SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act
FY 2015/2016 Annual Update

POSTED FOR PUBLIC COMMENT
June 12, 2015 through July 12, 2015

The MHSA FY 2015/2016 Annual Update is available for public review and comment from June 12, 2015 through July 12, 2015. We welcome your feedback via phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Thursday, July 16, 2015.

Public Hearing Information
Thursday, July 16, 2015, 12:00 pm
San Benito County Behavioral Health Department
Main Conference Room
1131 San Felipe Road, Hollister, CA 95023

Comments or Questions? Please contact:
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Thank you!

MHSA Community Program Planning and Local Review Process

County: San Benito **30-day Public Comment period dates:** June 12, 2015 – July 12, 2015

Date: 06/05/15 **Date of Public Hearing:** Thursday, July 16, 2015

COUNTY DEMOGRAPHICS AND DESCRIPTION

San Benito County is a small, rural 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. The county's population is 55,269 *(US Census 2010, Demographic Profile)*. San Benito County's largest city is Hollister, home to approximately 34,928 residents *(US Census 2010, Demographic Profile)*. San Benito County is a racially-diverse county, with the third highest proportion of Latinos in the general county population relative to all other California counties. The County's population is comprised of 57% Latinos, 38% Caucasians, and 5% from Other race/ethnic groups.

All services are sensitive to the client's cultural and linguistic background and delivered in the person's preferred language, which promote a welcoming environment that meets the needs of our population.

The census estimates that 39.2% of the population of San Benito County speaks a language other than English at home. Spanish is the only threshold language in San Benito County. There are 2,646 veterans, which represent 5% of the population. Approximately 7.4% of the population is under 5 years of age, 24.6% are ages 6-19, 58.3% are ages 20-64, and 9.7% are over 65 years of age. Females represent 50.0% of the population.

COMMUNITY PROGRAM PLANNING

Provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2015-2016 Annual Update. Include the dates of meetings and other planning activities; describe methods used to obtain stakeholder input.*

The Community Program Planning (CPP) process for the development of the MHSA FY 2015-2016 Annual Update builds upon the planning process that we utilized for the development of our most recent Three-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys. It is estimated that over 500 stakeholders have participated in the planning process since 2005 (a 10-year time period). Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, we provided basic education regarding mental health policy; program planning and

implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

For the planning process for this Annual Update, we obtained input from a number of different stakeholder groups, including clients; Adults; Older Adults; TAY; Behavioral Health Board members; Schools; Probation; law enforcement agencies; veterans; the Courts; and Child Welfare Services.

We also reviewed the survey results obtained in 2014 as part of the Three-Year Plan program planning process, to determine if there were other opportunities for expanding services. With this compiled information, we were able to determine the unique needs of our community and continue an MHSA program that is well designed for our county. The overall goals of the MHSA are still valid and provide an excellent guide for maintaining our MHSA services in FY 15/16.

We also analyzed data on our Full Service Partnership (FSP) clients to ensure that clients are successfully achieving positive outcomes. Outcome and service utilization data is regularly analyzed and reviewed by management to monitor clients' progress over time. This data has helped us to understand service utilization and evaluate client progress, and has been instrumental in our planning process to continually improve FSP services.

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

All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain and enhance services.

2. *Identify the stakeholders involved in the Community Program Planning (CPP) Process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.). Include how stakeholder involvement was meaningful.*

A number of different stakeholders were involved in the CPP process. Input was obtained from the Behavioral Health Board, MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services provided input into the planning process. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse service, Youth Alliance, schools, Health Foundation, and individuals involved with our Sober Living Environment home. Consumers who utilize the Esperanza Wellness Center were involved in the CPP through facilitated group meetings. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget.

LOCAL REVIEW PROCESS

1. *Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 day review.*

This proposed MHSA FY 2015-2016 Annual Update has been posted for a 30-day public review and comment period from June 12, 2015 – July 12, 2015. An electronic copy is available online at www.san-benito.ca.us. Hard copies of the document are available at the Behavioral Health Outpatient clinic and in the lobbies of all frequently accessed public areas, including the San Benito County Behavioral Health Outpatient clinic lobby, Hazel Hawkins Hospital, County Administration, and the local library. In addition, hard copies of the proposed Annual Update have been distributed to all members of the Behavioral Health Advisory Board; consumers (on request); staff (on request); Esperanza Center (our Adult/TAY Wellness Center); and with partner agencies.

A public hearing will be conducted on Thursday, July 16, 2015, at 12:00 pm, in conjunction with the Behavioral Health Advisory Board meeting. The meeting will be held at the San Benito County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023.

2. *Include summary of substantive recommendations received during the stakeholder review and public hearing, and responses to those comments. Include a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

Input on the MHSA Three-Year Plan will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS

1. Provide a program description (must include number of clients served, age, race/ethnicity). Include achievements and notable performance outcomes.

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

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support. Our Drop-In Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment, including classes, social activities, and group therapy. In addition, several days per week, Esperanza Center provides a separate program for Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in peer-driven, age-appropriate activities. Outreach and engagement activities are provided to the migrant worker population, the homeless, and other at-risk individuals.

Figure 1
CSS Clients (FY 14/15)
By Age

	# Clients	% Clients
0 - 15 years	312	25.4%
16 - 25 years	215	17.5%
26 - 59 years	596	48.5%
60+ years	107	8.7%
Total	**1,230**	**100.0%**

Figure 2
CSS Clients (FY 14/15)
By Gender and Age

	0 - 15 years		*16 - 25 years*		*26 - 59 years*		*60+ years*		*Total*	
	# Clients	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
Male	187	59.9%	105	48.8%	239	40.1%	37	34.6%	568	46.2%
Female	125	40.1%	110	51.2%	357	59.9%	70	65.4%	662	53.8%
Total	**312**	**100.0%**	**215**	**100.0%**	**596**	**100.0%**	**107**	**100.0%**	**1,230**	**100.0%**

Figure 3
CSS Clients (FY 14/15)
By Race/Ethnicity and Age

	0 - 15 years		*16 - 25 years*		*26 - 59 years*		*60+ years*		*Total*	
	# Clients	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
Caucasian	81	26.0%	65	30.2%	229	38.4%	55	51.4%	430	35.0%
Hispanic	222	71.2%	141	65.6%	333	55.9%	46	43.0%	742	60.3%
African American	2	0.6%	-	0.0%	8	1.3%	1	0.9%	11	0.9%
Asian/Pacific Islander	1	0.3%	5	2.3%	7	1.2%	1	0.9%	14	1.1%
American Indian	-	0.0%	-	0.0%	4	0.7%	1	0.9%	5	0.4%
Other	6	1.9%	4	1.9%	15	2.5%	3	2.8%	28	2.3%
Total	**312**	**100.0%**	**215**	**100.0%**	**596**	**100.0%**	**107**	**100.0%**	**1,230**	**100.0%**

Figure 4
CSS Clients (FY 14/15)
Dollars per Client

	Total
Total Dollars	$ 4,547,380
Total Clients	1,230
Avg. Dollars/Client	$ 3,697

2. Describe any challenges or barriers, and strategies to mitigate.

We continue to find that the most difficult group to engage in services is the migrant worker population. The migrant worker population is reluctant to access behavioral health services due to stigma, cultural values, and perceptions of behavioral health utilization. Our outreach efforts help to engage this population to reduce stigma and help them utilize prevention and early intervention services.

3. List any significant changes from previous fiscal year, if applicable.

There are no significant changes to the CSS Program in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION #1
Early Intervention: Children and Youth Services

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

SBCBH is pleased to continue our contract with the Youth Alliance (YA) to provide children and youth with Prevention and Early Intervention services in the schools and community. A YA Case Manager screens children and youth for mental health service needs, and refers potential clients to either SBCBH or the YA clinic for services. A component of this program implemented the promising practice program, *Joven Noble* – Rites of Passage, a Latino youth development and leadership enhancement program. This culturally-based program works with youth to develop life skills, cultural identity, character, and leadership skills. It is a program that has been effective at reducing gang involvement and providing mentoring and leadership to Latino youth who are considered at risk for mental illness, using drugs, and/or dropping out of school. Families are included in services one weekend a month to help them learn to support healthy outcomes for their children.

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

Figure 5 shows the number of children and youth served by the Youth Alliance (YA) using PEI funding, by age group. YA served 74 children and youth, with 89.2% ages 0-15 and 10.8% ages 16-25.

Figure 5
PEI YA Clients (FY 14/15)
By Age

	# Clients	% Clients
0 - 15 years	66	89.2%
16 - 25 years	8	10.8%
Total	**74**	**100.0%**

Figure 6 shows that 64.9% of the children and youth served by YA were Male, and 35.1% were Female.

Figure 6
PEI YA Clients (FY 14/15)
By Gender and Age

	0 - 15 years		*16 - 25 years*		*Total*	
	# Clients	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
Male	41	62.1%	7	87.5%	48	64.9%
Female	25	37.9%	1	12.5%	26	35.1%
Total	**66**	**100.0%**	**8**	**100.0%**	**74**	**100.0%**

Figure 7 shows that 91.9% of the children and youth served by YA were Hispanic.

Figure 7
PEI YA Clients (FY 14/15)
By Race/Ethnicity and Age

	0 - 15 years		*16 - 25 years*		*Total*	
	# Clients	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
Caucasian	6	9.1%	-	0.0%	6	8.1%
Hispanic	60	90.9%	8	100.0%	68	91.9%
African American	-	0.0%	-	0.0%	-	0.0%
Asian	-	0.0%	-	0.0%	-	0.0%
American Indian	-	0.0%	-	0.0%	-	0.0%
Other	-	0.0%	-	0.0%	-	0.0%
Total	**66**	**100.0%**	**8**	**100.0%**	**74**	**100.0%**

Figure 8 shows the average cost per YA child was $2,378.

Figure 8
PEI YA Clients (FY 14/15)
Dollars per Client

	Total
Total Dollars	**$ 176,000**
Total Clients	74
Avg. Dollars/Client	**$ 2,378**

2. Describe any challenges or barriers, and strategies to mitigate.

YA maintains a variety of culturally-appropriate services for the children and youth in our community. YA staff are well received in the schools, and the youth and families benefit from their services. There are no challenges or barriers for this program.

3. List any significant changes from previous fiscal year, if applicable.

There are no changes to this PEI Project in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION #2
Prevention: Suicide Prevention Training

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

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

In FY 14/15, there were 620 individuals who participated in Suicide Prevention Training (see Figure 9). These trainings were held at local schools, the Hollister Police Department, Chamberlain's Children Center, the San Benito County jail, the County Office of Education, a local nursing facility, a local homeless shelter, Veterans Hall, and various community agencies. This program has been successfully implemented and receives positive comments from the community. The average cost per person attending was $12.10.

Figure 9
PEI Suicide Prevention Clients (FY 14/15)
Dollars per Client

Total Dollars	$ 7,500
Total Individuals	620
Avg. Dollars/Person	$ 12.10

2. ***Describe any challenges or barriers, and strategies to mitigate.***

We continue to encourage Family Service Agency of the Central Coast to increase the number of trainings on Suicide Prevention to the schools, local communities, and partner agencies this fiscal year.

3. ***List any significant changes from previous fiscal year, if applicable.***

There are no changes to this PEI Project in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION #3
Early Intervention: Older Adult Services

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

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

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

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 offers prevention and early intervention services, and 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*, our Senior Center. Older adults who are identified as needing additional services are referred to Behavioral Health for ongoing treatment.

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

The clinician served 107 older adults in FY 14/15 (see Figure 10).

Figure 10
Older Adult PEI Clients (FY 14/15)
By Age

	# Clients	% Clients
60+ years	107	100.0%
Total	**107**	**100.0%**

Of the 107 individuals served, 34.6% were Male and 65.4% were Female (see Figure 11).

Figure 11
Older Adult PEI Clients (FY 14/15)
By Gender and Age

	# Clients	% Clients
Male	37	34.6%
Female	70	65.4%
Total	**107**	**100.0%**

Of the 107 individuals served, 51.4% were Caucasian and 43% were Hispanic (see Figure 12).

Figure 12
Older Adult PEI Clients (FY 14/15)
By Race/Ethnicity and Age

	# Clients	% Clients
Caucasian	55	51.4%
Hispanic	46	43.0%
African American	1	0.9%
Asian/Pacific Islander	1	0.9%
American Indian	1	0.9%
Other	3	2.8%
Total	**107**	**100.0%**

Figure 13 shows that the average cost per older adult was $1,526.

Figure 13
Older Adult PEI Clients (FY 14/15)
Average Dollars per Client

	Total
Total Dollars	$ 163,321
Total Clients	107
Avg. Dollars/Client	**$ 1,526**

2. Describe any challenges or barriers, and strategies to mitigate.

Stigma as a barrier to service is an ongoing concern with the older adult population. However, we work with clients to help them understand that many people need supportive services to help them cope and manage stressful situations (e.g., death of a spouse, decreased mobility, isolation, etc.).

3. List any significant changes from previous fiscal year, if applicable.

There are no changes to this PEI Project in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION #4
Early Intervention: Women's Services

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

The Women's Prevention and Early Intervention program continues to offer mental health early intervention groups at a local community domestic violence shelter to help victims of domestic violence, reduce stigma, and improve access to the Latino community. Approximately 57% of San Benito's population is comprised of persons of Latino origin. Many of the Latino families in the county are immigrants or first generation Mexican-Americans.

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

Figure 14 shows that there were 15 persons served in the PEI Women's Services program. The majority were Adult women, ages 26-59 years (73.3%).

Figure 14
Women's PEI Clients (FY 14/15)
By Age

	# Clients	% Clients
16 - 25 years	4	26.7%
26 - 59 years	11	73.3%
Total	**15**	**100.0%**

Figure 15 shows that the majority of women were Hispanic (40%)

Figure 15
Women's PEI Clients (FY 14/15)
By Race/Ethnicity and Age

	16 - 25 years		*26 - 59 years*		*Total*	
	# Clients	**% Clients**	**# Clients**	**% Clients**	**# Clients**	**% Clients**
Caucasian	2	50.0%	3	27.3%	5	33.3%
Hispanic	0	0.0%	6	54.5%	6	40.0%
African American	1	25.0%	0	0.0%	1	6.7%
Asian/Pacific Islander	0	0.0%	1	9.1%	1	6.7%
American Indian	0	0.0%	0	0.0%	0	0.0%
Other	1	25.0%	1	9.1%	2	13.3%
Total	**4**	**100.0%**	**11**	**100.0%**	**15**	**100.0%**

Figure 16 shows that the average cost per client was $319.13.

Figure 16
Women's PEI Clients (FY 14/15)
Dollars per Client

	Total
Total Dollars	$ 4,787
Total Clients	15
Avg. Dollars/Client	**$ 319.13**

2. Describe any challenges or barriers, and strategies to mitigate.

At times, it is difficult to break the cycle of dependence in which victims of domestic violence are enmeshed with their significant other who is the perpetrator of the domestic violence. We work with our contract provider to continue to conduct outreach to promote these available services.

3. List any significant changes from previous fiscal year, if applicable.

There are no significant changes to this PEI Project in FY 2015/2016.

MHSA Program Component
PREVENTION AND EARLY INTERVENTION #5
Prevention: Mental Health First Aid Training

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person; try to separate data for Prevention and Early Intervention, if possible). Include achievements and notable performance outcomes.***

Through the Mental Health First Aid training program, community members participate in 8 hours of training to become certified in providing Mental Health First Aid. Participants learn a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis and to link the individual with appropriate professional, peer, social, and self-help care.

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

During this fiscal year, we offered three (3) Mental Health First Aid courses. There were approximately 30 participants total. Attendees included community service providers; state and local law enforcement; SBCBH staff; CalWorks and other county agency staff; religious organizations; education representatives; and general public members. Feedback for these trainings has been positive and the community continues to support our efforts.

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

2. ***Describe any challenges or barriers, and strategies to mitigate.***

There were no barriers to this project in FY 2014/2015.

3. ***List any significant changes from previous fiscal year, if applicable.***

There are no changes to this PEI Project in FY 2015/2016.

MHSA Program Component
INNOVATION

1. ***Provide a program description (must include number of clients served, age, race/ethnicity, and cost per person). Include achievements and notable performance outcomes.***

Our new Innovation Project, the Health Care Integration (HCI) Project, adapted an existing evidence-based practice, the IMPACT model, to meet the needs of our small, rural county, and evaluate whether this modification obtains desired outcomes. This HCI INN Project developed a collaborative team that specifically focuses on persons with a SMI who also have a chronic health condition, or are at risk for developing a chronic health condition. The HCI Team systematically screens existing and potential clients for signs of chronic health conditions and/or behaviors that increase the risk of developing a chronic health condition.

Our Registered Nurse conducts a health assessment to identify clients who could benefit from HCI services, and supports them to identify goals. Once the client is identified, screened, and enrolled in the HCI project, the client's health indicators are collected and monitored, and lab work, height, weight, and Body Mass Index (BMI) are recorded. In addition, blood work is periodically measured at admission to HCI and annually. In addition, we utilize mental health instruments, service utilization data, and health monitoring tools to help staff understand the client's medical conditions, mental health needs, and risk and resiliency factors. HCI staff also work closely with clients to learn how to manage their health conditions and support them to develop healthy lifestyles. In addition, the HCI Team collaborates with the client's primary care provider and pharmacist, as appropriate, to coordinate care and promote healthy outcomes.

Individual Wellness Reports are developed to show the client's health indicators at admission, and every six months. Staff and clients are able to monitor their client's medical conditions, communicate with the client's psychiatrist and physician, link clients to medical appointments, and help clients manage their daily activities (diet and exercise) to improve health outcomes.

Clients, family, and staff benefit from an enhanced, collaborative, person-centered health care system that focuses on coordinating health care to manage the chronic health conditions and mental health needs of clients.

We are also coordinating with one of the local Federally Qualified Health Centers (FQHC), San Benito Health Foundation, to co-locate primary care services with Behavioral Health. Health Foundation has a mobile van that they will park at the SBCBH clinic and offer primary care and dental services to our clients. The use of the mobile van will also enable Health Foundation to be reimbursed for services delivered. SBCBH case managers will coordinate services and ensure that clients are enrolled with Health Foundation prior to the client's first primary care appointment. This co-location and integration of primary care, dental, and behavioral health services will greatly enhance the continuum of care for our clients and improve their health outcomes.

The SBCBH Innovation Plan was approved by the MHSOAC in March 2015. As a result, it is too early in implementation to report program data, achievements, and performance outcomes.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

We have had difficulty retaining nurses in the past year. Both full-time nursing positions were filled and the individuals were trained, but then the individuals terminated employment. This cycle has occurred several times in the past twelve months. Nurses are an important component of the HCI Innovation Project, as they collect many of the health indicators and provide training to clients and staff to understand chronic health conditions. Once we have two new nurses trained in their jobs and the principles of HCI, we will fully implement this INN project.

3. ***List any significant changes from previous fiscal year, if applicable.***

There are no changes to this INN Project in FY 2015/2016.

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING

1. ***Provide a program description. Include achievements.***

The SBCBH Workforce Education and Training (WET) program provides training components, internship tracks, and consumer education to staff, volunteers, clients, and family members.

SBCBH continues a multi-year contract with Relias Learning which offers online courses, ethics and regulations compliance training, and an array of clinical skills building courses that also fulfill continuing education (CEU) requirements for licensed behavioral health professionals. All SBCBH employees, including clinical, clerical, and administrative staff are currently enrolled in and utilize the Relias Learning component.

Additional training opportunities are provided through WET funding for staff and volunteers both onsite and off-site, at local and regional trainings.

SBCBH provides a consumer training program, and has successfully completed multiple 6-week training programs. Several consumer employees/peer mentors have been hired by SBCBH following these consumer training programs.

WET funding has also allowed SBCBH to support up to two (2) interns each year to work at the county mental health program. Through the WET funds, SBCBH provides mileage reimbursement and stipends for the interns to help them travel to the county.

2. ***Describe any challenges or barriers, and strategies to mitigate. Identify shortages in personnel, if any.***

Intern recruitment continues to be an issue for SBCBH. San Benito County is not in an ideal location to recruit interns, as students must commute about 45 minutes from their university campuses to Hollister; as a result, they often choose internship sites closer to their campuses. Mileage reimbursement and the stipend has failed to garner a high level of interest. We continue to explore ways to address this barrier.

3. ***List any significant changes from previous fiscal year, if applicable.***

There are no changes to the WET Program in FY 2015/2016.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. ***Provide a program description. Include achievements.***

Capital Facilities (CF) funds will be utilized to purchase and remodel an existing office building in Hollister to allow for the growth of SBCBH to meet the needs of our expanded client programs. The building will provide treatment space and staff offices for our mental health services and substance use treatment programs. The primary focus of the building will be to offer expanded MHSA services to children, families, adults, and older adults. In addition, psychiatric services will be available for all age groups in this facility.

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

A FY 2015/2016 transfer of $380,221 from CSS to Capital Facilities is required to fund this project.

A Technology project has not been determined at this time.

2. ***Describe any challenges or barriers, and strategies to mitigate.***

In this small community, available properties are limited. As a result, our greatest challenge is finding the right facility that meets the needs of our staff and clients. At this time, SBCBH is conducting due diligence to determine the property that best fits our requirements.

3. ***Describe if the county is meeting/met benchmarks and goals, or provide the reasons for delays to implementation.***

A specific timeline and related benchmarks/goals will be developed once the property has been identified. We anticipate that the purchase of the building will occur in this fiscal year.

4. ***List any significant changes from previous fiscal year, if applicable.***

SBCBH has identified the need to move forward with a building purchase through CF dollars. We hope to accomplish this goal in FY 2015/2016.

FY 2015/16 Mental Health Services Act Annual Update
Funding Summary

County: **SAN BENITO** Date: 5/27/15

	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 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,629,100	880,422	441,215	263,092	1,167,639	
2. Estimated New FY 2015/16 Funding	2,054,914	513,728	135,192			
3. Transfer in FY 2015/16[a/]	(380,221)			0	380,221	0
4. Access Local Prudent Reserve in FY 2015/16	0	0				0
5. Estimated Available Funding for FY 2015/16	4,303,793	1,394,150	576,407	263,092	1,547,860	
B. Estimated FY 2015/16 MHSA Expenditures	2,137,111	559,278	366,632	131,546	1,547,860	
G. Estimated FY 2015/16 Unspent Fund Balance	2,166,682	834,872	209,776	131,546	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2015	929,050
2. Contributions to the Local Prudent Reserve in FY 2015/16	0
3. Distributions from the Local Prudent Reserve in FY 2015/16	0
4. Estimated Local Prudent Reserve Balance on June 30, 2016	929,050

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 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: SAN BENITO Date: 5/5/15

	Fiscal Year 2015/16					
	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. System Transformation (FSP)	1,089,927	1,089,927				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. System Transformation (GSD)	581,294	581,294				
2. System Transformation (OE)	145,324	145,324				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	320,567	320,567				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,137,111	2,137,111	0	0	0	0
FSP Programs as Percent of Total	51.0%					

FY 2015/16 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: SAN BENITO Date: 5/12/15

	Fiscal Year 2015/16					
	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 - Prevention						
1. Suicide Prevention Training	10,686	10,686				
2. Mental Health First Aid Training	16,028	16,028				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Children and Youth Services	272,481	272,481				
12. Older Adult Services	133,569	133,569				
13. Women's Services	21,372	21,372				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	80,142	80,142				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated Expenditures	559,278	559,278	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: SAN BENITO Date: 5/27/15

	Fiscal Year 2015/16					
	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. Health Care Integration Team	318,810	318,810				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	47,822	47,822				
Total INN Program Estimated Expenditures	366,632	366,632	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: SAN BENITO Date: 5/5/15

	Fiscal Year 2015/16					
	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. WET Coordination	6,577	6,577				
2. Fundamental Learning Program	92,082	92,082				
3. Internship Program	32,887	32,887				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	131,546	131,546	0	0	0	0

FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: SAN BENITO Date: 5/5/15

	Fiscal Year 2015/16					
	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 - Capital Facilities Projects						
1. SBCBH Facility (purchase & remodel)	1,547,860	1,547,860				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *None / Not Applicable*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,547,860	1,547,860	0	0	0	0