



SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act FY 2021-2022 Annual Update & FY 2019/2020 Annual PEI and INN Evaluation Report

POSTED FOR PUBLIC COMMENT

June 14, 2021 through July 14, 2021

This proposed Annual Update and Evaluation Report is available for public review and comment from June 14, 2021 through July 14, 2021. We welcome your feedback by phone or in writing. Comments may also be made during the Public Hearing to be held on July 15, 2021.

Public Hearing Information:

Thursday, July 15, 2021, at 12:00 noon

Regular meeting of the Behavioral Health Board

Due to COVID-19 restrictions, the meeting will be held online, via Zoom.

Zoom meeting link: <https://zoom.us/j/99587965746>

If you prefer to join by phone, please call: 1-408-638-0968

Enter Meeting ID: 995 8796 5746

Feedback or Questions? Please contact:

Juan Gutierrez-Cervantes

MHSA FY 21/22 Annual Update

San Benito County Behavioral Health

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Thank you!

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San Benito County Behavioral Health MHSA FY 2021-2022 Annual Update & FY 2019/2020 Annual PEI and INN Evaluation Report

MHSA COMMUNITY PROGRAM PLANNING

The San Benito County Behavioral Health (SBCBH) Community Program Planning (CPP) process for the development of this Annual Update builds upon the planning process that we utilized for the development of our most recent Three-Year Plan, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys, with the involvement of over 700 people. 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, SBCBH provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

The planning process for this Annual Update was restricted by COVID-19 and the need to hold groups in virtual meetings. SBCBH obtained input into the planning activities through ongoing meetings and discussions with stakeholder groups, including TAY; adults and older adults; schools; law enforcement agencies; the LGBTQ community; Behavioral Health Board members; veterans; Courts; and Child Welfare Services. Program data was analyzed periodically to review access, quality, outcomes, and cost-effectiveness. With this compiled information, SBCBH was able to determine the unique needs of the community; and continue to implement an MHSA program that is well designed and that 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 Annual Update integrates stakeholder, survey, and service utilization data to analyze community needs and determine the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA planning, development, and evaluation activities were discussed with the Behavioral Health Board members; during QIC meetings; at Cultural Competence Committee meetings; meetings with schools, CWS, and probation; AB109 meetings; 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 Annual Update and the strategy to maintain and enhance services.

Stakeholders and Meaningful Input

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

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

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA Annual Update & Annual PEI and INN Evaluation Report has been posted for a 30-day public review and comment period from June 14, 2021 through July 14, 2021. An electronic copy has been posted on the County website, and through various SBCBH social media platforms. This document has been distributed to all members of the San Benito County Behavioral Health Board; consumers; staff; and partner agency representatives (upon request). The document is available via mail or email, upon request. Hard copies are available at the Behavioral Health Outpatient clinic and at Esperanza Center.

An electronic copy of this Annual Update has been posted to the following SBCBH website: <https://www.cosb.us/departments/behavioral-health>

SBCBH welcomes feedback on this Annual Update by phone or in writing to the following:

Juan Gutierrez-Cervantes
MHSA FY 21/22 Annual Update
San Benito County Behavioral Health
1131 Community Parkway, Hollister, CA 95023
Phone: 831-636-4020; Fax: 831-636-4025
JGutierrez@sbcmh.org

Public Hearing Information

Due to Covid-19 considerations, an online public hearing will be conducted for the posted MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report. The public hearing will be held online only, via Zoom, during a regular meeting of the San Benito County Behavioral Health Board.

- Public Hearing: Thursday, July 15, 2021 at 12:00 noon
 - Zoom meeting link: <https://zoom.us/j/99587965746>
 - If you prefer to join by phone, please call **1-408-638-0968**.
 - Enter Meeting ID: **995 8796 5746**

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

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

Substantive Recommendations and Changes

Input on the MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report will be reviewed and incorporated into the final document, as appropriate.

County Approval and State Submission

The MHSA FY 2021/22 Annual Update & FY 2019/20 PEI-INN Evaluation Report will be submitted to the County Board of Supervisors after the public hearing. After BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC) and the California Department of Health Care Services (DHCS), as required.

COMMUNITY SERVICES AND SUPPORTS COMPONENT

CSS Program Description and Outcomes

The SBCBH MHA 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 response 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 MHA 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 funds were used to begin implementation a new Crisis Response Team (CRT). The CRT was designed to respond to crises in the community; to help de-escalate the crisis situation and support the individual to remain stable in the community; and to avoid the additional trauma of being transported to the Emergency Department (ED) in a locked vehicle, whenever possible. The 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 implementation of this team was delayed because of Covid-19, as staff were primarily working remotely in 2020. Although the CRT has been operational since March 2021, it will be fully implemented in June 2021.

The CRT responds to crisis situations in the community to help de-escalate the crisis situation and resolve the crisis in the community. This approach helps to avoid transporting the individual to the ED, whenever possible. The CRT responds to the crisis and provides 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 also conducts 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.

➤ CSS Data for FY 2019/20

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 1,117 people served in FY 2019/20. Of these, 21.8% were Children ages 0-15; 19.6% were Transition Age Youth (TAY) ages 16-25; 49.1% were Adults ages 26-59; and 9.4% were Older Adults, ages 60 and older.

Figure 1
CSS (FY 2019/20)
Number of Clients, by Age

	# Clients	% Clients
0 - 15 years	257	21.8%
16 - 25 years	231	19.6%
26 - 59 years	578	49.1%
60+ years	111	9.4%
Total	1,177	100.0%

Figure 2 shows the number of CSS clients served, by Race/Ethnicity. Of the 1,177 people served in FY 2019/20, there were 329 White clients (28.0%), 745 Latinos (63.3%), 10 Black clients (0.8%), 13 Asian/ Pacific Islanders (1.1%), 80 Other (6.8%) and 18 Unknown (1.4%).

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

Figure 2
CSS (FY 2019/20)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	329	28.0%
Latino	745	63.3%
Black	10	0.8%
Asian/ Pacific Islander	13	1.1%
Other/ Unknown	80	6.8%
Total	1,177	100.0%

Figure 3 shows gender for the 1,177 people served in FY 2019/20. There were more females (N=651) than males (N=525).

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

Figure 3
CSS (FY 2019/20)
Number of Clients, by Gender

	# Clients	% Clients
Male	525	44.6%
Female	651	55.3%
Other/Unknown	1	0.1%
Total	1,177	100.0%

Figure 4 shows preferred language for the 1,177 people served in FY 2019/20. Of these clients, 1,015 reported that English is their preferred language (89.3%) and 119 reported that Spanish is their preferred language (10.1%), and seven (7\4) reported Other (0.6%). The remaining 7 people have an Unknown language (0.6%).

Figure 4
CSS (FY 2019/20)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	1,051	89.3%
Spanish	119	10.1%
Other/Unknown	7	0.6%
Total	1,177	100.0%

➤ FSP Data for FY 2018/19 and FY 2019/20

Figure 5 compares data for clients who were identified as Full-Service Partnership (FSP) in FY 2018/19 and FY 2019/20. The total number of people served across the two-year period increased. There were 82 people who were designated as FSP in FY 2018/19 and 105 people in FY 2019/20. All age categories increased slightly across the two years except Other, which decreased from 9 served to 7 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 2018/19 and FY 2019/20)
Number of Clients, by Age

	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients	FY 2019/20 # FSP Clients	FY 2019/20 % FSP Clients
0 - 15 years	14	17.1%	23	21.9%
16 - 25 years	22	26.8%	32	30.5%
26 - 59 years	37	45.1%	43	41.0%
Other	9	11.0%	7	6.7%
Total	82	100.0%	105	100.0%

Figure 6 shows FSP clients by Race/Ethnicity. Across the two years, the total number of people assigned to FSP increased from 82 to 105 people. There was an increase in the number of Latinos (56 to 73 persons served each year) and Other (4 to 7 persons served each year). The number of White clients increased from 22 to 25. Latinos represent 68.3% - 69.5% 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 2018/19 and 2019/20)
Number of Clients, by Race/Ethnicity

	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients	FY 2019/20 # FSP Clients	FY 2019/20 % FSP Clients
White	22	26.8%	25	23.8%
Latino	56	68.3%	73	69.5%
Other/Unknown	4	4.9%	7	6.7%
Total	82	100.0%	105	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, from 73 to 95.

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 2018/19 and 2019/20)
Number of Clients, by Preferred Language

	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients	FY 2019/20 # FSP Clients	FY 2019/20 % FSP Clients
English	73	89.0%	95	90.5%
Other/Unknown	9	11.0%	10	9.5%
Total	82	100.0%	105	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 47) and female (45 to 58).

Figure 8
FSP (FY 2018/19 and 2019/20)
Number of Clients, by Gender

	FY 2018/19 # FSP Clients	FY 2018/19 % FSP Clients	FY 2019/20 # FSP Clients	FY 2019/20 % FSP Clients
Male	37	45.1%	47	44.8%
Female	45	54.9%	58	55.2%
Total	82	100.0%	105	100.0%

CSS Program Challenges and Mitigation Efforts

There is an ongoing effort to increase the number of persons who are designated as FSP. The 2020 Covid-19 restrictions affected enrollment of new clients, limiting the number of new FSP clients. 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

No significant changes are anticipated for CSS in FY 2021-2022.

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 19/20). 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. 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. Services included planning and implementing outreach activities for May is Mental Health Month.

In FY 2019/20, this program offered a total of 77 outreach activities. Figure 9 shows that there were 1,133 outreach contacts during the 77 outreach activities.

Figure 9
School-Based Case Management Services (FY 2019/20)
Outreach Activities

Number of Outreach Activities	Number of Outreach Contacts
77	1,133

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 FY 2019/20, this program served 319 unique students. 197 received assessment services, four (4) received individual/family therapy, 71 received case management, 33 received rehab., 144 received support services, 70 received collateral services, and 35 received other services. Figure 10 shows the Average Hours per Client by Service Type.

Figure 10
School-Based Case Management Services (FY 2019/20)
Individual Services: Average Hours per Client, by Service Type

	# Hours	# Clients	Average Hours/ Client
Assessment/ Screening	124.55	197	0.63
Individual/ Family Therapy	2.75	4	0.69
Case Management/ Linkage	73.43	71	1.03
Rehab./ Mental Health Services	21.58	33	0.65
Support Services	138.73	144	0.96
Collateral	28.83	70	0.41
Other	9.83	35	0.28
Total (All Services)	399.72	319	1.25

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.

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

The Case Manager collaborates with other agencies that provide services to older adults, including Health and Human Services Agency, In-Home Supportive Services,

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

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

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

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

This program served 111 persons in FY 2019/20 (See Figure 11). All persons served were ages 60 and older.

Figure 11
Older Adult Prevention Program (FY 2019/20)
Number of Clients, by Age

	# Clients
60+ years	111

In FY 2019/20, there were 48 White clients in the program and 52 Latinos (see Figure 12). There were 11 people with an Other Race/Ethnicity and 11 Unknown.

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

Figure 12
Older Adult Prevention Program (FY 2019/20)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	48	43.2%
Latino	52	46.8%
Other/Unknown	11	9.9%
Total	111	100.0%

Figure 13 shows data for the Older Adult program for preferred language in FY 2019/20. The majority of persons spoke English (75.7%). There were 23.4% who spoke Spanish; information preferred language was Unknown for one (1) person.

Figure 13
Older Adult Prevention Program (FY 2019/20)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	84	75.7%
Spanish	26	23.4%
Other/Unknown	1	0.9%
Total	111	100.0%

Figure 14 shows data for the Older Adult program for gender. In FY 2019/20, there were 44.1% males and 55.9% females.

Figure 14
Older Adult Prevention Program (FY 2019/20)
Number of Clients, by Gender

	# Clients	% Clients
Male	49	44.1%
Female	62	55.9%
Total	111	100.0%

3. 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 295 attending in FY 2019/2020, 56 groups offered during the year, and an average of 5.3 persons attending each group.

Figure 15
Transcend (FY 2019/20)
Average Attendance per Group

# Groups	56
Attendance	295
Avg. Attendance/Group	5.3

Figure 16 shows Transcend clients by age. There were 50 individuals served through the Transcend Program in FY 2019/20 (Figure 16). Of the individuals served, 27 (54.0%) were 26-59 years of age, 23 clients were Other/Unknown.

Note: The Age categories of 0-15 years and 60+ years 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 16
Transcend (FY 2019/20)
Number of Clients, by Age

	# Clients	% Clients
26 - 59 years	27	54.0%
Other/Unknown	23	46.0%
Total	50	100.0%

Figure 17 shows assigned gender at birth, with 32 reporting female (54.9%) and 18 clients were Other/Unknown (36%).

Figure 17
Transcend (FY 2019/20)
Number of Clients, by Assigned Gender at Birth

	# Clients	% Clients
Male	-	-
Female	32	64.0%
Prefer not to answer	-	-
Other/Unknown	18	36.0%
Total	50	100.0%

Figure 18 shows current gender identity, with 31 reporting Female (62.0%) and 19 clients were Other/Unknown.

Figure 18
Transcend (FY 2019/20)
Number of Clients, by Current Gender Identity

	# Clients	% Clients
Male	-	-
Female	31	62.0%
Transgender	-	-
Questioning	-	-
Genderqueer	-	-
Prefer not to answer	-	-
Other/Unknown	19	38.0%
Total	50	100.0%

In FY 2019/20 there were a total of 50 individuals served. There were 16.0% that reported their Race/ Ethnicity as White. There were 44.0% that reported their Race/Ethnicity as Latino. There was one (1) person (2.0%) who preferred not to answer, and the remaining 19 people reported Other/Unknown (38.0%) (see Figure 19).

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

Figure 19
Transcend (FY 2019/20)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
White	8	16.0%
Latino	22	44.0%
Prefer not to answer	1	2.0%
Other/Unknown	19	38.0%
Total	50	100.0%

There were 51 individuals served through the Transcend Program in FY 2019/20 (Figure 20). Of the individuals served, there were 21 who reported their sexual orientation as Heterosexual/Straight (42.0%). There was one (1) person (2.0%) who preferred not to answer, and the remaining 28 people reported Other/Unknown (56.0%) (see Figure 20). 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/Unknown 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 2019/20)
Number of Clients, by Sexual Orientation

	# Clients	% Clients
Heterosexual/ Straight	21	42.0%
Prefer not to answer	1	2.0%
Other/Unknown	28	56.0%
Total	50	100.0%

Of the 51 individuals served through the Transcend Program in FY 2019/20, 56.0% reported English as their preferred language (Figure 21). There were 22 people who reported Other/Unknown (44.0%) (see Figure 21).

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 21
Transcend (FY 2019/20)
Number of Clients, by Preferred Language

	# Clients	% Clients
English	28	56.0%
Other/Unknown	22	44.0%
Total	50	100.0%

4. **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 2019/20, there were 92 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 16 Transition Age Youth (TAY) 16-25 years (17.4%), 51 Adults 26-59 years (55.4%) and 25 in Other age groups (27.2%).

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 2019/20)
Number of Clients, by Age

	# Clients	% Clients
16 - 25 years	16	17.4%
26 - 59 years	51	55.4%
Other	25	27.2%
Total	92	100.0%

Of the 29 clients served in FY 2019/20, 35.9% were male and 64.1% female (Figure 23).

Figure 23
FQHC Clients Served by SBC Behavioral Health (FY 2019/20)
Number of Clients, by Gender

	# Clients	% Clients
Male	33	35.9%
Female	59	64.1%
Total	92	100.0%

Figure 24 shows this data by Race/Ethnicity. Of the 92 people served by the SBC Behavioral Health clinician in FY 2019/20, 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 2019/20)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	92	100.0%

Figure 25 shows data by Preferred Language. Of the 92 people served in FY 2019/20, 35 preferred English (38.0%) and 57 preferred Spanish (62.0%).

Figure 25
FQHC Clients Served by SBC Behavioral Health (FY 2019/20)
Number of Clients, by Language

	# Clients	% Clients
English	35	38.0%
Spanish	57	62.0%
Total	92	100.0%

B. Early Intervention Program

5. Children and Youth 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 2019/20, YA served 42 children. There were 16 children in the Caminos program who were ages 5-11 years (38.1%); 11 children who were ages 12-13 years (26.2%); and 15 who were ages 14-17 years (35.7%).

Figure 26
Caminos (FY 2019/20)
Number of Clients, by Age

	# Clients	% Clients
5 - 11 years	16	38.1%
12 - 13 years	11	26.2%
14 - 17 years	15	35.7%
Total	42	100.0%

Figure 27 shows the number of children and youth served by the Caminos program, by gender. In FY 2019/20, there were 18 males in the program (42.9%) and 24 females (57.1%).

Figure 27
Caminos (FY 2019/20)
Number of Clients, by Gender

	# Clients	% Clients
Male	18	42.9%
Female	24	57.1%
Total	42	100.0%

Figure 28 shows that in FY 2019/20, 78.6% of the children served by Caminos were Latino and 21.4% were Other Race/Ethnicity categories.

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

Figure 28
Caminos (FY 2019/20)
Number of Clients, by Race/Ethnicity

	# Clients	% Clients
Latino	33	78.6%
Other	9	21.4%
Total	42	100.0%

Figure 29 shows this Caminos data by Preferred Language. Of the 42 children served in 2019/20, 37 (88.1%) preferred English and 5 (11.9%) preferred Other languages.

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 29
Caminos (FY 2019/20)
Number of Clients, by Language

	# Clients	% Clients
English	37	88.1%
Other	5	11.9%
Total	42	100.0%

Figure 31 shows the average number of contacts per Caminos youth. There were 42 youth served by the Caminos program and a total of 779 contacts in FY 2019/20. These contacts include both one-on-one appointments with the student (**approximately 61% of the contacts**) and parent only contacts (**approximately 39%** of the contacts). This data shows that there is an average of 18.5 contacts per client and/or their parent during the year.

Figure 31
Caminos (FY 2019/20)
Average Case Management Contacts* per Client

	FY 2019-20
Total Client Contacts	779
Clients Enrolled	42
Average Contacts per Client and/or Parent	18.5

** 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 2019/20, YA GUIAS served 20 people in the Male groups and 22 people in the Female groups. For the Male groups, there were 12 children ages 12 – 13 years (60.0%) and eight (8) who were other ages (40%). For the Female groups, there were 22 who were in other age groups.

Note: The Age category of 5 - 11 years and 14 – 17 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 32
GUIAS (FY 2019/20)
Number of Clients, by Age

	# Male	% Male	# Female	% Female
12 - 13 years	12	60.0%	-	0.0%
Other	8	40.0%	22	100.0%
Total	20	100.0%	22	100.0%

Figure 33 shows the number of clients served by GUIAS separated by Race/Ethnicity in FY 2019/20. There were 20 males (100%) reported as Latino and 20 females

(90.9%) who were Latino. There were two (2) females (9.1%) 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, 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 33
GUIAS (FY 2019/20)
Number of Clients, by Race/Ethnicity

	# Male	% Male	# Female	% Female
Latino	20	100.0%	20	90.9%
Other	-	0.0%	2	9.1%
Total	20	100.0%	22	100.0%

Figure 34 shows this data by Preferred Language in FY 2019/20. There were 20 male clients served, 14 preferred English (70.0%) and 6 preferred another language (30.0%). There were 22 female clients served, 11 preferred to speak English (50.0%) and 11 preferred another language (50.0%).

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 34
GUIAS (FY 2019/20)
Number of Clients, by Language

	# Male	% Male	# Female	% Female
English	14	70.0%	11	50.0%
Other	6	30.0%	11	50.0%
Total	20	100.0%	22	100.0%

Figure 35 shows the Average Attendance per Group in FY 2019/20. There were 67 males who attended seven (7) groups with an average of 9.6 males attending each group. There were 98 females who attended 30 groups with an average of 3.3 females attending each group.

Figure 35
GUIAS (FY 2019/20)
Average Attendance* per Group

	Male	Female
Total Attendance	67	98
Number of Groups attended	7	30
Average Attendance per Group	9.6	3.3

* Clients may attend multiple groups.

Figure 36 shows the average number of contacts per GUIAS youth in FY 2019/20. There was an average of 6.1 contacts per male client out of the 20 male clients enrolled. There was an average of 6.1 contacts per female client out of the 22 female clients enrolled. There were 121 total contacts for male clients and 135 total contacts for female clients.

Figure 36
GUIAS (FY 2019/20)
Average Case Management Contacts per Client**

	Male	Female
Total Client Contacts	121	135
Clients Enrolled	20	22
Average Contacts per Client	6.1	6.1

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

Five (5) GUIAS clients “graduated” into the Pasos program, which includes 2nd or 3rd year students who are still on campus and want to continue to engage in groups. They provide leadership and at times mentorship for the 1st year students. They help lead discussion and typically “break the ice” in groups to allow for conversation.

Eight (8) GUIAS clients “graduated” into the Sabios program, which includes clients who are either in higher education or working. They have joined the groups on occasion to provide insight on life beyond high school, past conversations lead by Sabios mentors have covered college expectations versus reality, the differences and similarities between high school and college, as well as what it is like to be in the real world, living on your own, paying bills and living on a budget.

No outcome data was submitted for FY 2019-20 Children’s Early Intervention Services (Youth Alliance).

6. School-Based Clinical Services: In FY 2020/21, SBCBH planned to implement a new “School-Based Clinical Services” program, which places 4.0 FTE licensed/waivered clinical staff on a rotation schedule that allows for their presence at virtually all of the local schools to serve high-need children and youth. Due to the COVID-19 restrictions, the roll-out of this project was limited because children and families were at home and attending school remotely. SBCBH anticipates full implementation of this program during the FY 2021-2022 school year.

Through this program, the schools will provide space onsite 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 is funded to provide a variety of community-based prevention services, as well as 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.

Data will be collected, including, but not limited to, demographic information for each student served; 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. Data will be reported in the next MHSA Annual Update.

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 2019/20, there was one (1) Suicide Prevention training with 7 participants. This training was well received by community members who participated (Figure 40).

Figure 40
Suicide Prevention (FY 2019/20)
Number of Trainings and Participants

Number of Trainings	Number of Participants
1	7

D. Access/Outreach/Stigma Reduction

8. San Benito+: 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.

San Benito+ access and outreach activities help to reduce stigma; identify and engage individuals who are interested in learning more about the LGBTQ+ community; and help reduce barriers to accessing services. In FY 2019/20, Peer Mentors held access and outreach activities throughout much of the year, until the Covid-19 restrictions limited events. Activities included movie nights; an art contest; and virtual Zoom groups.

In FY 2019/20, six (6) access and outreach activities reached 298 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 2019/20)
Outreach Activities

Number of Outreach Activities	Number of Outreach Contacts
6	298

In FY 2019/20, the LGBTQ Resource Center offered interesting and engaging activities every Saturday at Esperanza. Figure 42 shows that there were 253 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 create positive social connections.

Figure 42
LGBTQ Resource Center (FY 2019/20)
Drop-in Attendees

Number of Drop-in Attendees
253

** 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 13 different groups that were held in FY 2019/20, with a total attendance of 38. This data shows an average attendance of 2.9 persons per group.

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

Figure 43
LGBTQ Resource Center (FY 2019/20)
Group Services: Average Attendance per Group

# Groups	13
Attendance	38
Avg. Attendance/Group	2.9

Annual PEI Evaluation Summary

Overall, in FY 2019/20, there was an increase in the number of people served in the Older Adult Program; Transcend counseling; and the Behavioral Health Clinician co-located at the San Benito Health Center, the Federally Qualified Health Center (FQHC) in the county. There were fewer youth served through the Youth Alliance Caminos program and the Guias Program. Similarly, there were fewer services delivered. COVID-19 had a significant impact on the services delivered to children and schools in the last four (4) months of the fiscal year. Services were all delivered remotely; and since many of the programs offer in-person, face-to-face services, it took a few months before alternative services could be developed through the use of remote telehealth and Zoom activities. Similarly, COVID-19 impacted services for all of the Behavioral Health programs, but all programs developed the capacity to service clients through remote access. SBCBH continued to offer some limited services in person, to meet the client's needs.

PEI Program Challenges and Mitigation Efforts

The biggest challenge in FY 19/20 was managing the impact of the Covid-19 restrictions. As noted, services were all delivered remotely. Since many of the PEI services are conducted face-to-face, activities were paused until alternative services or methods of delivery could be developed.

Significant PEI Program Changes in Next Fiscal Year

No significant changes are anticipated for PEI in FY 2021-2022.

INNOVATION COMPONENT

This section includes the required INN Evaluation Report, analyzing one (1) year of data (FY 19/20), 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

In FY 2019-20, there were 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

As with all of the other MHSA programs, the biggest challenge in FY 19/20 was managing the impact of the Covid-19 restrictions. Many activities were paused until alternative services or methods of delivery could be developed.

Significant INN Program Changes in Next Fiscal Year

No significant changes are anticipated for INN in FY 2021-2022.

WORKFORCE EDUCATION AND TRAINING COMPONENT

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

1. Staff, Provider, and Client Training
 - a. SBCBH utilizes WET funds to cover staff education and training programs, including a contract with Relias Learning for access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs.
 - b. WET funding will continue to allow staff to attend other training events as needed.
2. Additional WET Programs – Additional WET programs may be developed as future funding allows.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS COMPONENT

Program Descriptions and Achievements

- A. Capital Facilities (CF) funds – New Behavioral Health Building: 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 early Summer 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.

In FY 2021/22, SBCBH is transferring additional funds from CSS to CFTN to cover any unforeseen expenses as staff move into the new building and the facility becomes occupied.

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

CFTN Program 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 have been unforeseen complications, including the Covid-19 restrictions.

Benchmarks

CF Project: Construction is actively in progress and it is anticipated that the building will be completed and staff will move into the building in early Summer 2021.

Significant CFTN Program Changes in Next Fiscal Year

In FY 2021-2022, SBCBH is transferring additional funds from CSS to CFTN to cover any unforeseen expenses as staff move into the new building and the facility becomes occupied. No other changes are anticipated for CFTN in FY 2021-2022.

PRUDENT RESERVE ASSESSMENT

SBCBH is obligated to maintain its MHPA 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 MHPA 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**

MHPA 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 MHPA Allocations	\$ 16,011,471
CSS Allocations (Total MHPA 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 ANNUAL UPDATE BUDGET DOCUMENTS

See the next pages for the MHSA Annual Update Budget documents.

**FY 2021/2022 Mental Health Services Act Annual Update
Funding Summary - Planning Budgets**

County: San Benito

Date: 6/14/21

	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 2021/2022 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$ 8,739,714	\$ 1,723,867	\$ 963,283	\$ 170,000	\$ 542,082	
2. Estimated New FY 2021/2022 Funding	\$ 2,704,000	\$ 664,244	\$ 176,800			
3. Transfer in FY 2021/2022 ^{a/}	\$ (500,000)				\$ 500,000	
4. Access Local Prudent Reserve in FY 2021/2022						
5. Estimated Available Funding for FY 2021/2022	\$ 10,943,714	\$ 2,388,111	\$ 1,140,083	\$ 170,000	\$ 1,042,082	
B. Estimated FY 2021/2022 MHSA Expenditures^{b/}	\$ 2,679,372	\$ 1,502,151	\$ 472,500	\$ 20,000	\$ 100,000	
C. Estimated FY 2021/2022 Unspent Fund Balance	\$ 8,264,342	\$ 885,960	\$ 667,583	\$ 150,000	\$ 942,082	

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	\$ 790,758
2. Contributions to the Local Prudent Reserve in FY 2021/2022	\$ -
3. Distributions from the Local Prudent Reserve in FY 2021/2022	\$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2022	\$ 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.

b/ All MHSA funds are spent via "first in, first out."

**FY 2021/2022 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding - Planning Budget**

County: San Benito

Date: 6/14/21

	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
All MHA funds are managed via "first in, first out."						
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 MHA Housing Program Assigned Funds						
Total CSS Program Estimated Expenditures	\$ 2,679,372	\$ 2,679,372				
FSP Programs as Percent of Total	51.0%					

**FY 2021/2022 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding - Planning Budget**

County: San Benito

Date: 6/14/21

	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
All MHSA funds are managed via "first in, first out."						
PEI Programs						
<i>Note type of program: Prevention (P); Early Intervention (EI); Outreach (O); Suicide Prevention (SP); Stigma Reduction (SR); Access (A)</i>						
1. School-Based Case Management Services (P)	\$ 485,625	\$ 485,625				
2. Older Adult Prevention Program (P)	\$ 50,429	\$ 50,429				
3. Women's Prevention Services (P)	\$ 19,449	\$ 19,449				
4. Behavioral & Physical Health Integration (P)	\$ 42,789	\$ 42,789				
5. Children & Youth Early Intervention Services (EI)	\$ 150,000	\$ 150,000				
6. School-Based Clinical Services (EI)	\$ 656,250	\$ 485,969				\$ 170,281
7. Suicide Prevention Training (SP)	\$ 19,084	\$ 19,084				
8. San Benito+ (A/O/SR)	\$ 53,813	\$ 53,813				
PEI Administration	\$ 164,993	\$ 164,993				
PEI Assigned Funds	\$ 30,000	\$ 30,000				
Total PEI Program Estimated Expenditures	\$ 1,672,432	\$ 1,502,151				\$ 170,281

**FY 2021/2022 Mental Health Services Act Annual Update
Innovations (INN) Funding - Planning Budget**

County: San Benito

Date: 6/14/21

	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
All MHSAs are managed via "first in, first out."						
INN Program						
1. Diversion & Reentry Court (BH-DRC)	\$ 472,500	\$ 472,500				
INN Administration						
Total INN Program Estimated Expenditures	\$ 472,500	\$ 472,500				

**FY 2021/2022 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding - Planning Budget**

County: San Benito

Date: 6/14/21

	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
All MHSA funds are managed via "first in, first out."						
WET Programs						
1. Staff, Provider, & Client Training	\$ 20,000	\$ 20,000				
WET Administration						
Total WET Program Estimated Expenditures	\$ 20,000	\$ 20,000				

**FY 2021/2022 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding - Planning Budget**

County: San Benito

Date: 6/14/21

	Fiscal Year 2021/2022					
	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
All MHSAs funds are managed via "first in, first out."						
CFTN Programs <i>Note type of program: Capital Facilities (CF) or Technological Needs (TN)</i>						
1. New Behavioral Health Building (CF)	\$ 100,000	\$ 100,000				
CFTN Administration						
Total CFTN Program Estimated Expenditures	\$ 100,000	\$ 100,000				