MHSA COUNTY COMPLIANCE CERTIFICATION

County: **SAN BENITO**

☑ Three-Year Program and Expenditure Plan
☐ Annual Update

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

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

This Three-Year Program and Expenditure Plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The Three-Year Program and Expenditure Plan, attached hereto, was adopted by the County Board of Supervisors on July 21, 2020.

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

All documents in the attached Plan are true and correct.

Alan Yamamoto, LCSW		07/30/2020
Mental Health Director (PRINT)	*Signature*	*Date*

SAN BENITO COUNTY
AGENDA ITEM
TRANSMITTAL FORM

Mark Medina	Anthony Botelho	Peter Hernandez	Jim Gillio	Jaime De La Cruz
District No. 1	District No. 2	District No. 3	District No. 4 Vice-Chair	District No. 5 Chair

Item Number: 7.

MEETING DATE: 7/21/2020

DEPARTMENT: BEHAVIORAL HEALTH

DEPT HEAD/DIRECTOR: Alan Yamamoto

AGENDA ITEM PREPARER:

SBC DEPT FILE NUMBER: 810

SUBJECT:

BEHAVIORAL HEALTH DEPARTMENT - A. YAMAMOTO
Approve the 3-Year Mental Health Services Act (MHSA) Plan FY 2020-2021 and FY 2022-2023.
SBC FILE NUMBER: 810

AGENDA SECTION:

CONSENT AGENDA

BACKGROUND/SUMMARY:

The State Dept. of Health Care Services (DHCS) requires local Board of Supervisors approval of the County Behavioral Health Departments (BH) MHSA Plans, including DHCS required updates to Plans if significant changes occur. The required Public Posting Comment Period and a Public Hearing review and input processes for the new 3 Year MHSA Plan has occurred and the Behavioral Health Board approved the 3 Year MHSA Plan to go forward for Board of Supervisors review and approval for submission the DHCS and the MHSA Oversite and Accountability Commission.

OTHER AGENCY INVOLVEMENT:
Other Community Based Organizations and County Depts. participate in or benefit from the MHSA funded projects that provide a variety of behavioral services and other resources for the benefit of the community.

BUDGETED:

Yes

SBC BUDGET LINE ITEM NUMBER:

CURRENT FY COST:

$7,633,891 (3 year - $17,234,154

STAFF RECOMMENDATION:

Board of Supervisors approval of the County Behavioral Health Department's 3-Yr. 2020-21-22-23 MHSA Plan.

Authorize the County Behavioral Health Director to sign the accompanying MHSA County Compliance Certifications.

Authorize the County Auditor upon Auditors approval, signing of the 3-Yr MHSA Plan Auditor's Fiscal Certification.

ADDITIONAL PERSONNEL: No

BOARD ACTION RESULTS:

Approved 3-Yr MHSA Plan per staff recommendation. (5/0 vote)

ATTACHMENTS:

Description	Upload Date	Type
Behavioral Health MHSA 3 Year Plan FY2020-2023	7/13/2020	Other

REVIEWERS:

Department	Reviewer	Action	Date
Behavioral Health	Yamamoto, Alan	Approved	7/13/2020 6:58 PM
Behavioral Health	Slibsager, Janet	Approved	7/14/2020 - 12:11 PM
County Administration Office	Slibsager, Janet	Approved	7/14/2020 - 12:11 PM

MHSA FY 2020/2021-2022/2023 Three-Year Plan
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: **SAN BENITO**

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

Local Mental Health Director	County Auditor-Controller
Name: **Alan Yamamoto**	Name: **Joe Paul Gonzalez**
Telephone Number: **831-636-4020**	Telephone Number: **831-636-4090**
E-mail: **alan@sbcmh.org**	E-mail: **jgonzalex@cosb.us**
Local Mental Health Department Mailing Address: **1131 San Felipe Road Hollister, CA 95023**	

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

I declare under penalty of perjury under the laws of this state that the foregoing and the attached plan is true and correct to the best of my knowledge.

Alan Yamamoto, LCSW — *Mental Health Director (PRINT)*

Signature

07/30/2020 — *Date*

I hereby certify that for the fiscal year ended June 30, 2019, the County has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's financial statements are audited annually by an independent auditor and the most recent audit report is for fiscal year 2018/2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Joe Paul Gonzalez — *County Auditor-Controller (PRINT)*

Signature

8-3-2020 — *Date*

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

San Benito County Behavioral Health
MHSA FY 2020/2021-2022/2023 Three-Year Plan &
Annual PEI and INN Evaluation Report

MHSA COMMUNITY PROGRAM PLANNING

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 Process

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

For the planning process for this Three-Year Plan, we obtained input from several different stakeholder groups, including clients in the following age groups: Transition Age Youth (TAY) ages 16-25; Adults ages 26-59; Older Adults ages 60+; the LGBTQ community; Behavioral Health Board members; Schools; including the Office of Education; Special Education Local Plan Area (SELPA); and superintendents from several school districts; Probation; law enforcement agencies; veterans; Courts; and Child Welfare Services. We obtained input from over 20 participants on the Opioid Task Force through monthly meetings. We also obtained input through meetings with our Community Corrections Partnership; community meetings to discuss key issues (i.e., LGBTQ; homeless; veterans), and other scheduled meetings with stakeholders. Individuals attending Esperanza, our wellness center, also provided input into planning and program design. Data was analyzed periodically to review access, quality, outcomes, and cost-effectiveness. With this compiled information, we were able to determine the unique needs of our community and continue to implement an MHSA program that is well designed for our county and meets the needs of the citizens and stakeholders of this rural county.

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

The proposed MHSA Three-Year Plan 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; meetings with schools, CWS, and probation; to AB109 service recipients; during Katie A meetings; during inter-agency planning committees, including the Opioid Task Force; and at staff meetings, to obtain input and strategies for improving our service delivery system. All stakeholder groups and boards are in full support of this MHSA Three-Year Plan 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 including, but not limited to, meetings with schools, CWS, probation, and others involved in the delivery of MHSA services. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse service, Youth Alliance, schools, Health Foundation, the Opioid Task Force, and individuals involved with our Sober Living Environment home.

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

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA Three-Year Plan & Annual PEI and INN Evaluation Report was posted for a 30-day public review and comment period from May 28, 2020 through June 26, 2020. An electronic copy was available online at www.san-benito.ca.us. Hard copies of the document were available at the Behavioral Health Outpatient clinic and at Esperanza Center. In addition, the electronic document was emailed to all members of the Behavioral Health Board; and to consumers, staff, and partner agency representatives, upon request.

SBCBH welcomed feedback on the proposed Plan by phone or in writing to the following:

Juan Gutierrez-Cervantes
MHSA 3-Year Plan
San Benito County Behavioral Health
1131 San Felipe Road, Hollister, CA 95023
Phone: 831-636-4020; Fax: 831-636-4025
JGutierrez@sbcmh.org

Public Hearing Information

The public hearing for the MHSA Three-Year Plan & Annual PEI and INN Evaluation Report was conducted on Tuesday, June 30, 2020 at 1:00 pm, as a special convening of the San Benito County Behavioral Health Board (BHB). Due to the COVID-19 restrictions, the public hearing was held online only, via Zoom.

A total of 23 people participated in the public hearing. Seven (7) participants were BHB members; 11 participants were SBCBH staff; and five (5) participants were community stakeholders. Many of the participants were clients or family members. All of the participants were adults or older adults. Participants included persons who were Latino, Caucasian, Asian, and persons from other Race/Ethnicity groups.

Substantive Recommendations and Changes

- A summary of the feedback and public comments regarding the proposed Three-Year Plan is included below; the full minutes of the BHB public hearing are included as Attachment A.
    - There were several comments and concerns about the perceived termination of the Caminos program, a PEI program provided by Youth Alliance. Several stakeholders expressed support for this community-based program that serves vulnerable youth.
        - SBCBH clarified during the public hearing that the Caminos program is not being terminated. This community-based program will continue to serve youth, per this Plan (see page 22).

- Stakeholders expressed concern about the inclusion of a law enforcement officer in the new CSS Crisis Response Team, especially at the schools, citing current events, as well as past experiences involving mental health clients and law enforcement. Community members also felt that the crisis response program prioritizes law enforcement involvement, rather than appropriate trauma response training and support.
    - SBCBH acknowledges that the description of the Crisis Response Team may not accurately document the Community Liaison Officer's involvement, especially at the schools. This updated 3-Year Plan includes a revised description of the CRT, which details the prevention activities and coordination with Behavioral Health that the Community Liaison Officer will conduct. The new PEI program regarding the school-based, clinical services has also been edited to accurately describe the Community Liaison Officer's involvement in the PEI program. See pages 10 and 36 for the updated descriptions.

- See Attachment A for the full public hearing minutes.

- After the public hearing, changes were also made to the FY 20/21 budget. These changes included an increase in the FY 20/21 budget of Youth Alliance (the children's PEI early intervention service provider); and an increase in the transfer of funds from CSS to CFTN, per recent guidance from the state published in BHIN 20-040.

County Approval Process and State Submission

The posted MHSA Three-Year Plan & Annual PEI and INN Evaluation Report was updated as noted above. This updated Plan was approved by the county Board of Supervisors on July 21, 2020.

The final approved document has been submitted to the California Department of Health Care Services (DHCS) and the California Mental Health Services Oversight and Accountability Commission (MHSOAC), as required.

COMMUNITY SERVICES AND SUPPORTS COMPONENT

CSS Program Description and Outcomes

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

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support.

Our Drop-In Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment, including classes, social activities, and group therapy. Several days per week, Esperanza Center provides a separate program for Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in peer-driven, age-appropriate activities. Through the MHSA and PEI programs, the Esperanza Center creates a welcoming environment for all youth, including the LGBTQ community. Peer Mentors from the LGBTQ community provide LGBTQ-friendly and culturally-relevant services every Saturday.

In addition, through CSS funding, outreach and engagement activities are provided to the migrant worker population, the homeless, and in community settings to offer services to other at-risk individuals who are unserved or underserved.

CSS Data for FY 2018/19

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

The tables below show the number of CSS clients served, by age, race/ethnicity, and gender. Figure 1 shows there were 1,247 people served in FY 2018/19. Of these, 23.3% were Children ages 0-15; 21.7% were Transition Age Youth (TAY) ages 16-25; 46.3% were Adults ages 26-59; and 8.7% were Older Adults, ages 60 and older.

Figure 1
CSS (FY 2018/19)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	291	23.3%
16 - 25 years	271	21.7%
26 - 59 years	577	46.3%
60+ years	108	8.7%
Total	1,247	100.0%

Figure 2 shows the number of CSS clients served, by Race/Ethnicity. Of the 1,247 people served in FY 2018/19, there were 342 Caucasians (27.4%), 809 Latinos (64.9%), 13 Blacks (1%), 10 Asian/ Pacific Islanders (0.8%), 55 Other (4.4%) and 18 Unknown (1.4%).

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

Figure 2
CSS (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	342	27.4%
Latino	809	64.9%
Black	13	1.0%
Asian/ Pacific Islander	10	0.8%
Other	55	4.4%
Unknown	18	1.4%
Total	**1,247**	**100.0%**

Figure 3 shows gender for the 1,247 people served in FY 2018/19. There were more females (N=667) than males (N=580).

Figure 3
CSS (FY 2018/19)
Number of Clients, by Gender

	# Clients	% Clients
Male	580	46.5%
Female	667	53.5%
Total	1,247	100.0%

Figure 4 shows preferred language for the 1,247 people served in FY 2018/19. Of these clients, 1,118 reported that English is their preferred language (89.7%) and 115 reported that Spanish is their preferred language (9.2%), and four (4) reported Other (0.3%). The remaining 10 people have an Unknown language (0.8%).

Figure 4
CSS (FY 2018/19)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	1,118	89.7%
Spanish	115	9.2%
Other	4	0.3%
Unknown	10	0.8%
Total	1,247	100.0%

FSP Data for FY 2017/18 and FY 2018/19

Figure 5 compares data for clients who were identified as Full-Service Partnership (FSP) in FY 2017/18 and FY 2018/19. The total number of people served across the two-year period increased. There were 77 people who were designated as FSP in FY 2017/18 and 82 people in FY 2018/19. All age categories increased slightly across the two years except children, which decreased from 20 children served to 14 children served.

This program is valuable for our clients, and a priority for the CSS program to support individuals to receive the appropriate level of services. In the next fiscal year, we plan to review the criteria for FSP and provide training to staff to increase the number of clients who are referred to this valuable program.

Note: The Age category of Older Adults has been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 5
FSP (FY 2017/18 and 2018/19)
Number of Clients, by Age

	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients
0 - 15 years	20	26.0%	14	17.1%
16 - 25 years	20	26.0%	22	26.8%
26 - 59 years	29	37.7%	37	45.1%
Other	8	10.4%	9	11.0%
Total	**77**	**100.0%**	**82**	**100.0%**

Figure 6 shows FSP clients by Race/Ethnicity. Across the two years, the total number of people assigned to FSP increased from 77 to 82 people. There was an increase in the number of Latinos (54 to 56 persons served each year) and Other (1 to 2 persons served each year). The number of White/ Caucasian stayed consistent at 22. Latinos represent 68-70% of all FSP clients.

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

Figure 6
FSP (FY 2017/18 and 2018/19)
Number of Clients, by Race/Ethnicity

	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients
White/ Caucasian	22	28.6%	22	26.8%
Latino	54	70.1%	56	68.3%
Other	1	1.3%	2	2.4%
Unknown	-	-	2	2.4%
Total	**77**	**100.0%**	**82**	**100.0%**

Figure 7 shows FSP clients by preferred language. Across the two years, the number of FSP clients who spoke English and Other increased slightly, from 67 to 73.

Note: The Language categories other than English have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 7
FSP (FY 2017/18 and 2018/19)
Number of Clients, by Preferred Language

	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients
English	68	88.3%	73	89.0%
Other	6	7.8%	8	9.8%
Unknown	3	3.9%	1	1.2%
Total	**77**	**100.0%**	**82**	**100.0%**

Figure 8 shows FSP clients by gender. Across the two years, there was an increase in the number of persons who were male (35 to 37) and female (42 to 45).

Figure 8
FSP (FY 2017/18 and 2018/19)
Number of Clients, by Gender

	FY 2017/18 # FSP Clients	FY 2017/18 % FSP Clients	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients
Male	35	45.5%	37	45.1%
Female	42	54.5%	45	54.9%
Total	**77**	**100.0%**	**82**	**100.0%**

CSS Program Challenges and Mitigation Efforts

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

Significant CSS Program Changes in Next Fiscal Year

New CSS Program: Crisis Response Team
CSS funds will be used to implement a new Crisis Response Team (CRT) to respond to crises in the community; to help de-escalate the situation and support the individual to remain stable in the community; and to avoid the additional trauma of being transported to the Emergency Department (ED) in a locked vehicle, whenever possible. The CRT is comprised of a case manager (1.0 FTE) and a half-time law enforcement officer (0.5 FTE) from the Hollister Police Department (HPD). In addition, a mental health clinician is available to support the CRT on a case-by-case basis. A Peer Advocate (1.0 FTE) may be added in the next fiscal year.

The CRT will respond to crisis situations in the community to help de-escalate the crisis situation and resolve the crisis in the community. This approach may also avoid transporting the individual to the ED, whenever possible. The CRT will respond to the crisis and provide support to the individual and family to help deescalate the situation. An HPD Community Liaison Officer is available to the CRT in situations that warrant law enforcement involvement, and ensure the safety of the Behavioral Health staff who are responding in the community. The Community Liaison Officer will also conduct prevention activities focused on identifying individuals who are showing signs and symptoms of escalating mental illness observed in the community. An additional half-time (0.5 FTE) of the Community Liaison Officer position is allocated in the Prevention and Early Intervention (PEI) section of this plan.

When individuals are identified, the Community Liaison Officer will coordinate with the CRT to respond as a team to ensure that BH makes contact and implements all possible therapeutic

interventions that can be offered before the individual exhibits crisis levels of acuity. The Community Liaison Officer will also receive training in the de-escalation of mental health symptomatology. In addition, the Community Liaison Officer will be available as a resource to share training information gained with other and HPD officers. The Community Liaison Officer may also be available to schools, if SBCBH and school staff initiate such a request, should concerns for students and staff personal safety warrant the Community Liaison Officer's presence.

The CRT will devote time with the family to provide additional support and to develop a safety plan, when appropriate, as well as begin developing a plan for continued ongoing services, as needed.

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

Data will be collected on the CRT activities to document persons served, services delivered, and outcomes of services. SBCBH will collect demographics, as well as the dates and duration of services delivered, both during the crisis and ongoing, such as therapeutic, case management, and advocacy services. Outcome data will be analyzed to determine the number and percent of crisis situations that prevent hospitalizations and subsequent crisis situations. Perception of care will also be collected with individuals and family members, to help improve services over time.

PREVENTION AND EARLY INTERVENTION COMPONENT

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

This section also includes the required PEI Evaluation Report, analyzing one (1) year of data (FY 2018/2019). Outcomes are reported for Early Intervention programs. Client data that shows fewer than 10 individuals is included in the "Other" category or in the "Other/Unknown" category to protect privacy and confidentiality in this small county.

PEI Program Descriptions, Data, and Outcomes

A. Prevention Programs

1. Mental Health First Aid Training: This program is being terminated. See the *Significant PEI Program Changes* section below for termination information and final data.

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

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

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

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

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

Evaluation activities include collecting demographic information for each individual receiving services. In addition, information on the type of service received, date of service, location of service, and duration of the service is collected. Other outcome instruments are used to measure improvement in behaviors as a result of services. Information on the number and type of referrals to community services is also collected.

This school-based case management program was implemented in early 2019. During the first six months of 2019, four case managers were hired, extensively trained, and began delivering services in the schools. This included planning and implementing outreach activities for May is Mental Health Month.

In FY 2018/19, this program offered a total of 47 outreach activities. Figure 9 shows that there were 1,441 outreach contacts during the 47 outreach activities.

Figure 9
School-Based Case Management Services (FY 2018/19)
Outreach Activities

Number of Outreach Activities	Number of Outreach Contacts
47	1,441

In addition to the recruitment, hiring, training, and outreach activities, case managers began spending time in the schools, to develop relationships with school personnel, students, and families. A referral system was developed so teachers and administrators knew how to make referrals to the program.

In the Spring of 2019, this program served 18 unique students. Twelve (12) received assessment services, and five (5) support services. A few other services were delivered to meet the initial needs of these students and families. Figure 10 shows the Average Hours per Client by Service Type.

Figure 10
School-Based Case Management Services (FY 2018/19)
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Assessment/ Screening	8.58	12	**0.72**
Individual/ Family Therapy	0.00	0	**-**
Case Management/ Linkage	0.75	1	**0.75**
Rehab./ Mental Health Services	0.50	1	**0.50**
Support Services	4.92	5	**0.98**
Collateral	0.00	0	**-**
Other	2.20	3	**0.73**
Total (All Services)	**16.95**	**18**	**0.94**

Note: Demographic data is not shown for this program to ensure confidentiality of clients, as the number of persons in one or more categories was fewer than 10.

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

   The Case Manager collaborates with other agencies that provide services to older adults, including Health and Human Services Agency, In-Home Supportive Services, Adult Protective Services, local physicians, Public Health, Senior Centers, nursing

homes, home health agencies, and regional organizations which serve the elderly. Staff serving these agencies may receive training to complete a brief screening tool (on request) to help them recognize signs and symptoms of mental illness in older adults.

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

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

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

This program served 108 persons in FY 2018/19 (See Figure 11). All persons served were ages 60 and older.

Figure 11
Older Adult Prevention Program (FY 2018/19)
Number of Clients, by Age

	# Clients
60+ years	108

In FY 2018/19, there were 51 Caucasians in the program and 45 Latinos (see Figure 12). There were nine (9) people with an Other Race/Ethnicity and three (3) Unknown.

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

Figure 12
Older Adult Prevention Program (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	51	47.2%
Latino	45	41.7%
Other	9	8.3%
Unknown	3	2.8%
Total	**108**	**100.0%**

Figure 13 shows data for the Older Adult program for preferred language in FY 2018/19. The majority of persons spoke English (78.7%). There were 20.4% who spoke Spanish; information preferred language was Unknown for one (1) person.

Figure 13
Older Adult Prevention Program (FY 2018/19)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	85	78.7%
Spanish	22	20.4%
Unknown	1	0.9%
Total	**108**	**100.0%**

Figure 14 shows data for the Older Adult program for gender. In FY 2018/19, there were 38.9% males and 61.1% females.

Figure 14
Older Adult Prevention Program (FY 2018/19)
Number of Clients, by Gender

	# Clients	% Clients
Male	42	38.9%
Female	66	61.1%
Total	**108**	**100.0%**

4. Women's Prevention Services: SBCBH contracts with Transcend to offer services to women. The Transcend services assist in the prevention of the development of conditions, such as PTSD, depression, and anxiety that are prevalent in victims of domestic violence. This program continues to offer mental health prevention groups at a local community domestic violence shelter to help victims of domestic violence, reduce stigma, and improve access to the Latino community. Many of the Latino families in the county are immigrants or first generation.

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

   Figure 15 shows Average Attendance per Group with 216 attending in FY 2018/19, 44 groups offered during the year, and an average of 4.9 persons attending each group.

Figure 15
Transcend (FY 2018/19)
Average Attendance per Group

# Groups	**44**
Attendance	**216**
Avg. Attendance/Group	**4.9**

Figure 16 shows Transcend clients by age. There were 51 individuals served through the Transcend Program in FY 2018/19 (Figure 16). Of the individuals served, 22 (43.1%) were 26-59 years of age, six (6) clients in Other ages, and 23 of the clients were Unknown.

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

Figure 16
Transcend (FY 2018/19)
Number of Clients, by Age

	# Clients	% Clients
26 - 59 years	22	43.1%
Other	6	11.8%
Unknown	23	45.1%
Total	**51**	**100.0%**

Figure 17 shows assigned gender at birth, with 28 reporting female (54.9%), one (1) prefer not to answer (2.0%), and 22 with no information (43.1%).

Figure 17
Transcend (FY 2018/19)
Number of Clients, by Assigned Gender at Birth

	# Clients	% Clients
Male	-	-
Female	28	54.9%
Prefer not to answer	1	2.0%
Unknown	22	43.1%
Total	**51**	**100.0%**

Figure 18 shows current gender identity, with 27 reporting Female (52.9%) one (1) Other (2.0%), and 23 with no information (45.1%).

Figure 18
Transcend (FY 2018/19)
Number of Clients, by Current Gender Identity

	# Clients	% Clients
Male	-	-
Female	27	52.9%
Transgender	-	-
Questioning	-	-
Genderqueer	-	-
Other	1	2.0%
Prefer not to answer	-	-
Unknown	23	45.1%
Total	**51**	**100.0%**

In FY 2018/19 there were a total of 51 individuals served. There were 19.6% that reported their Race/ Ethnicity as White/ Caucasian. There were 29.4% that reported their Race/Ethnicity as Latino. There was one (1) person (2.0%) who reported Other and the remaining 23 people were Unknown (45.1%) (see Figure 19).

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

Figure 19
Transcend (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	10	19.6%
Latino	15	29.4%
Other	3	5.9%
Prefer not to answer	1	2.0%
Unknown	22	43.1%
Total	**51**	**100.0%**

There were 51 individuals served through the Transcend Program in FY 2018/19 (Figure 20). Of the individuals served, the majority reported their sexual orientation as Heterosexual/Straight (43.1%). There were 47.1% of the individuals that did not report information on sexual orientation.

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

Figure 20
Transcend (FY 2018/19)
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	22	43.1%
Other	3	5.9%
Prefer not to answer	2	3.9%
Unknown	24	47.1%
Total	**51**	**100.0%**

Of the 51 individuals served through the Transcend Program in FY 2018/19, 51.0% reported English as their preferred language (Figure 21).

Note: The Language categories other than English have been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 21
Transcend (FY 2018/19)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	26	51.0%
Other	4	7.8%
Unknown	21	41.2%
Total	**51**	**100.0%**

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

   In FY 2018/19, there were 29 people served by the SBC Behavioral Health clinician at the San Benito Health Foundation, a Federally Qualified Health Center (FQHC). Figure 22 shows the ages of the clients served by the Behavioral Health clinician. There were ten (10) Transition Age Youth (TAY) 16-25 years (34.5%), 13 Adults 26-59 years (44.8%) and six (6) in Other age groups (20.7%).

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

Figure 22
FQHC Clients Served by SBC Behavioral Health (FY 2018/19)
Number of Clients, by Age

	# Clients	% Clients
16-25 years	10	34.5%
26-59 years	13	44.8%
Other	6	20.7%
Total	**29**	**100.0%**

Of the 29 clients served in FY 2018/19, 41.4% were male and 58.6% female (Figure 23).

Figure 23
FQHC Clients Served by SBC Behavioral Health (FY 2018/19)
Number of Clients, by Gender

	# Clients	% Clients
Male	12	41.4%
Female	17	58.6%
Total	**29**	**100.0%**

Figure 24 shows this data by Race/Ethnicity. Of the 29 people served by the SBC Behavioral Health clinician in FY 2018/19, all were Latino (100%). This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation

Figure 24
FQHC Clients Served by SBC Behavioral Health (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	29	100.0%

Figure 25 shows data by Preferred Language. Of the 29 people served in FY 2018/19, 17 preferred English (58.6%) and 12 preferred Spanish (41.4%).

Figure 25
FQHC Clients Served by SBC Behavioral Health (FY 2018/19)
Number of Clients, by Language

	# Clients	% Clients
English	17	58.6%
Spanish	12	41.4%
Total	**29**	**100.0%**

B. Early Intervention Program

6. Children's Early Intervention Services (Youth Alliance): SBCBH contracts with the Youth Alliance (YA) to provide children and youth with Prevention and Early Intervention services in the schools and community.

   YA offers Prevention services through the *Caminos* program and Early Intervention services in the GUIAS program. The GUIAS curriculum consists of the promising practice, *Joven Noble – Rites of Passage*, a Latino youth development and leadership enhancement program. In addition, the curriculum from *Xinachtli* and *Cara Y Corazon* compliment the Joven Noble program. When a group is mixed gender, then the program is called *Ollin*.

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

The culturally-based GUIAS early intervention program works with youth to develop life skills, cultural identity, character, and leadership skills. The strength-based program's goals are to reduce gang involvement and provide 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, when available, to help them learn to support healthy outcomes for their children. Youth and families involved in the GUIAS program have achieved positive outcomes and youth develop positive leadership skills and reduce involvement in gangs. The Risk Resiliency Factors is used to track outcomes over time for the GUIAS program.

Figure 26 shows the number of children and youth served by the Youth Alliance (YA) Caminos Prevention program, by age group. In FY 2018/19, YA served 62 children. There were 33 children in the Caminos program who were ages 5-11 years (53.2%); 21 children who were ages 12-13 years (33.9%); and 8 in Other age groups (12.9%).

Note: The Age category of 14-17 years has been combined into Other to ensure confidentiality of our clients, because the number of persons in one or more of these categories was fewer than 10.

Figure 26
Caminos (FY 2018/19)
Number of Clients, by Age

	# Clients	% Clients
5 - 11 years	33	53.2%
12 - 13 years	21	33.9%
Other	8	12.9%
Total	**62**	**100.0%**

Figure 27 shows the number of children and youth served by the Caminos program, by gender. In FY 2018/19, there were 38 males in the program (61.3%) and 24 females (38.7%).

Figure 27
Caminos (FY 2018/19)
Number of Clients, by Gender

	# Clients	% Clients
Male	38	61.3%
Female	24	38.7%
Total	**62**	**100.0%**

Figure 28 shows that in FY 2018/19, 69.4% of the children served by Caminos were Latino and 24.2% were Caucasian.

Figure 28
Caminos (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	15	24.2%
Latino	43	69.4%
Other	4	6.4%
Total	**62**	**100.0%**

Figure 29 shows this Caminos data by Preferred Language. Of the 62 children served in 2018/19, 55 (88.7%) preferred English and 7 (11.3%) preferred Other languages.

Note: The Language categories other than English have been combined into Other/ Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 29
Caminos (FY 2018/19)
Number of Clients, by Language

	# Clients	% Clients
English	55	88.7%
Other	7	11.3%
Total	**62**	**100.0%**

Of the 62 children and youth served in FY 2018/19, a small number reported one or more disabilities (Figure 30).

Note: The Disability categories of Difficulty seeing, Difficulty hearing or speaking, Other communication disability, Cognitive, Developmental, Physical/ mobility, Chronic health condition and Other non-communication disability have been combined into Disability to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 30
Caminos (FY 2018/19)
Number of Clients, by Disability
(clients may choose more than one)

	# Clients	% Clients
Disability	16	25.8%
No Disability	29	46.8%
Prefer not to answer	-	0.0%
Unknown	17	27.4%
Total	**62**	**104.8%**

Figure 31 shows the average number of contacts per Caminos youth. There were 62 youth served by the Caminos program and a total of 858 contacts in FY 2018/19. These contacts include both one-on-one appointments with the student (approximately 67% of the contacts) and parent only contacts (approximately 33% of the contacts). This data shows that there is an average of 13.8 contacts per client and/or their parent during the year.

Figure 31
Caminos (FY 2018/19)
Average Case Management Contacts* per Client

	FY 2018-19
Total Client Contacts	858
Clients Enrolled	62
Average Contacts per Client and/or Parent	**13.8**

** Contacts may include: one-on-one appointments, phone contacts, drop-ins, home visits, family contacts, and/or parent only contacts.*

Figure 32 shows the number of children and youth served by the YA GUIAS Early Intervention program for the Male and Female groups, by age. In FY 2018/19, YA GUIAS served 63 people in the Male groups and 33 people in the Female groups. For the Male groups, there were 11 children ages 12 – 13 years (17.5%), 46 who were 14 – 17 years (73%), four (4) in Other age groups and two (2) Unknown. For the Female groups, there were 32 who were 14 – 17 years (97%) and one (1) Unknown.

Note: The Age category of 5 - 11 years has been combined into Other to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 32
GUIAS (FY 2018/19)
Number of Clients, by Age

	# Clients Male	% Clients Male	# Clients Female	% Clients Female
12 - 13 years	11	17.5%	-	0.0%
14 - 17 years	46	73.0%	32	97.0%
Other	4	6.3%	-	0.0%
Unknown	2	3.2%	1	3.0%
Total	**63**	**100.0%**	**33**	**100.0%**

Figure 33 shows the number of clients served by GUIAS separated by Race/Ethnicity in FY 2018/19. There were 56 males (88.9%) and 30 females (90.9%) who were Latino. There were three (3) males (4.8%) and two (2) females (6.1%) who were reported as Other. The remaining 4 males (6.3%) and 1 female (3.0%) were Unknown.

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

Figure 33
GUIAS (FY 2018/19)
Number of Clients, by Race/Ethnicity

	# Clients Male	% Clients Male	# Clients Female	% Clients Female
Latino	56	88.9%	30	90.9%
Other	3	4.8%	2	6.1%
Unknown	4	6.3%	1	3.0%
Total	**63**	**100.0%**	**33**	**100.0%**

Figure 34 shows this data by Preferred Language in FY 2018/19. There were 63 male clients served, 59 preferred English (93.7%) and 4 preferred another language (6.3%). There were 33 female clients served,17 preferred to speak English (51.5%) and 16 preferred another language (48.5%).

Note: The Language categories other than English have been combined into Other/ Unknown to ensure confidentiality of our clients because the number of persons in one or more of these categories was fewer than 10.

Figure 34
GUIAS (FY 2018/19)
Number of Clients, by Language

	# Clients Male	% Clients Male	# Clients Female	% Clients Female
English	59	93.7%	17	51.5%
Other	4	6.3%	16	48.5%
Total	**63**	**100.0%**	**33**	**100.0%**

Figure 35 shows the Average Attendance per Group in FY 2018/19. There were 329 males who attended 81 groups with an average of 4.1 males attending each group. There were 166 females who attended 63 groups with an average of 2.6 females attending each group.

Figure 35
GUIAS (FY 2018/19)
Average Attendance* per Group

	Male	Female
Total Attendance	329	166
Number of Groups attended	81	63
Average Attendance per Group	**4.1**	**2.6**

** Clients may attend multiple groups.*

Figure 36 shows the average number of contacts per GUIAS youth in FY 2018/19. There was an average of 23.7 contacts per male client out of the 63 male clients enrolled. There was an average of 12.7 contacts per female client out of the 33 female clients enrolled. There were 1,492 total contacts for male clients and 418 total contacts for female clients.

Figure 36
GUIAS (FY 2018/19)
Average Case Management Contacts per Client**

	Male	**Female**
Total Client Contacts	1,492	418
Clients Enrolled	63	33
Average Contacts per Client	**23.7**	**12.7**

**Contacts may include: one-on-one appointments, phone contacts, drop-ins, home visits, family contacts, and/or parent only contacts.*

Figure 37 shows outcomes for Youth in the GUIAS Early Intervention program for FY 2018/19. The Risk Resiliency (RR) tool collects information on a number of key risk and resiliency factors over time. The RR is collected at baseline/intake, every six months, and at discharge. Data is compared between the baseline score and the most recent score available. Youth who show improvement and/or "best" on each factor for the two measurement periods are reported as "Improved/Best." If the youth's score stays the same across the two measurement periods, then the youth is counted as "Same." If the youth has a decline, or decrease, on the factor from the first score to the most recent score, then the youth is counted as "Declined."

Figure 37 shows that 84.4% of all youth that attend the GUIAS program showed Improved/Best in Out of Trouble factors; 78.1% showed Improved/Best in Alcohol/Substance Use factors; and 87.5% showed Improved/Best in Education/Employment factors. Factors addressing Social and Family showed 50% Improved/Best; Healthy showed 65.6% Improved/Best; and Emotional Strength showed 62.5% Improved/Best. These three factors show a higher rate of youth having a decline in Social and Family (28.1%); Healthy factors (34.4%), and Emotional Strength (34.4%).

Figure 37
GUIAS Outcomes (FY 2018/19)
Risk and Resiliency Factors
Matched Intake and Exit Results
All YA GUIAS Youth

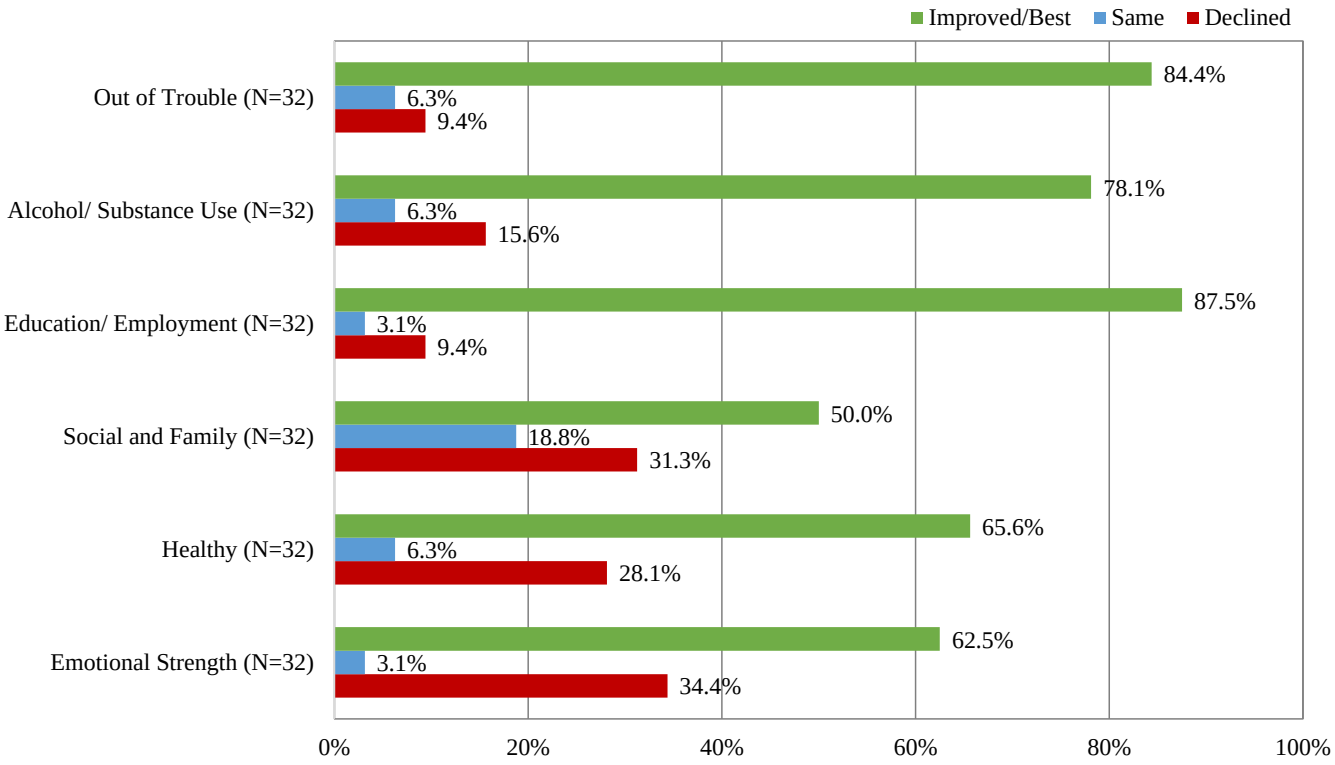


Figure 38 shows outcomes for male YA Youth in the GUIAS program on the Risk Resiliency Factors in FY 2018/19. Of the 16 male youth in the GUIAS program, 81.3% showed improved/best in Out of Trouble factors. There were 75% that showed Improved/Best in Alcohol/Substance Use factors; 93.8% in Education/Employment factors; 81.3% in Social and Family; 75% in Healthy; and 75% in Emotional Strength. For male youth, 12.5% showed a decline in score for Alcohol/ Substance Use and Healthy. Twenty-five percent (25%) showed a decline in Emotional Strength.

Figure 38
GUIAS Outcomes (FY 2018/19)
Risk and Resiliency Factors
Matched Intake and Exit Results
Males Only

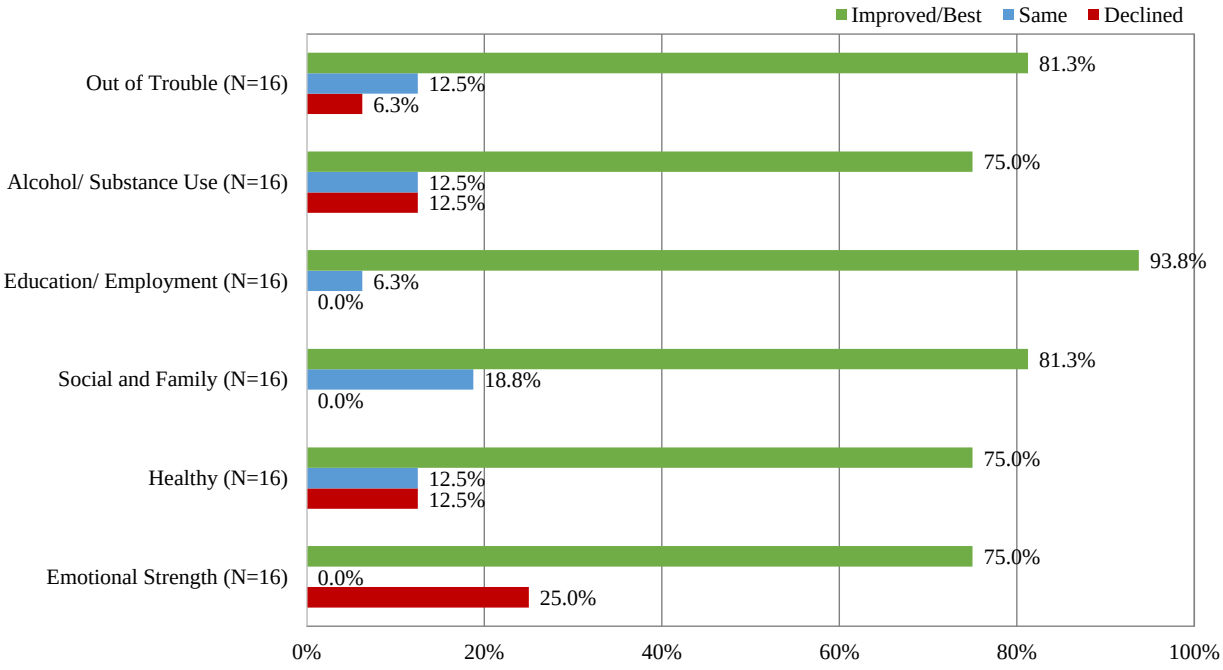
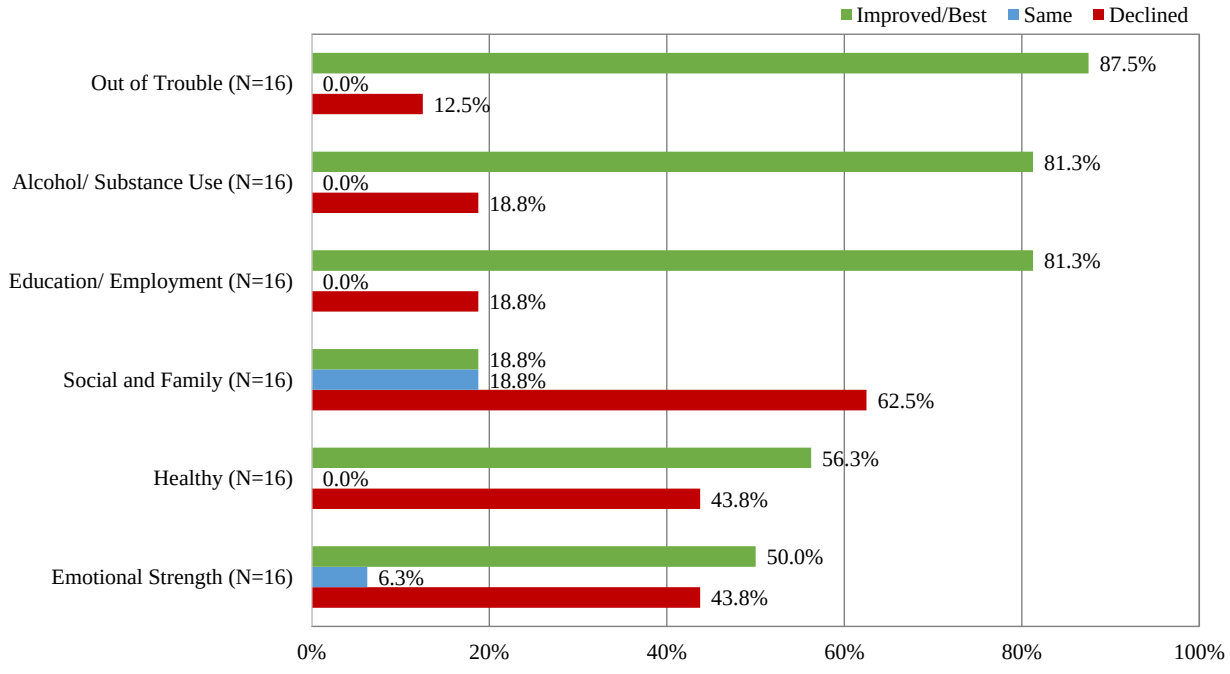


Figure 39 shows outcomes for female YA Youth in the GUIAS program on the Risk Resiliency Factors in FY 2018/19. Of these 16 female youth in the GUIAS program, 87.5% showed Improved/Best in Out of Trouble factors, 81.3% showed Improved/Best in Alcohol/Substance Use factors, and 81.3% in Education/Employment factors. Only 18.8% of females that showed Improved/Best in Social and Family, 56.3% in Healthy, and 50% in Emotional Strength.

It is interesting to note that females in the GUIAS program had fewer Improved/Best scores on each of the factors, compared with the males in the Caminos program. For female youth, 62.5% showed a significant decline in Social and Family factors; 43.8% showed a decline in Healthy factors; and 43.8% showed a decline in Emotional Strength.

Figure 39
GUIAS Outcomes (FY 2018/19)
Risk and Resiliency Factors
Matched Intake and Exit Results
Females Only



C. Suicide Prevention

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

   In FY 2018/19, there were seven (7) Suicide Prevention trainings with 159 participants. These trainings were well received by community members who participated (Figure 40).

Figure 40
Suicide Prevention (FY 2018/19)
Number of Trainings and Participants

Fiscal Year	Number of Trainings	Number of Participants
2018/19	7	159

D. Access/Outreach/Stigma Reduction

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

   Three (3) part-time Peer Mentors were hired, and they are providing leadership in planning, designing, and implementing this innovative stigma reduction program. When the program was first initiated, the community provided support to the development of this important new program. There was an Open House in the Fall 2017 with over 50 community members attending this event, including a Board of Supervisor member. In FY 2017/18, there was a PRIDE event that included food, music, and speakers. Over 100 people attended this event.

   In FY 2018/19, Peer Mentors held activities throughout the year, to help reduce stigma, identify and engage individuals who are interested in learning more about the LGBTQ+ community, and help reduce barriers to accessing services. Peer mentors offer various activities every Saturday with engaging, youth-friendly activities at Esperanza to promote access and supportive services.

In FY 2018/19, there were 12 outreach activities that reached 562 people. It is very exciting to see the effectiveness of these outreach activities in engaging so many people in this small, rural community (see Figure 41).

Figure 41
LGBTQ Resource Center (FY 2018/19)
Outreach Activities

Number of Outreach Activities	Number of Outreach Contacts
12	562

In FY 2018/19, the LGBTQ Resource Center offered interesting and engaging activities every Saturday at Esperanza. Figure 42 shows that there were 315 people who participated in these Saturday activities. This program has been effective at creating a safe and supportive environment to help reduce stigma and welcome individuals who are LGBTQ to obtain information and creative positive social connections.

Figure 42
LGBTQ Resource Center (FY 2018/19)
Drop-in Attendees

Number of Drop-in Attendees
315

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

Figure 43 shows attendance at specific LGBTQ groups that are offered at Esperanza. There were eight (8) different groups that were held in FY 2018/19, with a total attendance of 44. This data shows an average attendance of 5.5 persons.

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

Figure 43
LGBTQ Resource Center (FY 2018/19)
Group Services: Average Attendance per Group

# Groups	**8**
Attendance	**44**
Avg. Attendance/Group	**5.5**

Annual PEI Evaluation Summary

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

The data analysis found that, within the YA GUIAS program, female youth showed a decline in some outcomes at a higher rate compared to the males in the programs. A factor that may have influenced these outcomes is that females attended fewer groups than males, with 2.6 females per group and 4.1 males per group.

The School-Based Case Management Services program was well received by the schools and will be fully implemented by the end of FY 2019/2020.

The various SBCBH PEI programs continue to provide excellent services to all age groups and populations, with a needs-based emphasis on children and youth; older adults; women experiencing domestic violence; Latinos; the LGBTQ community; and first responders.

PEI Program Challenges and Mitigation Efforts

San Benito+: This program has created an important program in San Benito County and provides outreach to the LGBTQ community. The Peer Mentors and other county staff have made outreach a focus to break down these barriers. Activities such as LGBTQ Leadership Conference, Pride parades, visits to other LGBTQ centers in neighboring counties, and open hours at the Esperanza Center on Saturdays, have been specifically designed for persons from the LGBTQ community. These services have been successful. Our community partners such as

Probation, Public Health, and various community-based organizations have assisted in outreaching to this population by volunteering to advertise on their webpages and providing printed information on the program to the TAY population who identify.

San Benito+ continues to be a priority for SBCBH, and our managers and Peer Mentors will continue to work together to identify creative opportunities to engage youth and young adults in these activities. It is our hope that the LGBTQ community will continue to utilize and grow this program as a safe place to find the support that they need and continue to expand services and resources to the community.

Significant PEI Program Changes in Next Fiscal Year

Program PEI Termination: Mental Health First Aid Training

The nationally-recognized Mental Health First Aid (MHFA) training program is an eight (8) hour training to help participants learn a 5-step action plan which includes development of skills, resources, and knowledge so the trained community member can help an individual in crisis and to link the individual to the appropriate professional, peer, social, and self-help care.

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

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

In FY 2018/19, Youth Alliance conducted three (3) MHFA 1-day trainings. Figure 44 shows that, across the three (3) trainings, 67 people participated.

Figure 44
Mental Health First Aid Training (FY 2018/19)
Number of Trainings and Participants

Fiscal Year	Number of Trainings	Number of Participants
2018/19	3	67

MHFA will be terminated as a PEI program at the end of FY 2019/20. Several key SBCBH staff have been trained to provide MHFA training, with a focus on educating school personnel. MHFA training will continue to be offered by designated trainers, through other funding sources.

New PEI Program: School-Based Clinical Services

Based upon stakeholder and community input, SBCBH plans to expand PEI services for all age groups, with a primary focus on expanding services to children and TAY in the schools. Feedback from stakeholder groups was positive regarding the prevention services offered by SBCBH case managers in the schools under PEI. To compliment the case managers, stakeholders stressed the importance of needing the "next level" of clinical services in the schools, to meet the needs of complex children and youth.

In FY 2020/21, SBCBH will implement a new "School-Based Clinical Services" program, which will place 4.0 FTE licensed/waivered clinical staff on a rotation schedule that allows for their presence at virtually all the schools to serve high-need children and youth. The schools will provide space on-site for the clinicians to provide one-on-one therapeutic services to children, youth, and when appropriate, to their families. In addition, a half-time (0.5 FTE) Community Liaison Officer will be funded to provide a variety of community based prevention services and the Community Liaison Officer can also be available to support the program staff and students, when requested by SBCBH and/or school staff. This new Early Intervention program will expand services to meet the complex needs of children and TAY, and support teachers to promote safe and healthy schools. These services will expand access to mental health treatment and provide services in the least restrictive setting for both students and their families, while supporting teachers.

Data will be collected on these early intervention services, including, but not limited to, demographics; dates of services; types of services; duration of services; and outcomes. Perception of care will be collected from the students, and families when available. Evaluation reports will be available at least semi-annually to the schools and stakeholders to provide information on access, quality, and outcomes.

INNOVATION

This section includes the required INN Evaluation Report, analyzing one (1) year of data (FY 2018/2019), including outcomes. Client data that shows fewer than 11 individuals is included in the "Other" category or in the "Other/Unknown" category to protect privacy and confidentiality in this small county.

INN Program Description and Outcomes

The San Benito County Behavioral Health-Diversion and Reentry Court (BH-DRC) program is an innovative approach to addressing the needs of persons with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders and are involved in the judicial and/or jail systems. This INN program was approved by the Mental Health Oversight and Accountability Commission (OAC) in Spring 2019 and will be funded for 5 years, through FY 2022/23.

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

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

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

A court defendant or jail inmate meeting the criteria for participation in the BH-DRC enrolls in the BH-DRC process as a voluntary option in lieu of jail incarceration, through either the diversion of placement in jail or as a condition for early release from jail. Whenever possible, the BH-DRC Project diverts individuals from jail incarceration who have a mental illness and

who have encountered legal difficulties. These individuals, with the assistance of mental health treatment, would be better served in the community.

The county partners involved in developing the INN program for MHSOAC approval are also actively involved in implementing the program and making referrals. These partners include, but are not limited to, the Superior Court Judge, Probation, District Attorney, Prosecuting Attorney, Sheriff's Department, Health and Human Services, persons with lived experience, and Behavioral Health Staff. This program is showing positive outcomes and individuals enrolled in the program are working hard, attending training, and following court orders to achieve positive outcomes.

Annual INN Evaluation Summary

To date, there have been 11 individuals enrolled in the BH-DRC program. As a result of this small number, only summary data will be provided to protect individual's privacy and confidentiality. Of these individuals, over 80% are Latino, over 50% speak Spanish, and approximately 80% are heterosexual. Over 25% are veterans, and over 60% live in a house or apartment.

Most of the enrolled individuals are successfully working through Phase I. Over 10% have earned points to move to Phase 2. These individuals are making good progress in their treatment; complying with court orders; and are developing positive skills to help them successfully graduate in the program in the next year.

INN Program Challenges and Mitigation Efforts

Challenges have centered around confusion with program guidelines (target population; screening protocols; etc.). SBCBH has conducted additional training at the jail to ensure that all staff are aware of the screening and referral processes. Ongoing communication will support collaboration across agencies and ensure success of the program.

Significant INN Program Changes in Next Fiscal Year

There are no significant INN Program changes in the next fiscal year.

WORKFORCE EDUCATION AND TRAINING

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

In order to continue funding the WET program, SBCBH is transferring funds from CSS to WET in FY 2020/21. These funds will be expended to support staff education and training. In addition, a portion of the WET funds will be used as a match to fund a regional WET project beginning in FY 2021/22. Information about that project will be addressed in the MHSA FY 2021/22 Annual Update.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Program Descriptions and Achievements

A. Capital Facilities (CF) funds were used to purchase approximately two (2) acres of land adjacent to the current SBCBH outpatient clinic location. SBCBH also executed a contract with an architectural firm to begin designing a larger Behavioral Health building, and with a construction management vendor to oversee the project in coordination with the San Benito County Resource Management department. Other required construction resources have also been procured. The groundbreaking ceremony was held on March 10, 2020. It is anticipated that the building will be completed in Spring 2021.

   The new building will provide treatment space and staff offices for our mental health services. The primary focus of the building will be to offer expanded MHSA services to children, families, adults, and older adults. In addition, the full array of mental health services will be available for all age groups in this facility. The building will meet ADA specifications and be accessible for all clients and family members. The development of this facility and the delivery of MHSA services at this site will be consistent with the goals of the CFTN component.

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

Challenges and Mitigation Efforts

CF Project: SBCBH continues to work with County Administration to keep the CF Project moving forward. As is the nature with large construction projects, there may be unforeseen complications, such as weather, material delays, etc.

Benchmarks

CF Project: SBCBH recently broke ground on the site of the new SBCBH clinic building. Construction is actively in progress and it is anticipated that the building will be completed in Spring 2021.

CFTN Program Changes in Next Fiscal Years

In FY 2020/21, SBCBH is transferring funds from CSS to CFTN to support the construction of the new building. In FY 2021/22, SBCBH is transferring additional funds from CSS to CFTN to cover any unforeseen expenses as staff move in and the building becomes occupied. Information about those additional expenses will be addressed in the MHSA FY 2021/22 Annual Update, as necessary.

PRUDENT RESERVE ASSESSMENT

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

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

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

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

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

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

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

MHSA THREE-YEAR PLAN BUDGET DOCUMENTS

See the next pages for the MHSA 3-Year Plan Budget documents.

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

County: San Benito Date: 7/9/20

All MHSA funds are managed via "first in, first out."	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 9,533,579	$ 2,611,535	$ 1,243,283	0	$ 2,533,662	
2. Estimated New FY 2020/21 Funding	$ 2,600,000	$ 638,696	$ 170,000			
3. Transfer in FY 2020/21[a/]	$ (842,082)			150,000	692,082	
4. Access Local Prudent Reserve in FY 2020/21						
5. Estimated Available Funding for FY 2020/21	$ 11,291,497	$ 3,250,231	$ 1,413,283	$ 150,000	$ 3,225,744	
B. Estimated FY 2020/21 MHSA Expenditures	$ 2,551,783	$ 1,526,364	$ 450,000	$ 30,000	$ 3,075,744	
C. Estimated FY 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 8,739,714	$ 1,723,867	$ 963,283	$ 120,000	$ 150,000	
2. Estimated New FY 2021/22 Funding	$ 2,704,000	$ 664,244	$ 176,800			
3. Transfer in FY 2021/22[a/]					300,000	
4. Access Local Prudent Reserve in FY 2021/22						
5. Estimated Available Funding for FY 2021/22	$ 11,443,714	$ 2,388,111	$ 1,140,083	$ 120,000	$ 450,000	
D. Estimated FY 2021/22 Expenditures	$ 2,679,372	$ 1,502,151	$ 472,500	30,000	0	
E. Estimated FY 2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	$ 8,764,342	$ 885,960	$ 667,583	$ 90,000	$ 450,000	
2. Estimated New FY 2022/23 Funding	$ 2,812,160	$ 690,814	$ 183,872			
3. Transfer in FY 2022/23[a/]						
4. Access Local Prudent Reserve in FY 2022/23						
5. Estimated Available Funding for FY 2022/23	$ 11,576,502	$ 1,576,774	$ 851,455	$ 90,000	$ 450,000	
F. Estimated FY 2022/23 Expenditures	$ 2,813,341	$ 1,576,774	$ 496,125	30,000	0	
G. Estimated FY 2022/23 Unspent Fund Balance	$ 8,763,161	$ -	$ 355,330	$ 60,000	$ 450,000	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	790,758
2. Contributions to the Local Prudent Reserve in FY 20/21	0
3. Distributions from the Local Prudent Reserve in FY 20/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	790,758
5. Contributions to the Local Prudent Reserve in FY 21/22	0
6. Distributions from the Local Prudent Reserve in FY 21/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	790,758
8. Contributions to the Local Prudent Reserve in FY 22/23	0
9. Distributions from the Local Prudent Reserve in FY 22/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	790,758

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

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: San Benito Date: 5/25/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 1,301,409	$ 1,301,409				
Non-FSP Programs						
2. Integrated General System Development	$ 796,156	$ 796,156				
3. Integrated Outreach & Engagement	$ 199,039	$ 199,039				
CSS Administration	$ 255,178	$ 255,178				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 2,551,783	$ 2,551,783				
FSP Programs as Percent of Total	51.0%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: San Benito Date: 5/25/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 1,366,480	$ 1,366,480				
Non-FSP Programs						
2. Integrated General System Development	$ 835,964	$ 835,964				
3. Integrated Outreach & Engagement	$ 208,991	$ 208,991				
CSS Administration	$ 267,937	$ 267,937				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 2,679,372	$ 2,679,372				
FSP Programs as Percent of Total	51.0%					

FY 2020-21 Through FY 2022-23 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: San Benito Date: 5/25/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Integrated FSP Program	$ 1,434,804	$ 1,434,804				
Non-FSP Programs						
2. Integrated General System Development	$ 877,762	$ 877,762				
3. Integrated Outreach & Engagement	$ 219,441	$ 219,441				
CSS Administration	$ 281,334	$ 281,334				
CSS MHSA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	$ 2,813,341	$ 2,813,341				
FSP Programs as Percent of Total	51.0%					

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

County: San Benito Date: 7/9/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 462,500	$ 462,500				
3. Older Adult Prevention Program (P)	$ 48,028	$ 48,028				
4. Women's Prevention Services (P)	$ 18,523	$ 18,523				
5. Behavioral & Physical Health Integration (P)	$ 40,751	$ 40,751				
6. Children & Youth PEI Services (EI)	$ 240,000	$ 150,000				$ 90,000
7. Suicide Prevention Training (SP)	$ 18,175	$ 18,175				
8. Promoting Access for LGBTQ (P)	$ 51,250	$ 51,250				
9. School-Based Clinical Services (EI)	$ 625,000	$ 550,000				$ 75,000
PEI Administration	$ 166,136	$ 157,136				$ 9,000
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,700,364	1,526,364				

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

County: San Benito Date: 7/9/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 485,625	$ 485,625				
3. Older Adult Prevention Program (P)	$ 50,429	$ 50,429				
4. Women's Prevention Services (P)	$ 19,449	$ 19,449				
5. Behavioral & Physical Health Integration (P)	$ 42,789	$ 42,789				
6. Children & Youth PEI Services (EI)	$ 150,000	$ 150,000				
7. Suicide Prevention Training (SP)	$ 19,084	$ 19,084				
8. Promoting Access for LGBTQ (P)	$ 53,813	$ 53,813				
9. School-Based Clinical Services (EI)	$ 656,250	$ 485,969				$ 170,281
PEI Administration	$ 164,993	$ 164,993				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,672,432	1,502,151				

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

County: San Benito Date: 7/9/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs						
Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Access (A); Stigma Reduction (SR); Suicide Prevention (SP)						
1. *No longer funded with MHSA; see narrative*						
2. School-Based Case Management Services (P)	$ 509,906	$ 509,906				
3. Older Adult Prevention Program (P)	$ 52,951	$ 52,951				
4. Women's Prevention Services (P)	$ 20,422	$ 20,422				
5. Behavioral & Physical Health Integration (P)	$ 44,928	$ 44,928				
6. Children & Youth PEI Services (EI)	$ 150,000	$ 150,000				
7. Suicide Prevention Training (SP)	$ 20,038	$ 20,038				
8. Promoting Access for LGBTQ (P)	$ 56,503	$ 56,503				
9. School-Based Clinical Services (EI)	$ 689,063	$ 518,783				$ 170,280
PEI Administration	$ 173,243	$ 173,243				
PEI Assigned Funds (CalMHSA)	$ 30,000	$ 30,000				
Total PEI Program Estimated Expenditures	1,747,054	1,576,774				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Diversion & Reentry Court (BH-DRC)	$ 450,000	$ 450,000				
	$ -					
INN Administration						
Total INN Program Estimated Expenditures	$ 450,000	$ 450,000				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Diversion & Reentry Court (BH-DRC)	$ 472,500	$ 472,500				
INN Administration						
Total INN Program Estimated Expenditures	$ 472,500	$ 472,500				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Diversion & Reentry Court (BH-DRC)	$ 496,125	$ 496,125				
INN Administration						
Total INN Program Estimated Expenditures	$ 496,125	$ 496,125				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Staff, Provider, & Client Training	$ 30,000	$ 30,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Staff, Provider, & Client Training	$ 30,000	$ 30,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

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

County: San Benito Date: 4/6/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Staff, Provider, & Client Training	$ 30,000	$ 30,000				
WET Administration						
Total WET Program Estimated Expenditures	$ 30,000	$ 30,000				

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

County: San Benito Date: 5/25/20

All MHSA funds are managed via "first in, first out."	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)* 1. New Behavioral Health Building (CF)		3,075,744				
CFTN Administration						
Total CFTN Program Estimated Expenditures	0	3,075,744				

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

County: San Benito Date: 5/25/20

	Fiscal Year 2021/2022					
		B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)* *None at this time*						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

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

County: San Benito Date: 5/25/20

	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs *Note type of program: Capital Facilities (CF) or Technological Needs (TN)* *None at this time*						
CFTN Administration						
Total CFTN Program Estimated Expenditures						

COUNTY OF SAN BENITO, STATE OF CALIFORNIA

BEHAVIORAL HEALTH BOARD

1131 SAN FELIPE ROAD
HOLLISTER, CA 95023
PHONE (831) 636-4020

Minutes

Date: Tuesday, June 30, 2020, Behavioral Health Board Meeting

Time:	1:00 p.m. to 2:00 p.m. (Zoom & Telephone-Conference Meeting)
Place:	San Benito County Behavioral Health Department 1131 San Felipe Rd. Hollister, Ca. 95023 Zoom & Telephone-Conference Attendance due to COVID19
BH Members:	Rosemary Apodaca, Margie Barrios, Pat Loe, Sherry Holmquist, Dan Sanidad, Tina Garza, Jim Gillio
Absent:	None
Others Present:	Alan Yamamoto, Rachel White, Grizelle Rios, Margarita Gaitan, Maxe Cendana, Cherisse Gage, Maria Sanchez, Juan Gutiérrez, April Greig, Gabriel Orozco
Recorder:	Geraldine Arce

1) **CALL MEETING TO ORDER:**
   a) 1:07 P.M.

2) **ROLL CALL:**
   a) Sign in sheet filled by oral roll call due to phone conference meeting. Quorum was met.

3) **INTRODUCTIONS:**
   a) Board members and staff members introduced themselves.

4) **CERTIFICATE OF POSTING:** Yes

5) **MHSA (MH Services Act) Public Hearing for the 3 Year Plan, FY 2020-2021-2022-2023 and the Annual Prevention and Early Intervention and Innovation Projects Evaluation Reports:**

   a) Alan introduced and gave information about the MHSA 3 Year Plan. He said it's a 3-year plan that's required and will be on the heels of the termination of the last 3-year plan. It basically consists of the same services with a couple of new services added along with some adjustments to some of the previous services. It will be for the years 2020-2021, 2021-2022, and 2022-2023. The plan has multiple components to it. Alan verified that the plan was posted as required for 30 days to allow for public input and comment. It was posted online and as hard copies. The next step in the process is the

public hearing which is the purpose of today's meeting that will allow for additional input regarding the plan. Alan informed everyone that today's meeting is not a contract negotiation meeting for specific contracts. The plan is only related to programs and not any specific contractors. Margie asked if there was a budget listed in the plan. Alan confirmed that there was was budget listed in the back for every component.He noted that the budget line items at the end of the plan don't identify specific contractors, businesses or organizations. There is a CSS (Community Services and Supports) budget included in the back of the plan. Margie stated she asked this question to clarify that there is a budget assigned in the plan but is not specific to any contract and just related to programs.

6) PUBLIC COMMENT:

a) Juan shared that there was one public comment received by Behavioral Health. It was a letter by an agency indicating their dissatisfaction with the termination of the Caminos program. Juan clarified that the Caminos program is not ending.

i) Alan confirmed that the Caminos program is in the MHSA Plan.

b) Diane Ortiz – is a community member, parent and works at Youth Alliance. She thanked the Board for making the meeting available online. She said the Youth Alliance has appreciated the partnership with Behavioral Health for many years. She proceeded with expressing her concern for the lack of community-based providers in San Benito County and the challenge and struggle in meeting the increasing needs of children and young people due to the increase in behavioral health needs locally, regionally and nationally. She appreciated the fact that the MHSA Plan has made a few different changes and is grateful for Behavioral Health for making it a priority. She said that in a region that has such a high immigrant population, and amid the COVID-19 global health pandemic and the economic and social crisis with the murder of George Floyd, there is a real need to ensure the community has access to services without fear of public charge or immigration status. She also said that community-based providers in general are able to provide services at a lower cost and with more flexibility including providing community-based meetings, school-based meetings, in the home meetings, after hours and hours on the weekends. She said those are things that organizations like Youth Alliance and other organizations that are particularly accustomed to working in multi stakeholder settings such as the juvenile justice system, education and health and human services are really adept at meeting the need. She thanked Behavioral Health for ensuring that the Caminos Program is included as part of the vital and available service option to the community. She said this particular program is providing early intervention support for children as young as 4 years old and has been able to provide expanded support because of partnerships with CSUMB, San Jose State University and other internships as a pathway for increasing available resources of licensed clinical, bilingual, bi-cultural and additional counseling case managers for the community which is helpful to all of us as we know there is a real need out there for mental health professionals. Additionally she expressed Youth Alliance's concern about hiring a law enforcement officer as part of the crisis team. She talked about a community listening session from about a year ago where they met with about 1300 individuals including young people, parents and stakeholders to discuss the need for a crisis response team. She said it's exciting to see a crisis response team is part of the MHSA Plan. However, she also said the criminalization and trauma that

accompanies mental health provision with law enforcement attached is a really scary thing for a lot of folks and quite traumatizing to young people. She thinks that the priority of MHSA funds shouldn't go to law enforcement but instead to assist with additional Mental Health First Aid training and trauma response supports for the community.

c) Jose Martinez – is a Board member of San Benito County LULAC Council #2890. He read a letter from their President, Richard Perez Sr., addressed to Behavioral Health regarding their feedback on the elimination of the Caminos program.
   i) Juan confirmed it was the same public comment letter he received.
   ii) Alan corrected the public comment and re-confirmed that the Caminos program is included in the MHSA plan. It's under the Early Intervention Program section of the plan on page 21.

d) Wayne Norton – Wanted clarification that Caminos will not be cut and wanted information on the status of the program. Alan confirmed that the Caminos program is still part of the plan in the Prevention and Early Intervention part of the plan on page 21.is a former manager of a community-based program that advocated for vulnerable adults. He wanted to support what Diana Ortiz said about community-based programs and how important they are. He said he knows that the services that community-based programs provide are important and are often times more flexible and at lower cost to taxpayers than government programs while providing the same level of service if not better. He's glad to hear that the Caminos program will continue.

e) Janette Neal – works with families and parents. She said that she has worked with families where their child had unneeded involvement with law enforcement where schools or other agencies referred them to law enforcement because they saw their behaviors as criminal and later on only to find out that in fact that those youths had an undiagnosed serious mental health issue. She said it's really sad because often times the children end up turning 18 years old, unable to graduate and cause them to have further involvement with law enforcement. She asked and hoped that what can be done is to provide more education as money goes to the schools. She shared her experience working with parents in particular during the LCAP (Local Control and Accountability Plan) process at the Hollister School District where parents spoke up about the needs they needed and wanted to see at the schools, which was to see more mental health emotional support for children. She asked that there be caution when spending money to possibly use it more for education of staff to be able to identify trauma and mental illness more.

f) Margie closed Public Comment at 1:33 p.m.

g) Margie asked the Board members if anyone wanted to make a motion to approve the MHSA plan as presented or a motion to continue the discussion at the next Board meeting. Pat then asked to confirm that all the public comments would be added to the presentation Alan confirmed saying that it's a requirement of MHSA when it is submitted – that all the public comments are documented. Alan said that they will be included in the MHSA Plan which will go to the Board of Supervisors. Rosemary wanted confirmation that Caminos program was included in the plan. Alan also re-confirmed that the Caminos Program is part of the MHSA Plan on page 21. At 1:33 p.m., Pat made motion to approve the MHSA Plan and was second by Dan. With the exception of Jim Gillio abstaining, the rest of the Board confirmed to approve the MHSA Plan.

h) Margie adjourned meeting at 1:37 p.m. and thanked everyone for attending and thanked

the public for their comments which will be noted with the MHSA plan.

Board Members have scheduled their next meeting at SBCBH on Thursday, July 16, 2020 at 1:00 pm via Zoom at 1131 San Felipe Rd. in the (831) 636-4020.

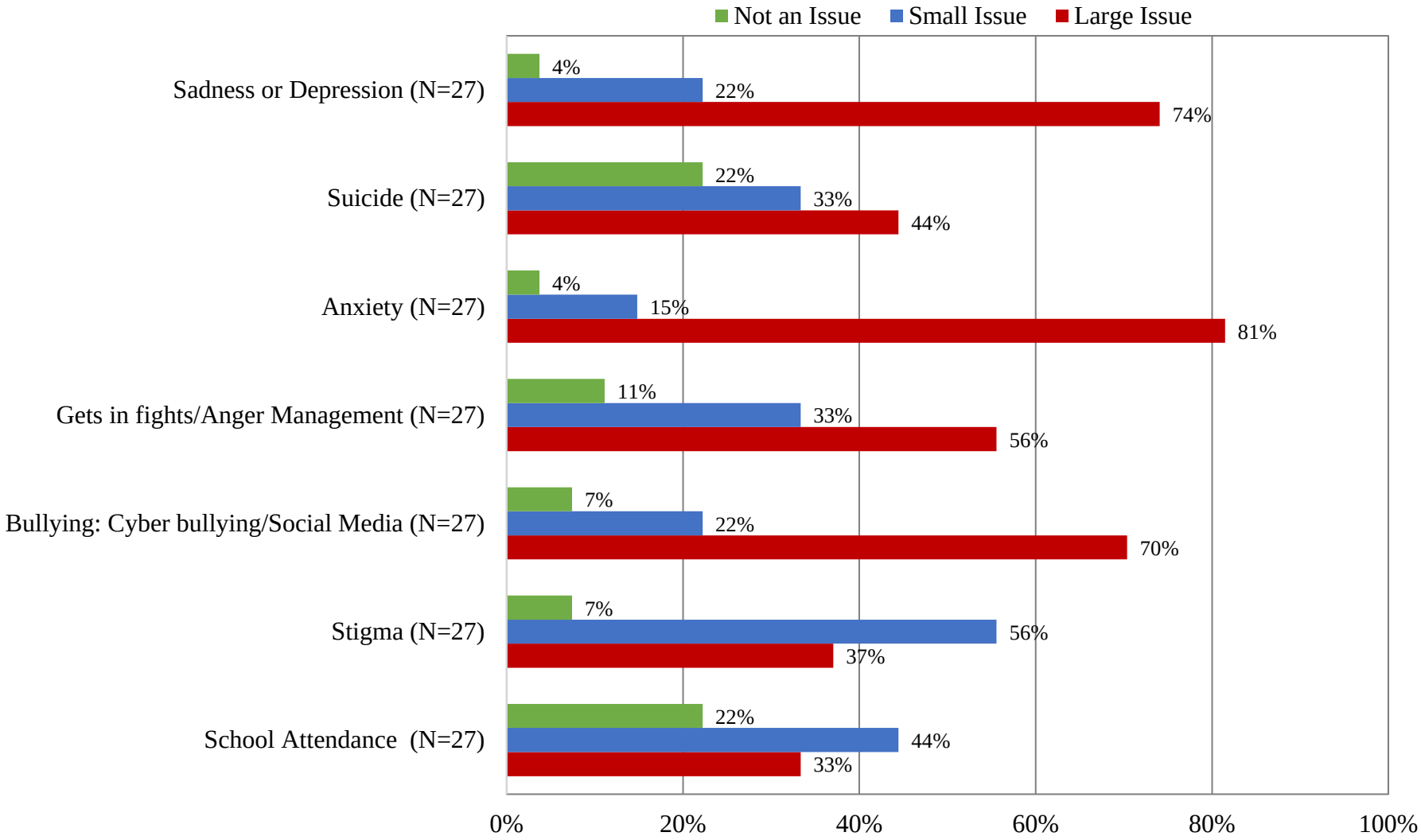
Dates for future meetings are scheduled for the (3rd) third Thursday of every month at 12:00 pm. to 1:30 pm. No meeting is scheduled for the month of August, and the November and December meetings are combined as a holiday potluck luncheon meeting scheduled in December.

ANY MEETING DATE MAY BE SUBJECT TO CHANGE UPON BEHAVIORAL HEALTH BOARD APPROVAL.

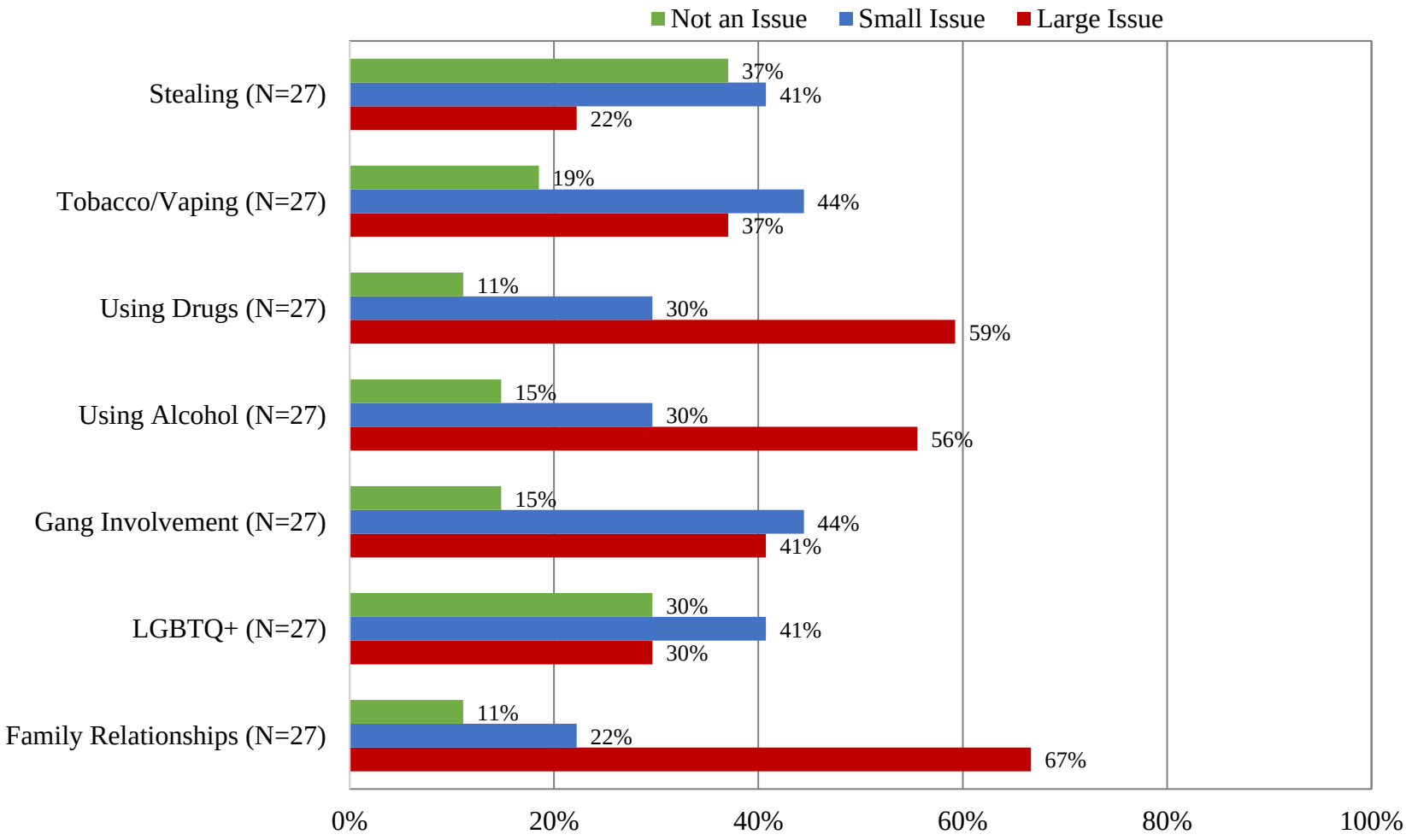
ADJOURNMENT at 1:37 p.m.

CC: Alan Yamamoto, Director

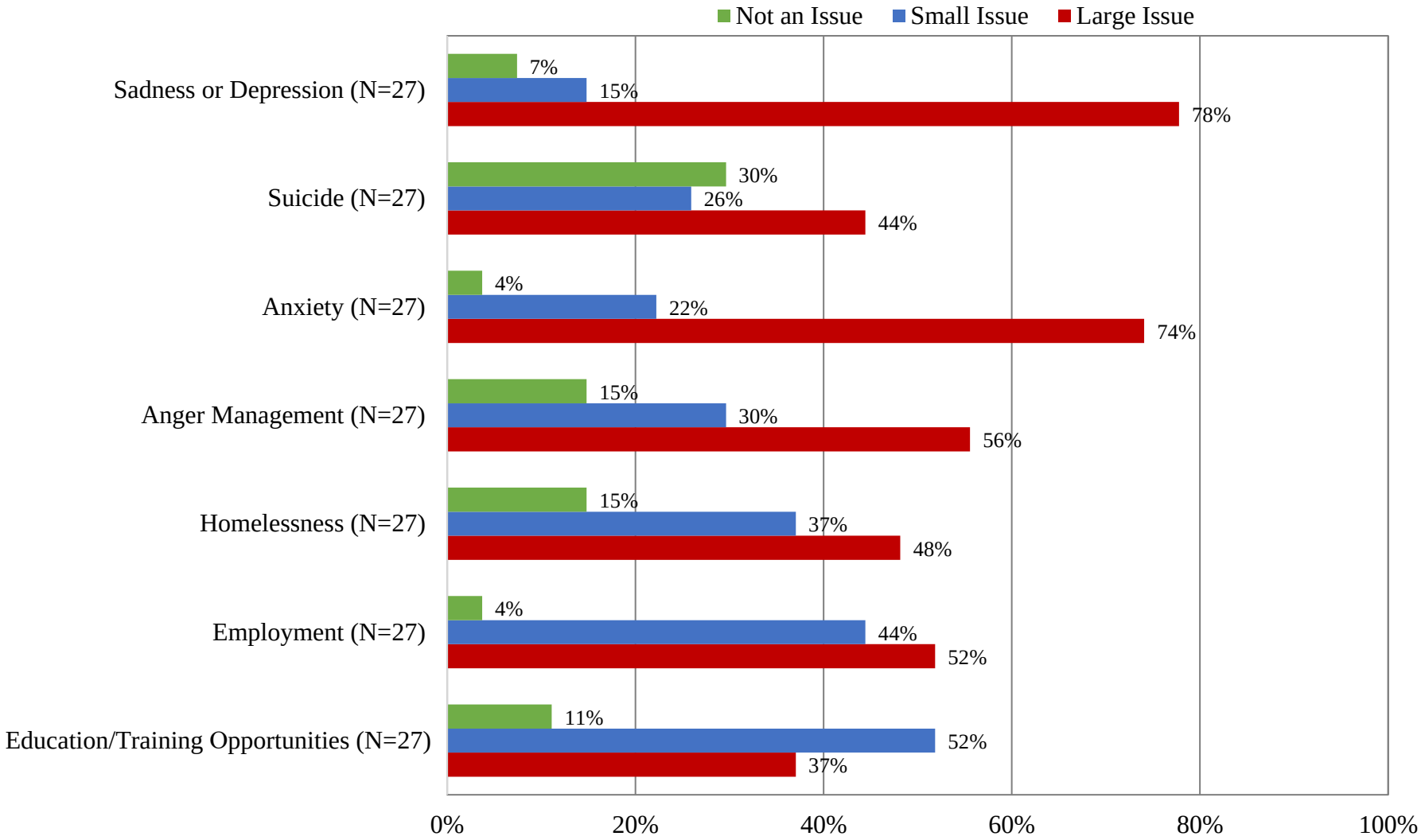
San Benito County Behavioral Health
MHSA Community Survey Results
Child and Youth Issues: Part 1
2020



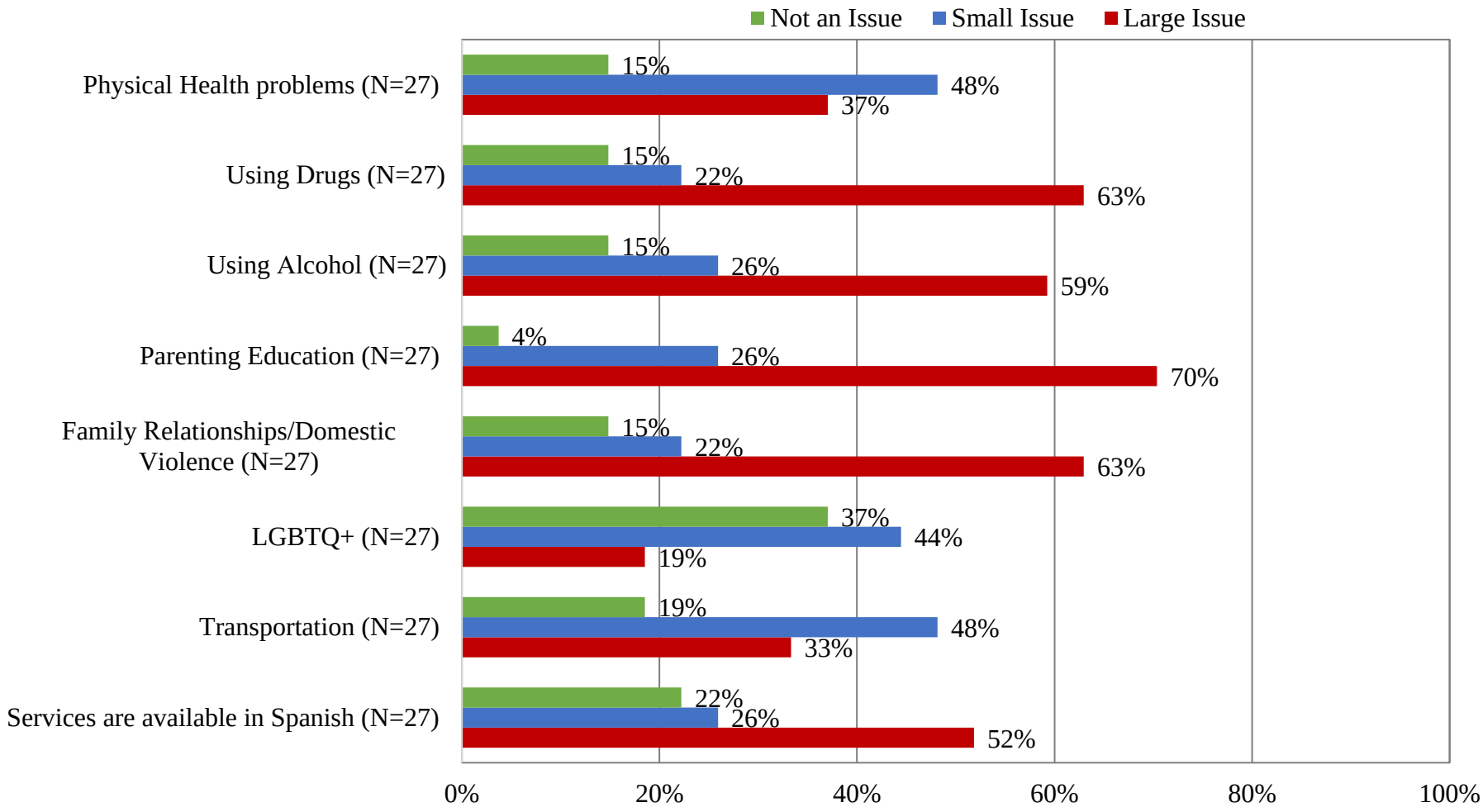
San Benito County Behavioral Health
MHSA Community Survey Results
Child and Youth Issues: Part 2
2020



San Benito County Behavioral Health
MHSA Community Survey Results
Parent and Adult Issues: Part 1
2020

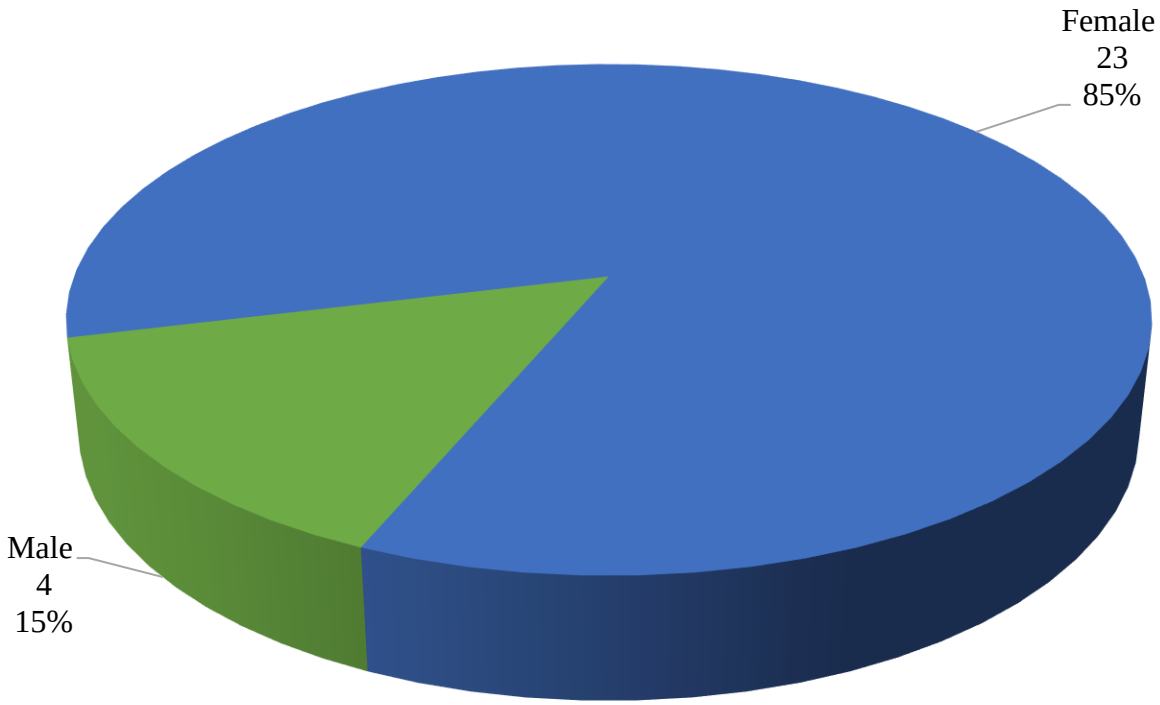


San Benito County Behavioral Health
MHSA Community Survey Results
Parent and Family Issues: Part 2
2020



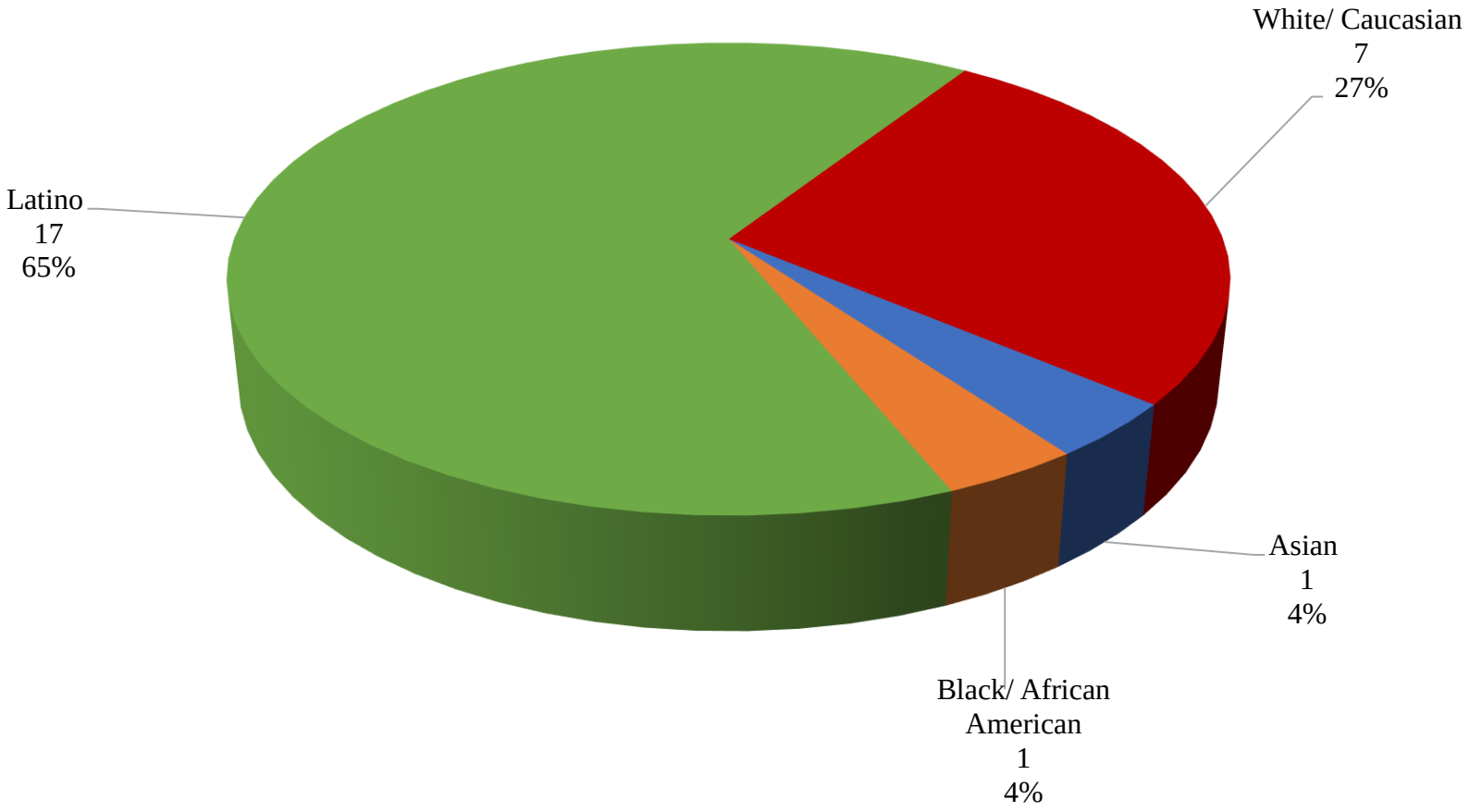
San Benito County Behavioral Health
MHSA Community Survey Results
2020

Gender (N=27)



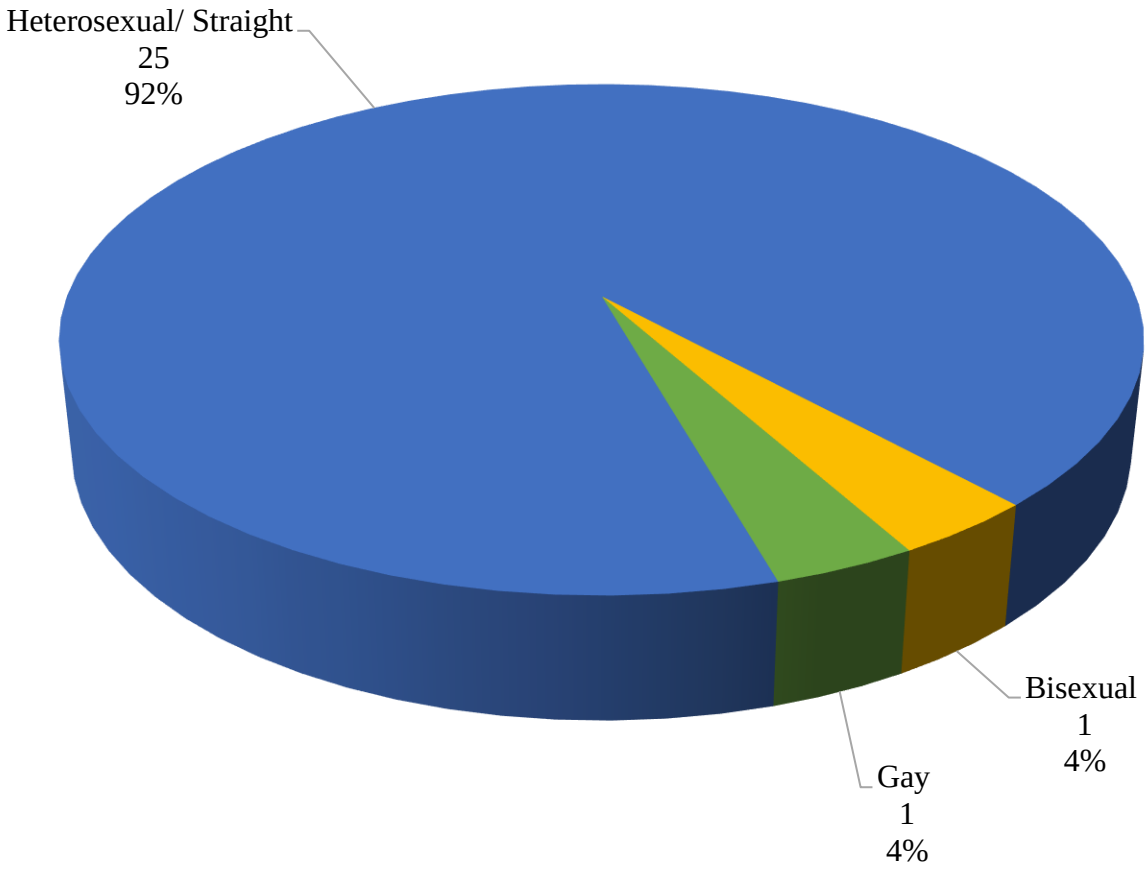
San Benito County Behavioral Health
MHSA Community Survey Results
2020

Race/Ethnicity (N=26)



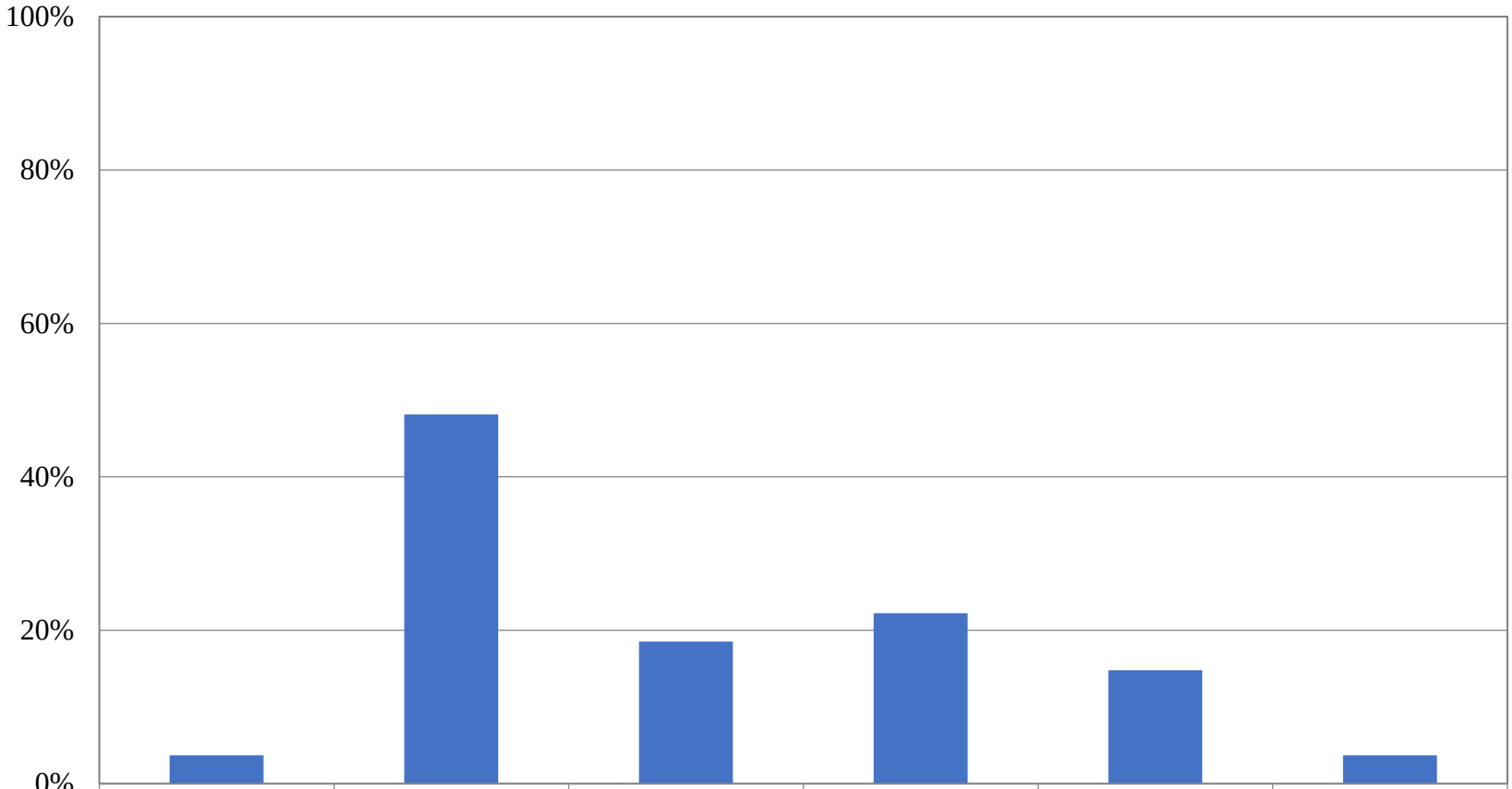
San Benito County Behavioral Health
MHSA Community Survey Results
2020

Sexual Orientation (N=27)



San Benito County Behavioral Health
MHSA Community Survey Results
2020
Respondents may choose multiple answers

Role in Community (N=27)



	Client/ Consumer	Behavioral Health Staff	Family Member	Community Member	School Personnel	Social Services
# Respondents	1	13	5	6	4	1
% Respondents	3.7%	48.1%	18.5%	22.2%	14.8%	3.7%