



## SAN BENITO COUNTY BEHAVIORAL HEALTH

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### **Mental Health Services Act FY 2016-2017 Annual Update**

**POSTED FOR PUBLIC COMMENT**

April 18, 2017 through May 17, 2017

The MHSA FY 2016-2017 Annual Update is available for public review and comment from April 18, 2017 through May 17, 2017. 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, May 18, 2017.

#### **Public Hearing Information**

Thursday, May 18, 2017 at 12:00 pm noon  
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

### ***Community Program Planning Process***

The San Benito County Behavioral Health (SBCBH) Community Program Planning (CPP) process for the development of the MHSA FY 2016-2017 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 600 stakeholders have participated in the planning process since 2005. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

For the planning process for this Annual Update, we obtained input from several different stakeholder groups, including clients; 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 2016-2017.

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 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.

### ***Stakeholders and Meaningful Input***

A number of different stakeholders were involved in the CPP process. Input was obtained from the Behavioral Health Board, MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied

providers and agencies, and others involved in the delivery of MHSA services 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**

### ***30-Day Posting Period and Circulation Methods***

This proposed MHSA FY 2016-2017 Annual Update has been posted for a 30-day public review and comment period from April 18, 2017 – May 17, 2017. An electronic copy is available online at [www.san-benito.ca.us](http://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.

### ***Public Hearing Information***

A public hearing will be conducted on Thursday, May 18, 2017 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.

### ***Substantive Recommendations and Changes***

Input on the MHSA FY 2016-2017 Annual Update 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).

## COMMUNITY SERVICES AND SUPPORTS

### ***CSS Program Description and Outcomes***

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

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support. Our Drop-In Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment, including classes, social activities, and group therapy. 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.

### CSS Data for FY 2015/2016

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. It also shows the total dollars and dollars per client.

#### **CSS Clients (FY 15/16) By Age**

	<b># Clients</b>	<b>% Clients</b>
<b>0 - 15 years</b>	384	26.8%
<b>16 - 25 years</b>	253	17.6%
<b>26 - 59 years</b>	705	49.1%
<b>60+ years</b>	93	6.5%
<b>Total</b>	<b>1,435</b>	<b>100.0%</b>

**CSS Clients (FY 15/16)  
By Race/Ethnicity**

	<b># Clients</b>	<b>% Clients</b>
<b>White/ Caucasian</b>	487	33.9%
<b>Hispanic</b>	870	60.6%
<b>Black/ African American</b>	16	1.1%
<b>Asian/ Pacific Islander</b>	16	1.1%
<b>American Indian/ Alaskan Native</b>	7	0.5%
<b>Other/ Unknown</b>	39	2.7%
<b>Total</b>	<b>1,435</b>	<b>100.0%</b>

**CSS Clients (FY 15/16)  
By Gender**

	<b># Clients</b>	<b>% Clients</b>
<b>Male</b>	660	46.0%
<b>Female</b>	775	54.0%
<b>Total</b>	<b>1,435</b>	<b>100.0%</b>

**CSS Dollars per Client  
(FY 15/16)**

<b>Total Dollars</b>	\$ 3,091,844
<b>Total Clients</b>	1,435
<b>Avg. Dollars/Client</b>	\$ 2,155

***Challenges and Mitigation Efforts***

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.

***Significant Changes from Previous Fiscal Year***

There are no significant changes to the CSS Program in FY 2016-2017.

## PREVENTION AND EARLY INTERVENTION #1 Early Intervention: Children's Services

### ***PEI Program Description and 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 served by the Youth Alliance (YA) using PEI funding, by age group. YA served 82 children, ages 0 – 15 years.

**Figure 5**  
**PEI YA Clients (FY 15/16)**  
**By Age**

	<b># Clients</b>	<b>% Clients</b>
<b>0 - 15 years</b>	82	100.0%
<b>Total</b>	<b>82</b>	<b>100.0%</b>

Figure 6 shows that 68.3% of the children served by YA were Male, and 31.7% were Female.

**Figure 6**  
**PEI YA Clients (FY 15/16)**  
**By Gender**

	# Clients	% Clients
<b>Male</b>	56	68.3%
<b>Female</b>	26	31.7%
<b>Total</b>	<b>82</b>	<b>100.0%</b>

Figure 7 shows that 87.8% of the children served by YA were Hispanic.

**Figure 7**  
**PEI YA Clients (FY 15/16)**  
**By Race/Ethnicity**

	# Clients	% Clients
<b>White/ Caucasian</b>	8	9.8%
<b>Hispanic</b>	72	87.8%
<b>Black/ African American</b>	1	1.2%
<b>Asian/ Pacific Islander</b>	-	0.0%
<b>American Indian/ Alaskan Native</b>	-	0.0%
<b>Other/ Unknown</b>	1	1.2%
<b>Total</b>	<b>82</b>	<b>100.0%</b>

Figure 8 shows the average cost per YA child.

**Figure 8**  
**PEI YA Clients (FY 15/16)**  
**Dollars per Client**

<b>Total Dollars</b>	\$ 172,200
<b>Total Individuals</b>	82
<b>Avg. Dollars/Person</b>	<b>\$ 2,100</b>

### ***Challenges and Mitigation Efforts***

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.

### ***Significant Changes from Previous Fiscal Year***

There are no changes to this PEI Project in FY 2016-2017.

## PREVENTION AND EARLY INTERVENTION #2

### Prevention: Suicide Prevention Training

#### ***PEI Program Description and 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 15/16, there were 359 individuals who participated in Suicide Prevention Training (see Figure 9). These trainings were held at local schools, the Sheriff's Office, a local high school, Behavioral Health office, and various community agencies. This program has been successfully implemented and receives positive comments from the community.

**Figure 9**  
**PEI Suicide Prevention Clients (FY 15/16)**  
**Dollars per Client**

Total Dollars	\$ 18,000
Total Individuals	359
Avg. Dollars/Person	\$ 50.14

#### ***Challenges and Mitigation Efforts***

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.

#### ***Significant Changes from Previous Fiscal Year***

There are no changes to this PEI Project in FY 2016-2017.



**PREVENTION AND EARLY INTERVENTION #3**  
**Early Intervention: Older Adult Services**

***PEI Program Description and 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, 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 93 older adults in FY 15/16 (see Figure 10).

**Figure 10**  
**Older Adult PEI Clients (FY 15/16)**  
**By Age**

	<b># Clients</b>	<b>% Clients</b>
<b>60+ years</b>	93	100.0%
<b>Total</b>	<b>93</b>	<b>100.0%</b>

Of the 93 individuals served, 32.3% were Male and 67.7% were Female (see Figure 11).

**Figure 11**  
**Older Adult PEI Clients (FY 15/16)**

**By Gender**

	# Clients	% Clients
<b>Male</b>	30	32.3%
<b>Female</b>	63	67.7%
<b>Total</b>	<b>93</b>	<b>100.0%</b>

Of the 93 individuals served, 55.9% were Caucasian and 39.8% were Hispanic (see Figure 12).

**Figure 12**  
**Older Adult PEI Clients (FY 15/16)**  
**By Race/Ethnicity**

	# Clients	% Clients
<b>White/ Caucasian</b>	52	55.9%
<b>Hispanic</b>	37	39.8%
<b>Black/ African American</b>	-	0.0%
<b>Asian/ Pacific Islander</b>	-	0.0%
<b>American Indian/ Alaskan Native</b>	-	0.0%
<b>Other/ Unknown</b>	4	4.3%
<b>Total</b>	<b>93</b>	<b>100.0%</b>

Figure 13 shows that the average cost per older adult was \$2,483.

**Figure 13**  
**Older Adult PEI Clients (FY 15/16)**  
**Average Dollars per Client**

<b>Total Dollars</b>	\$ 230,895
<b>Total Clients</b>	93
<b>Avg. Dollars/Client</b>	\$ 2,483

***Challenges and Mitigation Efforts***

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.).

***Significant Changes from Previous Fiscal Year***

There are no changes to this PEI Project in FY 2016-2017.

## **PREVENTION AND EARLY INTERVENTION #4**

### **Early Intervention: Women's Services**

#### ***PEI Program Description and 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. Many of the Latino families in the county are immigrants or first generation.

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.

Due to contract provider changes, no data is available for FY 15/16. We will report data on this program in the MHSA Three-Year Plan.

#### ***Challenges and Mitigation Efforts***

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.

#### ***Significant Changes from Previous Fiscal Year***

There are no significant changes to this PEI Project in FY 2016-2017.

## **PREVENTION AND EARLY INTERVENTION #5**

### **Prevention: Mental Health First Aid Training**

#### ***PEI Program Description and 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 54 participants total. Attendees included community teachers, school counselors, other education officials and general public members. Feedback for these trainings has been positive and the community continues to support our efforts.

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

#### ***Challenges and Mitigation Efforts***

There were no barriers to this project.

#### ***Significant Changes from Previous Fiscal Year***

There are no changes to this PEI Project in FY 2016-2017.

## **PREVENTION AND EARLY INTERVENTION #6**

### **Early Intervention: Health Care Integration**

#### ***PEI Program Description and Outcomes***

This PEI program was implemented as an Innovation project; it is now being transferred to the PEI component for sustainability. The Health Care Integration (HCI) program adapts 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 PEI program 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 Mental Health 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. The HCI Team collaborates with the client's primary care provider and pharmacist, as appropriate, to coordinate care and promote healthy outcomes.

We also coordinate with one of the local Federally Qualified Health Centers (FQHC), San Benito Health Foundation, to co-locate primary care services with Behavioral Health. Program data, achievements, and performance outcomes are not available for this program at this time.

#### ***Challenges and Mitigation Efforts***

There were no barriers to this program.

#### ***Significant Changes from Previous Fiscal Year***

As noted, this program is being transferred from INN to PEI in FY 2016-2017.

**PREVENTION AND EARLY INTERVENTION #8**  
**Stigma Reduction/Outreach: Promoting Access for LGBTQIA**

**NEW PEI PROJECT SUMMARY**

*PEI Key Community Mental Health Needs*

<i>Select as many as apply to PEI project:</i>	<b>Age Group</b>			
	Children & Youth	TAY	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Youth Adult Populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*PEI Priority Populations*

<i>Note: All PEI projects must address underserved racial/ethnic and cultural populations. Select as many as apply to PEI project:</i>	<b>Age Group</b>			
	Children & Youth	TAY	Adult	Older Adult
1. Trauma Exposed Individuals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals Experiencing Onset of Service Psychiatric Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children & Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## ***Overview***

Youth who are Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, or Asexual (LGBTQIA) have been a priority for our behavioral health program for several years. These individuals have a higher risk for mental health issues, substance use, and suicide than straight youth. Recent meetings with school personnel, youth from the LGBTQIA community, and staff have identified the importance to develop services in our community to create an accessible program to meet the needs of these high-risk youth. The San Benito High School has a small group of individuals who meet regularly to provide support to this community: The Gay Student Alliance (GSA). The GSA provides a foundation for developing this PEI funded program, and several of the youth, and the teachers providing leadership to the GSA, have been actively involved in developing this PEI program.

Youth who are LGBTQIA may experience negative mental health outcomes due to stigmatization of their gender identity or sexual orientation. It is the goal of this Prevention and Early Intervention program to identify opportunities to reach out to individuals who are LGBTQ; learn how to improve outreach activities; create a welcoming, safe environment in our community at the MHSA funded Wellness Center, Esperanza; and provide services to ensure more positive outcomes for LGBTQIA youth.

LGBTQIA individuals have a unique experience of coming out to family and friends with their gender identity or sexual orientation, and many fear non-acceptance and discrimination as a result. The fear of discrimination is grounded in real vulnerabilities that this community faces of social stigma, prejudice, denial of civil and human rights, abuse, harassment, victimization, social exclusion, and family rejection. Due in part to these vulnerabilities, LGBTQIA individuals are almost three times more likely than straight individuals to have depression or generalized anxiety disorder. Youth are particularly vulnerable to experiencing discrimination from family, school mates, and also teachers, while lacking a broader support network beyond these groups.

Experiencing stigma, prejudice, discrimination, and mental and/or physical abuse can lead to depression, posttraumatic stress disorder, thoughts of suicide, and/or substance use. These mental health issues also carry with them stigma in the community. Thus, some LGBTQIA individuals confront prejudice based on their gender identity or sexual orientation, while also dealing with stigma regarding mental health.

In fact, some LGBTQIA individuals report hiding their gender identity or sexual orientation from mental health counselors and some hide their mental health conditions from their friends. As a result, LGBTQIA individuals may not talk about mental health and may lack awareness about mental health conditions. This situation may prevent people from seeking the treatment and other support services necessary to recover or to create a supportive social network. Many LGBTQIA individuals, particularly those who fear revealing their sexual orientation or gender identity, report less psychological well-being and satisfaction with life (NAMI, <https://www.nami.org/Find-Support/LGBTQ>).

Treating mental health issues for LGBTQIA youth is of particular importance when considering that suicide is one of the leading causes of death for LGBTQIA individuals ages 10-24.

LGBTQIA youth are four times more likely to attempt suicide, experience suicidal thoughts, or engage in self-harm than youth who are straight. Further, it is estimated that between 38-65% of transgender individuals experience suicidal ideation. The likelihood of suicide for LGBTQIA youth is eight times greater for those whose family is rejecting of their sexual orientation or gender identity (NAMI, <https://www.nami.org/Find-Support/LGBTQ>).

The LGBTQIA community also reports higher rates of drug, alcohol, and tobacco use than that of straight individuals. An estimated 20-30% of LGBTQIA people abuse substances, compared to about 9% of the general population. Similarly, 25% of LGBTQIA people abuse alcohol, compared to 5-10% of the general population. Major factors that contribute to substance use by LGBTQIA people include prejudice, discrimination, lack of cultural competency in the health care system, and lack of peer support (NAMI, <https://www.nami.org/Find-Support/LGBTQ>).

Keeping LGBTQIA youth in school and feeling safe is particularly important when considering that youth who identify as LGBTQIA are disproportionately homeless or at-risk for homelessness. Around 40% of youth who access services provided by homeless youth organizations identify as LGBTQIA (Williams Institute, <http://nationalhomeless.org/issues/lgbt/>). The majority of these youth cited family rejection of their sexual orientation or gender identity as the reason they were accessing services. Creating a safe, supportive space for LGBTQIA youth to have social connections, learn coping mechanisms, and find resources will help in keeping these youth at home and in school.

LGBTQIA youth face fear, hatred, and prejudice in school, in the community, and at home, which can lead to higher rates of depression, anxiety, substance use, self-harm, and thoughts of suicide. In addition, LGBTQIA youth struggle in coming out to family members, friends, classmates and teachers, especially those that are not accepting of the LGBTQIA community. Early intervention, comprehensive treatment, and peer and family support are the key to helping LGBTQIA youth to receive culturally proficient mental health services.

Creating a safe, welcoming space for LGBTQIA youth is foundational in helping youth. The Gay, Lesbian, and Straight Education Network (GLSEN) 2015 annual report found that official, school and community support for LGBTQIA youth can combat the negative effects of stigma and discrimination. For instance, LGBTQIA youth at schools with a Gay-Straight Alliance, or similar group, reported feeling safer in school, more belonging to the school community, and were less likely to miss school for safety reasons than LGBTQIA youth at schools with no such support. A community support network is a first step to helping LGBTQIA youth access resources and move toward positive outcomes.

### ***PEI Pilot Project***

The SBCBH PEI Pilot Project will utilize our MHSA funded Wellness Center, Esperanza, to create a welcoming environment for youth who are LGBTQIA. This pilot project will be led by persons from the LGBTQIA community and offer a place to meet, develop outreach strategies, and offer services to individuals to feel safe and supported. The goal of the LGBTQIA PEI Pilot Project is to create a safe space for LGBTQIA youth, offer services, and supports to help individuals understand how their personal experiences affect their mental health, and provide LGBTQIA friendly and culturally-relevant services.



The first phase of this project will be to hire two part-time Peer Mentors to provide leadership to the project. These two Peer Mentors will coordinate services between the high school and the Esperanza Center; provide outreach and information to youth in the community about the program; and offer activities to help engage and support individuals.

The Peer Mentors will use social networking media, including Tumblr, Facebook, and/or other media, for providing information about the group and engaging individuals in activities. Funds will be available to sponsor outreach events and activities. The Peer Mentors will develop handouts to advertise the program and share information about other community resources. Outreach activities will include advertising the program in the high school, the local farmers' market, and other community venues.

Advocacy and reduction in bullying and harassment will also be a focus. The Peer Mentors will identify various marketing strategies to promote tolerance, inclusion, and diversity. For example, Peer Mentors may hand out rainbow-colored wristbands to promote advocacy and allyship for LGBTQIA youth. Family activities will be developed to support family members to understand the stigma, discrimination, and experiences of LGBTQIA individuals, and learn how to communicate with, and support their family members.

The Peer Mentors will be trained in suicide prevention, Mental Health First Aid, and how and when to make referrals to more intensive services. In addition, Peer Mentors will be trained on how to maintain confidentiality with the students who use the resources. As mentioned, stigma and discrimination are of great concern for LGBTQIA youth, thus confidential support is essential to building and maintaining trust.

The Esperanza center will host a variety of activities for LGBTQIA youth. Some activities may include an open mic night, where youth can express themselves through singing, dancing, poetry, etc., inviting guest speakers from the LGBTQIA community, music groups, a dance, and writing groups.

The following is an estimated timeline for implementation of this program:

<b>Activity</b>	<b>Time from Initiation of Program</b>
Hire Peer Mentors	2 months
Train Peer Mentors	1 months
Develop materials, handouts, etc.	2 months
Provide outreach to schools, develop club activities, and offer activities	2 months and ongoing
Involve family members in activities	6 months
Evaluation	2 months, ongoing, and annually

***Linkages to County Mental Health and Providers of Other Needed Services***

The LGBTQIA Pilot Project will be co-located at the Esperanza Center and coordinate with SBCBH staff to offer outreach and activities at the schools and at Esperanza Center. SBCBH staff will work closely with staff at the high school to help develop a collaborative program. SBCBH staff will also be available to provide support services and ensure that youth have access to those services as needed. The Pilot Project's Peer Mentors will be knowledgeable of community and national resources, such as the It Gets Better Campaign and the Trevor Project. Peer Mentors will assist youth and their families to engage in services.

Implementation of services and encouragement of parents to become engaged in activities, develop community relationships, and build strong, cultural bonds will provide the foundation to help build psychologically and emotionally strong, healthy families.

### ***Collaboration and System Enhancements***

This Pilot Project builds collaboration between the schools, behavioral health services, and other community agencies. The development of a welcoming, supportive, culturally-relevant environment to offer services to support the health, mental health, and wellness needs for LGBTQIA youth is the goal of the project. These services and early intervention program will promote healthy futures for the youth and their families.

### ***Evaluation and Intended Outcomes***

Youth will greatly benefit from this program by having a safe, welcoming environment to receive support and services to help them experience a sense of connectedness. Youth will have a safe space to talk about their experiences, fears, bullying, discrimination, and lack of support from the community. In addition, youth will learn advocacy, coping mechanisms, and strategies for educating others, including developing anti-bullying campaigns. Participation in this program will help youth achieve a sense of connectedness to, and safety in school and the community, as well as help address any mental health symptoms including depression, anxiety, and/or suicidal thoughts.

Positive outcomes will include LGBTQIA youth:

- Staying in school
- Staying out of trouble
- Staying in a safe and stable home
- Staying healthy (including health, mental health, and/or substance use)

Services will help prevent LGBTQIA youth from the following:

- Dropping out of school
- Getting arrested
- Out-of-home placement
- Need for mental health inpatient services, suicidal behavior, depression, etc.

These outcomes will be utilized in evaluating this program. Parents will demonstrate positive family relationships and reduction in caregiver stress.

### ***Coordination with Other MHSA Components***

This program will be closely coordinated with our Behavioral Health MHSA program and with the programs offered by Behavioral Health. The Peer Mentors will have access to regular scheduled consultation with clinician coaching resources that assist the Peer Mentors with advisement on identification of mental health signs of symptomatology that may warrant referral of individuals for mental health or substance abuse treatment services. Youth will be referred to mental health services when their symptoms and behaviors require a higher level of treatment. The Peer Mentors will be co-located with other MHSA staff at the schools and the Esperanza Center.

***Additional Comments***

All resources and information on community services will be available in both Spanish and English. Priority will also be given to hire individuals with lived experience (e.g., LGBTQIA). Whenever possible, bilingual, bicultural staff will be hired to ensure that services are culturally relevant.

***Estimated Budget and Narrative***

The following is a budget of FY 16/17 anticipated expenditures for the new PEI LGBTQIA access project:

Description		County MHSA Funding	Other Funding Sources	Total
<b>A. EXPENDITURES</b>				
1.	Personnel	\$ 35,200		\$ 35,200
2.	Operating Expenditures	\$ 2,800		\$ 2,800
3.	Non-recurring Expenditures			
4.	Contract Services	\$ 4,000		\$ 4,000
5.	Other Expenditures	\$ 5,500		\$ 5,500
Total Direct Charges		\$ 47,500		\$ 47,500
6.	Indirect Charges	\$ 2,500		\$ 2,500
<b>Total Proposed Expenditures</b>		<b>\$ 50,000</b>		<b>\$ 50,000</b>
<b>B. REVENUES</b>				
1.	New Revenues			
	a. Medi-Cal ( <i>FFP only</i> )			
	b. State General Funds			
	c. Other Revenues			
<b>Total Revenues</b>				
<b>C. TOTAL MHSA FUNDING</b>				<b>\$50,000</b>

**A. EXPENDITURES**

1. Personnel – This line item includes salaries and benefits for two (2) 0.5 FTE Peer Mentors, as well as 0.05 FTE clinician oversight time to supervise the Peer Mentors.
2. Operating Expenditures – This line item includes facility costs such as rent. Other operating expenses include communications, office expenses, utilities, and janitorial costs.
3. Non-Recurring Expenditures – No expenses are budgeted for this category.
4. Contract Services – This line item includes the project’s portion of general mental health contracts, such as project evaluation and training costs.
5. Other Expenditures – This line item includes expenses related to outreach materials activities for the project, including educational and marketing items; advertising; etc.
6. Indirect Charges – This line item includes administration costs associated with the project.

**B. REVENUE** – We are not projecting revenue for this project at this time.

**C. TOTAL FUNDING** – Total FY 16/17 MHSA funding for this project is \$50,000.

## INNOVATION

NOTE: SBCBH is currently developing a new Innovation project based on stakeholder input and community needs. The new Innovation project will be included in the next MHSA Three-Year Plan (FY 2017/2018 through 2019/2020).

## WORKFORCE EDUCATION AND TRAINING

### ***Program Description and Achievements***

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

1. 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.
2. Additional training opportunities are provided through WET funding for staff and volunteers both onsite and off-site, at local and regional trainings.
3. 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.
4. 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.

### ***Challenges and Mitigation Efforts***

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.

### ***Significant Changes from Previous Fiscal Year***

There are no changes to the WET Program in FY 2016-2017.

## CAPITAL FACILITIES/TECHNOLOGY

### ***Program Description and Achievements***

Capital Facilities (CF) funds will be utilized to purchase land in Hollister and to begin the processes required for the design and construction planning and eventual construction of a new, larger Behavioral Health Facility 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 2016-2017 transfer from CSS to Capital Facilities is required to fund this project. Refer to the budget summary for details.

A Technology project has not been determined at this time.

### ***Challenges and Mitigation Efforts***

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.

### ***Benchmarks***

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.

### ***Significant Changes from Previous Fiscal Year***

A FY 2016-2017 transfer from CSS to Capital Facilities is required to fund this project. Refer to the budget summary for details.

**FY 2016/2017 Mental Health Services Act Annual Update  
Funding Summary**

County: San Benito

Date: 3/23/17

	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
<b>A. Estimated FY 2016/2017 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	2,166,682	834,872	209,776	131,546	1,547,860	
2. Estimated New FY 2016/2017 Funding	2,157,660	539,415	141,951			
3. Transfer in FY 2016/2017 <sup>a/</sup>	(429,785)				429,785	
4. Access Local Prudent Reserve in FY 2016/2017						0
5. Estimated Available Funding for FY 2016/2017	3,894,557	1,374,287	351,727	131,546	1,977,645	
<b>B. Estimated FY 2016/2017 MHSA Expenditures</b>	2,243,967	920,528	0	131,546	1,977,645	
<b>G. Estimated FY 2016/2017 Unspent Fund Balance</b>	1,650,590	453,759	351,727	0	0	

<b>H. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2016	929,050
2. Contributions to the Local Prudent Reserve in FY 2016/2017	0
3. Distributions from the Local Prudent Reserve in FY 2016/2017	0
4. Estimated Local Prudent Reserve Balance on June 30, 2017	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 2016/2017 Mental Health Services Act Annual Update  
Community Services and Supports (CSS) Funding**

County: San Benito

Date: 3/23/17

	Fiscal Year 2016/2017					
	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
<b>FSP Programs</b>						
1. CSS System Transformation (FSP)	1,144,423	1,144,423				
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>Non-FSP Programs</b>						
1. General System Development (80%)	610,359	610,359				
2. Outreach and Engagement (20%)	152,590	152,590				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CSS Administration</b>	336,595	336,595				
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	2,243,967	2,243,967	0	0	0	0
<b>FSP Programs as Percent of Total</b>	51.0%					

**FY 2016/2017 Mental Health Services Act Annual Update  
Prevention and Early Intervention (PEI) Funding**

County of San Benito

Date: 3/23/17

	<b>Fiscal Year 2016/2017</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated PEI Funding</b>	<b>Estimated Medi- Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>PEI Programs - Prevention</b>						
Suicide Prevention Training	11,220	11,220				
Mental Health First Aid Training	16,830	16,830				
<b>PEI Programs - Early Intervention</b>						
Children & Youth Services	286,106	286,106				
Older Adult Services	140,248	140,248				
Women's Services	22,440	22,440				
Health Care Integration	310,000	310,000				
<b>PEI Programs - Stigma Reduction/Outreach</b>						
Promoting Access for LGBTQIA	50,000	50,000				
	0					
	0					
	0					
<b>PEI Administration</b>	83,684	83,684				
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	920,528	920,528	0	0	0	0

**FY 2016/2017 Mental Health Services Act Annual Update  
Innovations (INN) Funding**

County: San Benito

Date: \_\_\_\_\_

	Fiscal Year 2016/2017					
	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
<b>INN Programs</b>						
1. N/A	0					
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					
<b>INN Administration</b>	0					
<b>Total INN Program Estimated Expenditures</b>	0	0	0	0	0	0

**FY 2016/2017 Mental Health Services Act Annual Update  
Workforce, Education and Training (WET) Funding**

County: San Benito

Date: 3/23/17

	Fiscal Year 2016/2017					
	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
<b>WET Programs</b>						
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					
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	131,546	131,546	0	0	0	0

**FY 2016/2017 Mental Health Services Act Annual Update  
Capital Facilities/Technological Needs (CFTN) Funding**

County: San Benito

Date: 3/23/17

	Fiscal Year 2016/2017					
	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
<b>CFTN Programs - Capital Facilities Projects</b>						
1. MHSA Facility (purchase & remodel)	1,977,645	1,977,645				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
<b>CFTN Programs - Technological Needs Projects</b>						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,977,645	1,977,645	0	0	0	0