build cost of $10,000,000
- The facility was to provide the community with a greater level of mental health services than was possible in the previous facility
- Costs increased in 2020-2021 due to various factors, so the building cost more than originally expected
  - The county used a County Bond mechanism called a Certificate of Participation which includes principle and interest totaling approximately $24,000,000.
- We intend to transfer 20% of CSS funds to CFTN
  - Cover some/all of those additional costs
  - Pay-down some of the cost of the new facility which will save on long-term interest
  - This amount may be higher if DHCS approves the request to transfer a larger percentage

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Department of Healthcare Services (DHCS)

- The Department of Healthcare Services (DHCS) is responsible for State oversight of all CA County's plans
- In September 2023, the DHCS reviewed our plan for FY2020-2023 for adherence to our plan against the directives in the MHSA Legislation.
- From that review process the DHCS identified areas of improvement:
  - How stakeholder involvement demonstrates a partnership with the community - CPPP
  - Better identification of mental health needs in SBC
  - Indication of numbers of those served and cost per person
  - Future development of the FSP Program including an estimate of future clients for different age groups
  - A full description of the Access to Services and Linkage to Treatment

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Community and Stakeholder Engagement

- Community Engagement 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.

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Overview of the Stakeholder Process

- The MHSA Stakeholder Process provides an opportunity for stakeholder input and feedback for the MHSA Plan development:
  - Three Year Plans – current FY 2023-2026
  - Annual MHSA Updates – 2024 & 2025
- Education and Community Input Sessions – just like this one
- Stakeholder Group or Coalition – new work in progress
  - More focused review of the MHSA Plans and Programs

MHSA

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SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services

Stakeholder Coalition

SBCBH Invites YOU to become a member of the Stakeholder Engagement Coalition!

- A newly formed group in 2024
- Focus on specific aspects of the MHSA Programs and Plans
- Identifies gaps in service provision
- Suggests modifications of existing services
- Helps with the development of the plans
- Understands budgetary decisions
- Offers feedback and support of the plans

MHSA

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Input
Plan
Services
Report
Funding
SAN BENITO COUNTY
BEHAVIORAL HEALTH DEPARTMENT
Mental Health & Substance Use Disorder Services
San Benito County
Behavioral Health
appreciates your input
into our Community
Planning Process

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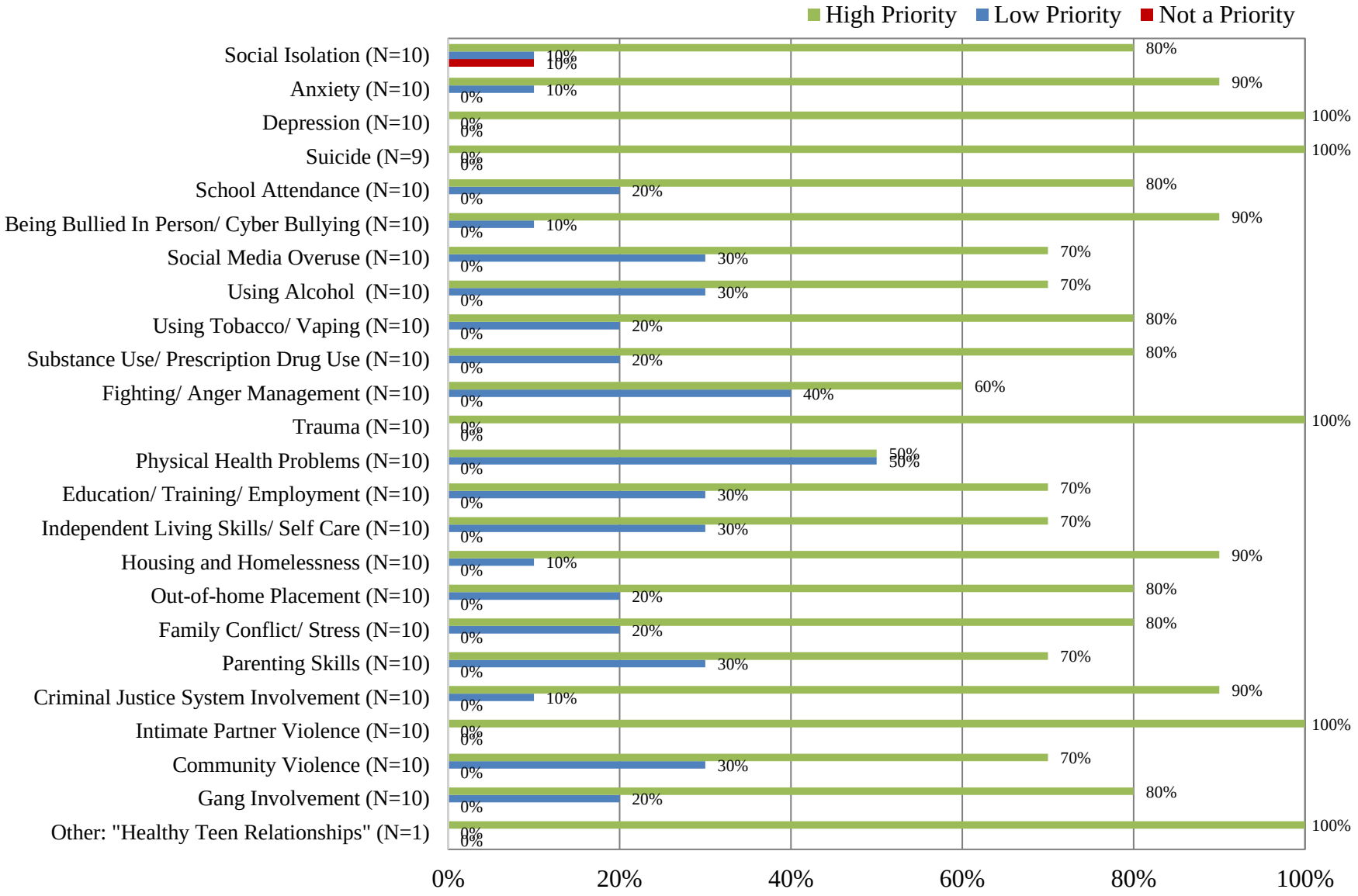
APPENDIX B

MHSA STAKEHOLDER SURVEY RESULTS

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

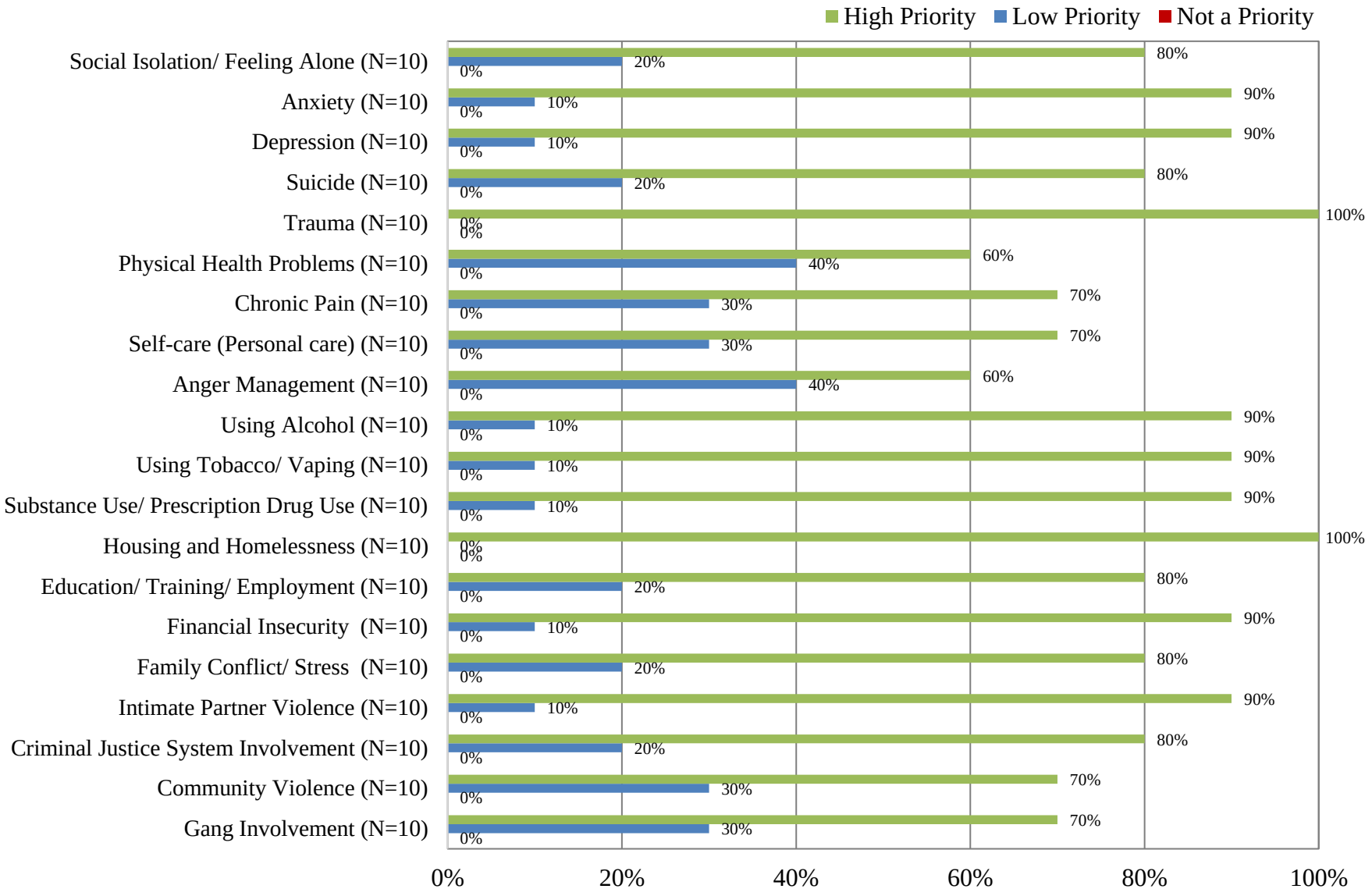
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Child, Youth, and Family Issues That Need to Be Addressed



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

3/22/2024

San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Adult and Older Adult Issues That Need to Be Addressed



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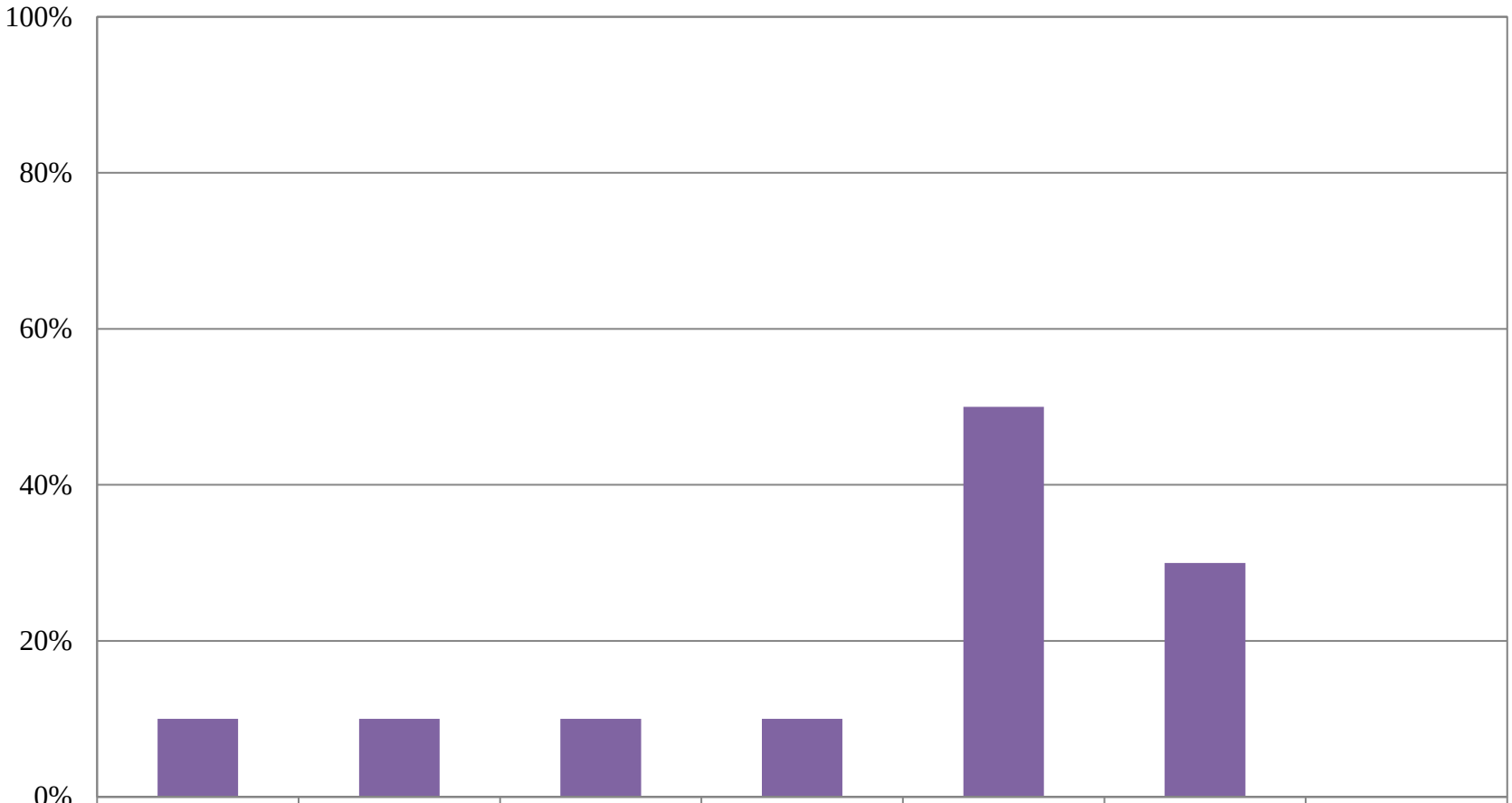
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
What is your role in the community? (N=10)
(Respondents may select multiple answers)

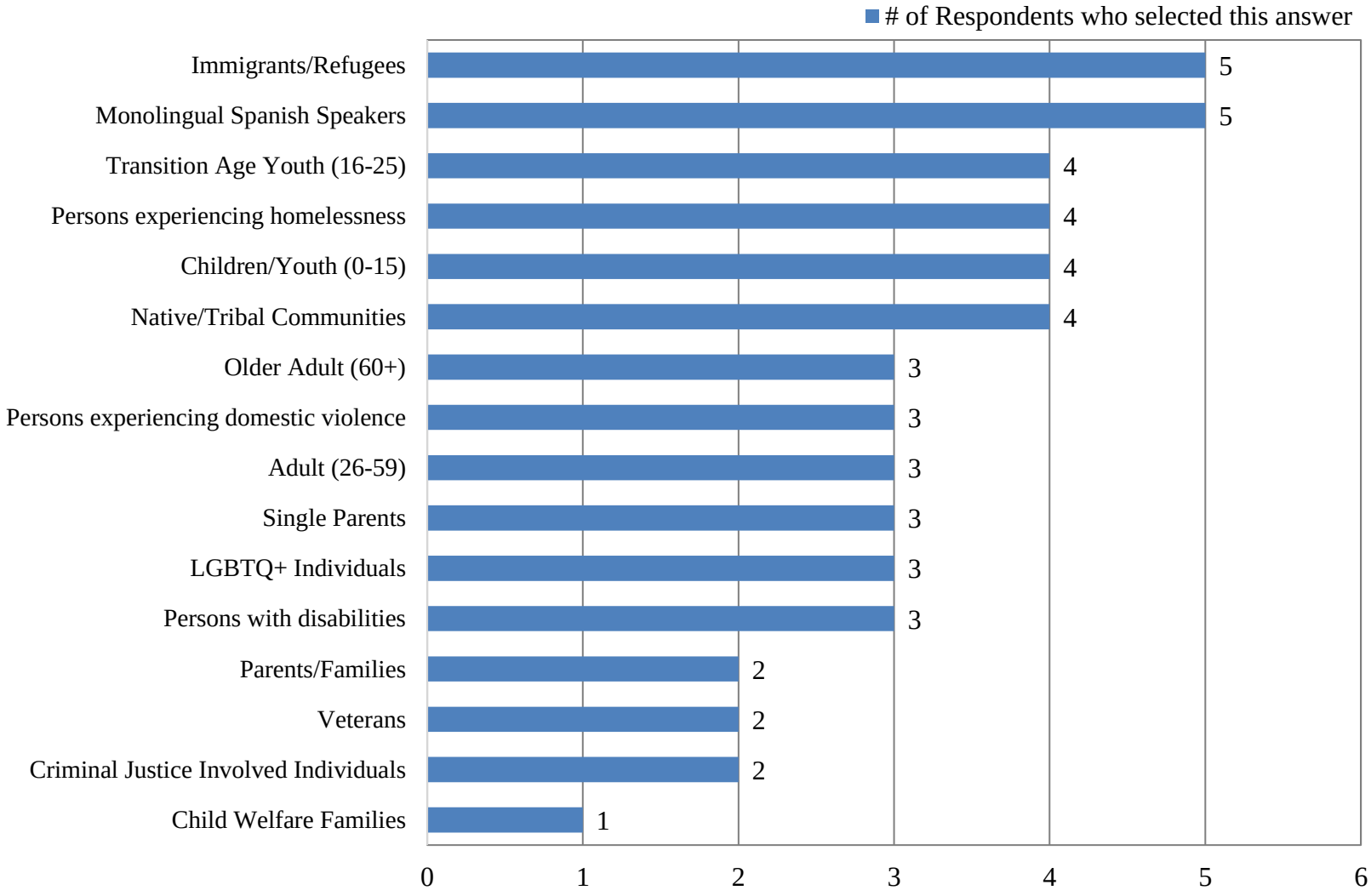


	Adult Consumer	Social Services	Health Care Provider	San Benito County Behavioral Health Staff	Health Educator	Community Partner	Total Responses
# Respondents	1	1	1	1	5	3	10
% Respondents	10.0%	10.0%	10.0%	10.0%	50.0%	30.0%	100.0%

San Benito County Behavioral Health
MHSA Community Program Planning Process 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=8)

(Respondents may select multiple answers)



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ncallahan.idea@gmail.com
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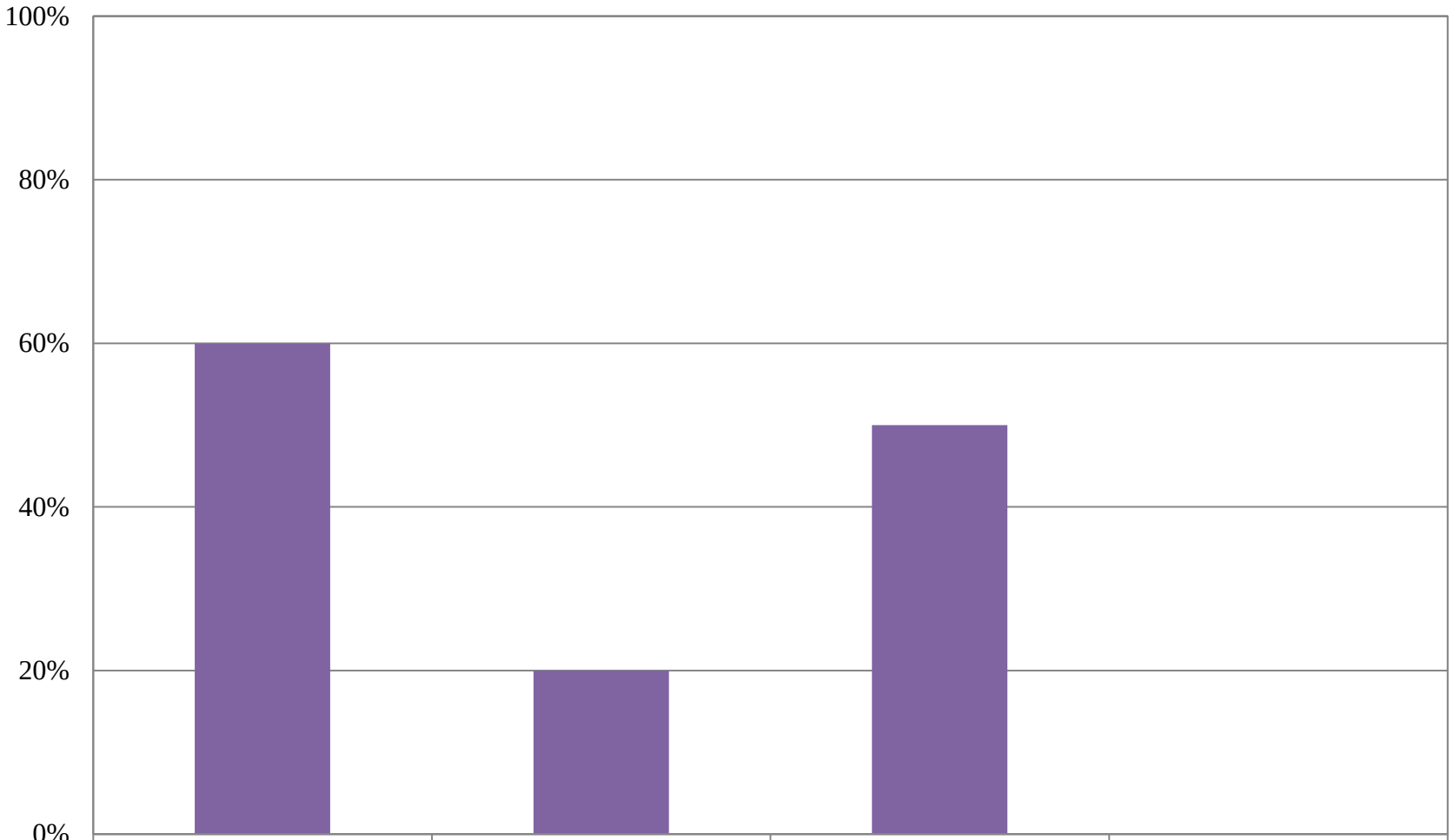
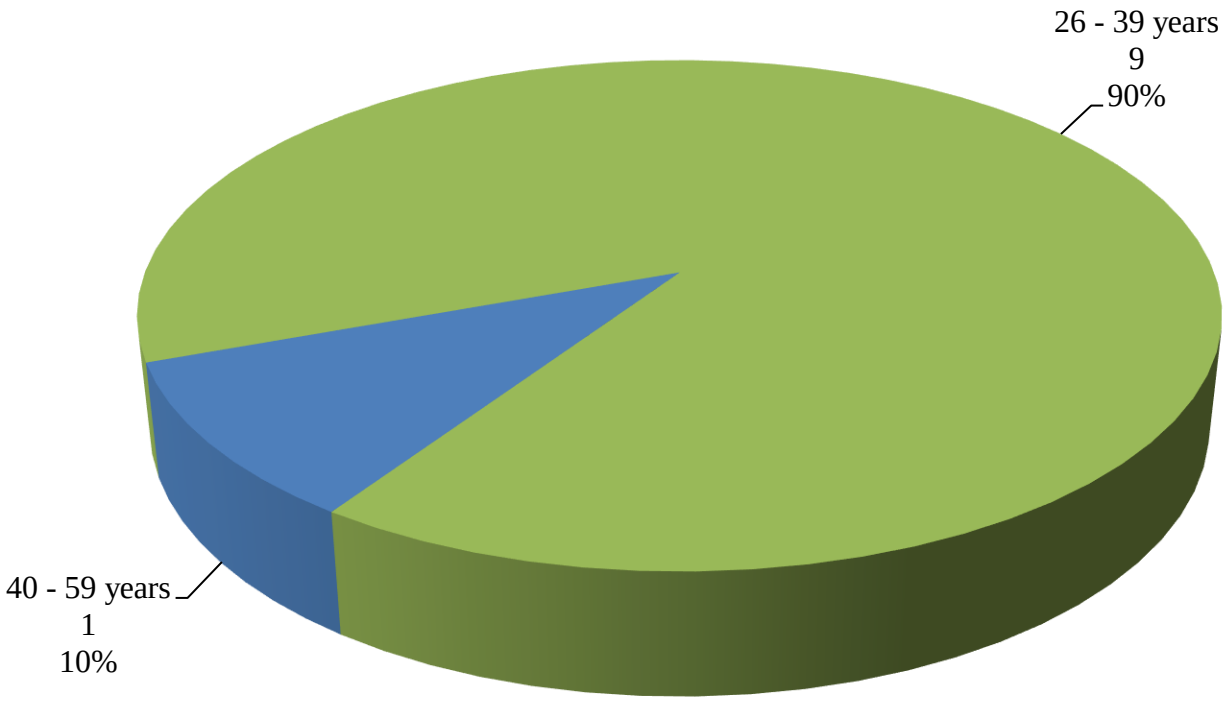
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
How did you hear about this meeting? (N=10)
(Respondents may select multiple answers)

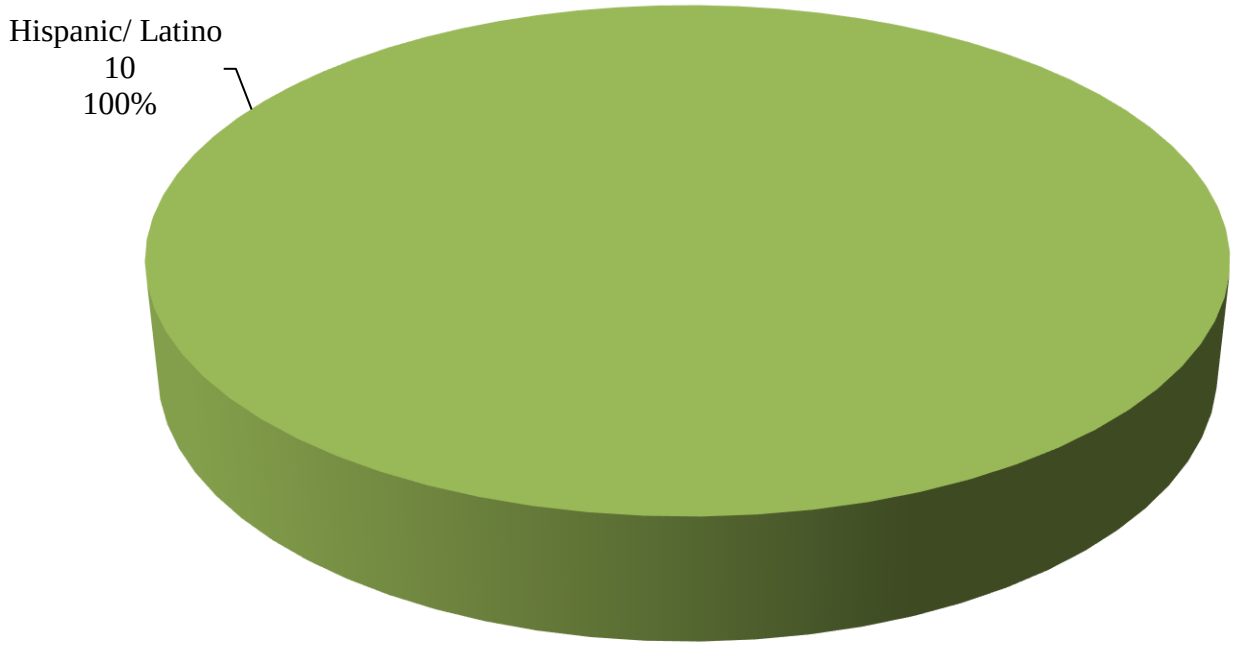


	Email invitation	BenitoLink Events	Flyer	Total Responses
# Respondents	6	2	5	10
% Respondents	60.0%	20.0%	50.0%	100.0%

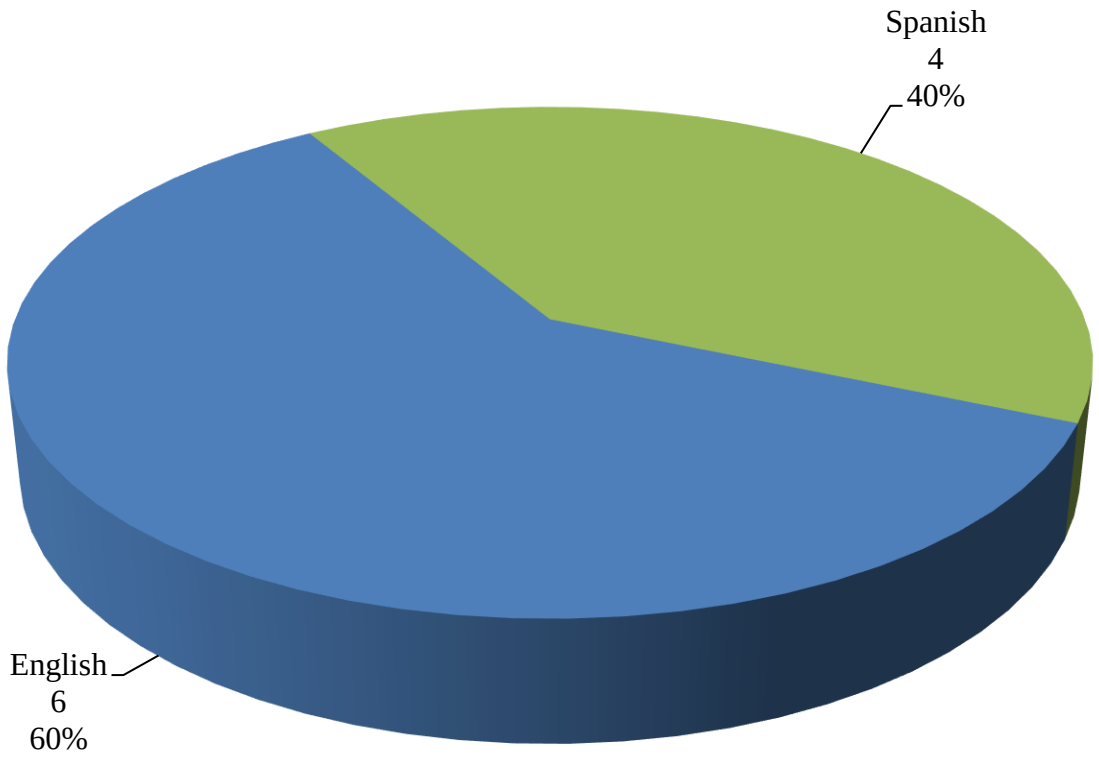
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Age (N=10)



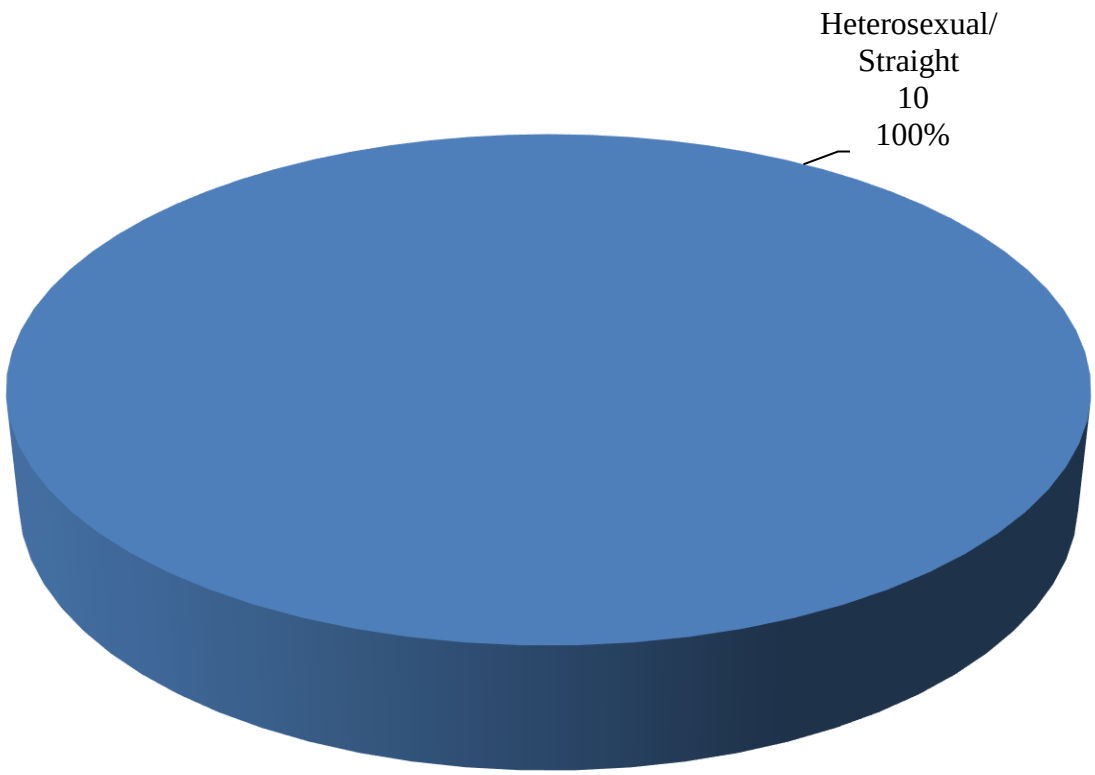
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Race/Ethnicity (N=10)



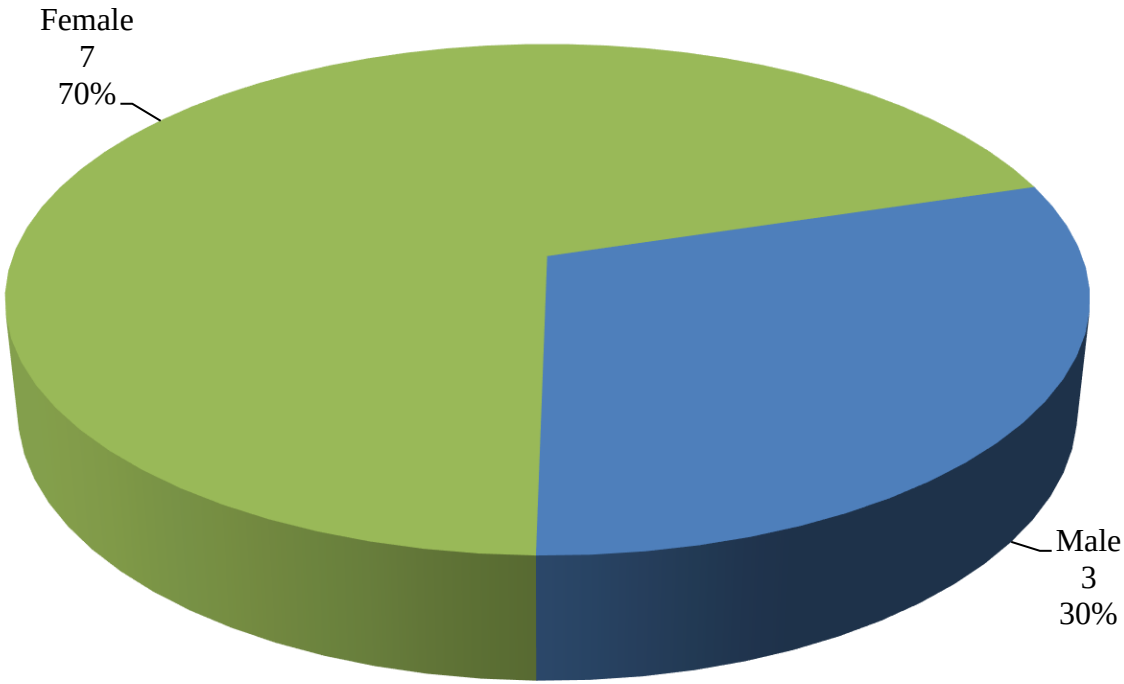
San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Primary language spoken at home (N=10)



San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Sexual Orientation (N=10)



San Benito County Behavioral Health
MHSA Community Program Planning Process Survey Results
Current Gender Identity (N=10)



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APPENDIX C

ACRONYMS USED IN THIS DOCUMENT

A

ARER ..... Annual Revenue and Expenditure Reports (sometimes also referred to simply as RER)

ASIST ..... Applied Suicide Intervention Skills Training Program

ASOC ..... Adult System of Care

B

BH-DRC ..... BH-Diversion and Re-Entry Court

BOS ..... Board of Supervisors

C

CalAIM ..... California Advancing and Innovating Medi-Cal

CalMHSA ... California Mental Health Services Authority

CBO ..... Community Based Organization

CFTN..... Capital Facilities and Technological Needs

CSOC ..... Children's System of Care

CM ..... Case Manager

CPPP..... Community Program Planning Process

CPS..... Child Protective Services

CRT..... Crisis Response Team

CSS ..... Community Services and Support

D

DHCS ..... Department of Healthcare Services

E

ED/R..... Emergency Department/Room

EHR ..... Electronic Health Record

F

FQHC..... Federally Qualified Health Center

FSP ..... Full-Service Partnership

G

SD..... General System Development

H

HIPAA..... Health Insurance Portability and Accountability Act

I

INN..... Innovation

ISSP ..... Individual Services and Supports Plan

L

LCSW..... Licensed Clinical Social Worker

LGTBQ .....Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning

LMFT.....Licensed Marriage and Family Therapist

LPCC .....Licensed Professional Clinical Counselor

LPHA.....Licensed Practitioner of the Healing Arts
Often used as a collective noun for Lic professionals

LRP.....Loan Repayment Program

M

MCP.....Managed Care Plan

MH.....Mental Health

MHSA .....Mental Health Services Act (2004)

MHSOAC....Mental Health Services Oversight & Accountability Commission

MOU.....Memorandum of Understanding

O

O&E .....Outreach and Engagement

R

RER .....Outreach and Engagement

P

PATHS.....Promoting Access Truth and Healthy Behaviors in Schools (PEI Program)

PCP .....Primary Care Provider/Physician

PEI .....Prevention and Early Intervention

PM.....Peer Mentor

S

SAFE.....Support, Awareness, Follow-Up and Engagement

SARB.....Student Attendance Review Board

SB+ .....SanBenito+ (LGBTQ+ Program)

SBC .....San Benito County

SBCBH.....San Benito County Behavioral Health

SBCPH.....San Benito County Public Health

SED .....Serious Emotional Disturbance

SMHS.....Specialty Mental Health Services

SMI .....Serious Mental Illness

SPSCC .....Suicide Prevention Services of the Central Coast

SUDS.....Substance Use Disorder Services

T

TAY .....Transitional Age Youth (Ages 16-25)

W

WET.....Workforce Education & Training