EXHIBIT A

COUNTY CERTIFICATION

County: **San Benito**

Components Included:

☒ **CSS**	☐ **WET**
☐ **CF**	☐ **TN**
☒ **PEI**	☒ **INN**

County Mental Health Director	**Project 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**
Mailing Address: **1131 San Felipe Road, Hollister, CA 95023**	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. 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.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing[1] was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Alan Yamamoto _____ *<to be signed prior to submission to the State>*
Mental Health Director/Designee (PRINT) Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

2011/12 ANNUAL UPDATE **EXHIBIT B**

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: San Benito **30-day Public Comment period dates:** April 5 – May 5, 2011

Date: 04/04/11 **Date of Public Hearing (Annual Update only):** May 5, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315. Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.

The Community Program Planning (CPP) process for the development of the FY 2011/12 Annual Update builds upon the planning process that we utilized for the development of our past Community Services and Supports (CSS) Plan and Updates, as well as our Prevention and Early Intervention (PEI) Plan and Updates. These planning processes were comprehensive and included the input of over 1,000 diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county. The overall goals of the CSS and PEI Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2011/12.

For the new Innovation component, we developed a survey that was distributed to consumers, family members, staff, partner agencies, community members, and other stakeholders. This survey gave our stakeholders the opportunity to voice their opinions on innovative and creative ideas for improving services in San Benito County. One hundred (100) surveys were completed; see Attachment A for the survey sample and results.

As a component of the planning process for Innovation, the SBCBH Management Team and psychiatrists also met with a local physician's group. The physician's group meets monthly to discuss community care issues. At our shared meeting with the physician's group, we discussed Health Care Reform and shared initial ideas about how to improve collaboration and link physical health care and mental health care in this small community. The physicians had an opportunity to discuss options and begin planning for coordinating activities.

The planning process for this MHSA FY 2011/12 Annual Update included discussions of the MHSA plan development, implementation, and funding priorities with stakeholders from a number of different venues. We met with the local Behavioral Health Board, which is a combined Mental Health and Substance Abuse board. The Behavioral Health Board is comprised of consumers, family members, and allied agency representation, including members from a nearby hospital, special education, the County Health Department, and other public interest members who have leadership roles in the community. This Board has diverse representation from our community. The Behavioral Health Board has been heavily invested in

taking a leadership role in all of the local MHSA input and plan development processes.

In addition, we have engaged stakeholders throughout the development of this request. There are a number of consumers, family members, and other stakeholders who provide ongoing input into our MHSA services and activities. All stakeholder groups and boards are in full support of this MHSA Annual Update and maintaining the services as originally outlined in the CSS and PEI Plans.

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

The Annual Update was developed and approved by the Behavioral Health Board after reviewing data on our current programs (including FSP data), analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA FY 2011/12 Annual Update was shared at staff meetings and at consumer meetings to obtain input and feedback on services.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

A number of different stakeholders were involved in the CPP process. Input was obtained at the Behavioral Health Board meetings, which are attended by MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services. The CPP also included input from child and adult team meetings in mental health and substance abuse services, and the multiple agencies involved with the Children's Interagency Coordinating Council. Consumers who utilize the Esperanza Wellness Center were involved in the CPP through facilitated group meetings.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No MHSA programs or projects will be eliminated at this time.

Local Review Process
4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.
This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from April 5, 2011 through May 5, 2011. An electronic copy is available online at www.san-benito.ca.us. Hard copies of the document are available at the Behavioral Health clinic and in the lobbies of all frequently accessed public areas, including the Court House, Hazel Hawkins Hospital, County Administration, and the local library. In addition, a hard copy of the proposed Annual Update has been distributed to all members of the Behavioral Health Board; consumer groups; staff; at Esperanza Center (the Adult/TAY Wellness Center); and with partner agencies. A public hearing is scheduled for Thursday, May 5, 2011, at the County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023, at 12:00 pm. This meeting will be held in conjunction with the Behavioral Health Advisory Board meeting.
5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.
Input on the MHSA FY 2011/12 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to DMH for approval.

EXHIBIT C

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: San Benito
Date: 03/18/11

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

   Please check box if your county did NOT begin implementation of the following components in FY 09/10:
   ☐ WET
   ☐ PEI
   ☒ INN

Community Services and Supports. The continuation of MHSA activities in FY 2009/10 was very successful. We fully implemented our FSP programs for all age groups, providing "whatever it takes" to help these individuals recover and live successfully in the community. Services are voluntary, client-directed, strength-based, and employ wellness, resiliency, and recovery principles. Bilingual, bicultural staff and peer support are a crucial part of our service delivery teams.

Our wellness center, Esperanza Center, offers services to our TAY, adult, and older adult clients in a welcoming environment outside of the regular outpatient clinic setting. Esperanza Center, located in downtown Hollister, provides a community-based program for clients to socialize, receive services, and participate in classes, such as nutrition, anger management, and budgeting. The Center is available to adults all day Mondays and Wednesdays, as well as Friday mornings. A peer-led support group was implemented in 09/10; this group meets every Friday morning and discusses key issues, as well as getting input on which activities to offer at the Center.

In addition, in FY 09/10, we expanded the services offered at Esperanza Center to include services for Transition Age Youth (TAY). Esperanza Center provides TAY with a safe, comfortable place to receive services and participate in age-appropriate activities every Tuesday, Thursday, and Friday afternoons.

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 mental health. 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. MHSA continues to provide the opportunity to change our service delivery model and build transformational programs and services.

Workforce Education and Training. Full implementation of the WET Plan was completed in FY 09/10. We contracted with Essential Learning for multi-year access to its online training curriculum. Behavioral Health staff, as well as partner agency staff, utilize this program to complete various trainings and modules, including the completion of courses for CEUs. In addition, we identify master's level social work students from CSU Monterey or CSU San Jose to work as an intern within our Behavioral Health program. These individuals receive a stipend, to help cover their mileage and other costs.

A component of the WET Plan is to develop a curriculum at Gavilan College to train consumers to be mental health workers. Due to budget cuts, our liaison at Gavilan College has been delayed in developing this curriculum. We will continue to work closely with the College to coordinate and support the development of this important program.

Prevention and Early Intervention. The PEI Plan developed four (4) programs: 1) Children and Youth PEI services; 2) Suicide Prevention training; 3) Older Adult PEI services; and 4) Women's PEI services. We began implementation of these programs in FY 09/10.

Children and Youth PEI services are provided through contract by Hollister Youth Alliance (HYA), a local community provider. This PEI program has several components. One component conducts outreach and training to allied agencies to improve access and early referral to mental health services. A Case manager focuses on promoting mental health screening for children and youth across San Benito County. A Mental Health Screening Tool is used to assist education and allied agencies in the community to recognize early signs and symptoms of mental health problem behaviors.

A second component of this program utilizes staff from Hollister Youth Alliance (a community provider) to implement an EBP called *Joven Noble.* This program focuses on Latino youth development and leadership. This culturally-based program is designed to work with youth to develop life skills, cultural identity, character, and leadership skills. It is proven effective in reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs or not graduating. The program also works with families, offering a full day program once per month.

This project builds collaboration between the schools, health services, preschools, community organizations, probation, and mental health services. Through training activities utilizing the Mental Health Screening tool, early identification of behaviors of concern, and development of culturally-relevant activities, this program promotes wellness and recovery for children, youth, and families. This collaborative project combines an excellent, early intervention strategies and the development of a supportive, culturally-relevant early intervention program to promote healthy behaviors.

Suicide Prevention training is provided though contract Suicide Prevention of the Central Coast. This program expanded the number of suicide prevention trainings available to first responders and youth in the county. These trainings target first responders, such as law enforcement, and teach them to recognize the warning signs of suicidal behavior, develop techniques to improve response to suicidal events, and develop methods for linking individuals to community resources. This funding also supports the prevention and early intervention at the high school with targeted training for youth.

Older Adult PEI services are provided by SBCBH, which provides early mental health screening and intervention to older adults attending *Jóvenes de Antaño* (the local senior center). This program provides linkage and support for older adults to access mental health and health care services.

The Older Adult PEI program utilizes a 1.0 FTE full-time Clinician to provide prevention and early intervention activities throughout the county in order 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 independent in the community. These individuals are then linked to resources within the community, including County Behavioral Health services. In addition, the clinician visits the local senior housing complex and offers outreach and engagement services, as well as holding regularly scheduled support groups for seniors living in this apartment complex.

The Women's PEI program offers mental health early intervention groups at the local women's domestic violence shelter (*Emmaus House*) and in the community, to help victims of domestic violence, reduce stigma, and offer domestic violence victim support groups for the Latino community. A women's group was formed in FY 09/10 to provide prevention and early intervention services for women, with a special emphasis on monolingual Spanish speakers and 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 develop healthy relationships.

Individuals participating in the women's group receive services from a mental health worker under contract with San Benito County Behavioral Health. The domestic violence counselor has access to a bilingual Spanish speaking Spanish interpreter to ensure that services are culturally sensitive and delivered in the women's primary language. The domestic violence counselor is knowledgeable of other county agencies which provide services to this population, including, but not limited to, the Health and Human Services Agency, Child Protective Services, local physicians, Public Health, and CalWORKS. Referrals and linkages to the appropriate services are made, as needed.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The priority community issues that were identified in the initial CSS Plan were as follows:

Children

- Child, peer, and family problems

TAY

- Youth, peer, and family problems
- Drop-in Center
- Skills development to live independently

Adults

- Drop-in Center
- Managing independence
- Housing issues

Older Adults

- Mental health services at the senior center
- Isolation issues
- Support services for living independently

MHSA funding has been critical to meeting the mental health needs and priorities of our community. MHSA funding has supported our continuation of services and provided tools and services to help client achieve their goals.

PEI							
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):							
Age Group	**# of Individuals**	**Race and Ethnicity**	**# of Individuals**	**Primary Language**	**# of Individuals**	**Culture**	**# of Individuals**
Child and Youth (0-17)	86	White	129	English	263	LGBTQ	*Unknown*
Transition Age Youth (16-25)	108	African American	11	Spanish	126	Veteran	*Unknown*
Adult (18-59)	169	Asian	16	Vietnamese	0	Other	*Unknown*
Older Adult (60+)	51	Pacific Islander	1	Cantonese	0		
Unknown	0	Native American	4	Mandarin	0		
		Hispanic	208	Tagalog	0		
		Multi	1	Cambodian	0		
		Unknown	16	Hmong	0		
		Other	3	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

2. Provide the name of the PEI program selected for the local evaluation[3]. ☒ N/A

San Benito County is a very small county and is exempt from this requirement.

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount[4]	**Target Audience/Participants[5]**
1. Not applicable in FY 09/10	Not applicable in FY 09/10
2.	
3.	
4.	

[3] Note that very small counties (population less than 100,000) are exempt from this requirement.
[4] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
[5] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

EXHIBIT D1

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: San Benito ☐ **No funding is being requested for this program.**
Program Number/Name: MHSA System Transformation Program (CSS)
Date: 03/18/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	18	439	123	$11,130
TAY	18	276	246	$11,130
Adults	22	859	738	$11,130
Older Adults	4	75	123	$11,130
Total	62	1,373	1,230	$11,130
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2,665 (unduplicated)	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	481	English	1217	LGBTQ	*Unknown*
African American	18	Spanish	149	Veteran	*Unknown*
Asian	10	Vietnamese	0	Other	*Unknown*
Pacific Islander	7	Cantonese	0		
Native American	7	Mandarin	0		
Hispanic	807	Tagalog	1		
Multi	0	Cambodian	0		
Unknown	14	Hmong	0		
Other	29	Russian	2		
		Farsi	0		
		Arabic	0		
		Other	4		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The MHSA System Transformation Program has provided the opportunity to outreach to persons who are unserved and underserved. We have been able to effectively outreach to the homeless community in our county. We have been able to offer services to some of these individuals through the services available at the Esperanza Center.

There is a seasonal homeless shelter open in the county during the months of November through March. A mental health clinician is assigned to visit the shelter in the evenings each week to provide behavioral health education and access-to-services information. The clinician can make referrals for homeless individuals interested in receiving behavioral health services at the main clinic or the Esperanza Center. In addition, the Esperanza Center offers a welcoming environment for our Transition Age Youth who need a supportive, youth-friendly, safe place to meet other youth, participate in social activities, and receive services. Esperanza offers an alternative to delivering mental health services in the clinic and helps to ensure inclusion and the reduction of stigma.

Services for all age groups, including the persons who have been identified as FSP, are delivered in a culturally and linguistically competent manner. Our client population closely reflects the county population of 53% Hispanic/Latino. The race/ethnicity of persons served in the CSS, FSP, and PEI programs reflect the race/ethnicity of our county. In addition, a number of our FSP clients are Latino. We continually try to reduce service disparities through outreach activities through our Case Managers and Vocational Assistants. Most of these staff persons are bilingual and bicultural, and are able to reach out into the Latino community and engage individuals and promote access to services.

We find that the most difficult group to engage in services is the migrant worker population. The migrant worker population has difficulty identifying and accepting behavioral health services due to stigma and cultural values and perceptions of behavioral health utilization. Our outreach efforts help to engage this population to reduce stigma and help them utilize prevention and early intervention services. One of our more successful strategies to reach out to this population is to visit the seasonal migrant labor camps that are open through the peak planting and harvesting seasons. Spanish-speaking Behavioral Health staff visit the camps and provide behavioral health education and access information.

We also are working to coordinate services with primary physical health care services to link mental health and health care services. There are physical care management concerns for the population that we serve. It is a known fact that individuals with behavioral health issues show a higher prevalence for the development of a range of physical health diagnoses, including shorter average life spans due to serious physical illnesses. In addition, the less-assimilated Latino populations, such as migrant workers, more readily utilize physical healthcare as opposed to behavioral healthcare. We believe that better coordination with physical health providers and improvement in their education about recognition of behavioral health symptoms, services, and referral options can improve the access to behavioral services for this hard-to-reach population.

Across all age groups, we continue to work to reduce ethnic disparities, outreaching to the Spanish-speaking community, as well as the lesbian, gay, bisexual, transgender, questioning (LGBTQ) community. We also expanded our training efforts to increase our staff's understanding of consumer culture.

MHSA System Transformation Program (CSS)

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
We have been pleased with our ability to expand our services through MHSA funding to better meet the needs of our clients. Funding has made a difference in helping clients and their families to meet their goals and achieve positive outcomes. As State mental health funding becomes scarce and reduced, our ability to keep people out of the hospital and other high-cost services becomes challenged.

EXHIBIT D1

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

MHSA System Transformation Program (CSS)

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,544,000	$1,398,320	-9.0%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	18	439	123	$11,500
TAY	18	276	246	$11,500
Adults	22	859	738	$11,500
Older Adults	4	75	123	$11,500
Total	62	1,373	1,230	$11,500
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:				2,665

MHSA System Transformation Program (CSS)

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The SBCBH MHSA System Transformation Program provides services to all ages [children (ages 0-17); transition age youth (ages 16-25); adults (ages 18-59); older adults (ages 60+)]; all genders; and all races/ethnicities. The 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 mental health. 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; education and employment support; anti-stigma events; linkages to needed services; and housing support. Our Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. In addition, several days per week, Esperanza Center provides Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in age-appropriate activities.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

This program was consolidated in the 2008/09 Annual Update.

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

Not applicable.

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Benito

Program Number/Name: Children and Youth PEI Services

☐ **Please check box if this program was selected for the local evaluation**

Date: 03/18/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Not applicable.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	82	White	6	English	38	LGBTQ	*Unknown*
Transition Age Youth (16-25)	21	African American	0	Spanish	44	Veteran	*Unknown*
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	*Unknown*
Older Adult (60+)	0	Pacific Islander	1	Cantonese	0		
Unknown	0	Native American	1	Mandarin	0		
		Hispanic	58	Tagalog	0		
		Multi	1	Cambodian	0		
		Unknown	14	Hmong	0		
		Other	1	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Children and Youth PEI Services

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

As noted above, Hollister Youth Alliance has successfully implemented all planned prevention and early intervention activities in the schools and community. Youth and families involved in the *Joven Noble* program have achieved positive outcomes, and youth are developing positive leadership skills and reducing involvement in gangs. This program has reduced cultural and ethnic disparities in our mental health system.

The outreach activities and use of the Mental Health Screening tool has successfully improved access to services for the Latino community. Outreach to women and older adults has also been successful.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[6], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

As a very small county, San Benito is exempt from this requirement.

[6] Note that very small counties (population less than 100,000) are exempt from this requirement

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Children and Youth PEI Services

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $117,696 | $110,880 | -5.8% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	 Yes ☐ Yes ☐	 No ☒ No ☐

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

There are no changes to this PEI Program in Fiscal Year 2011/2012.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not applicable.

Children and Youth PEI Services

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	45	82
Total Families:	10	15

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Benito

Program Number/Name: Suicide Prevention Training for First Responders (PEI)

☐ **Please check box if this program was selected for the local evaluation**

Date: 03/18/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Not applicable.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	4	White	99	English	186	LGBTQ	*Unknown*
Transition Age Youth (16-25)	83	African American	9	Spanish	69	Veteran	*Unknown*
Adult (18-59)	142	Asian	15	Vietnamese	0	Hispanic	*Unknown*
Older Adult (60+)	26	Pacific Islander	0	Cantonese	0	Consumer	*Unknown*
		Native American	3	Mandarin	0	Other	*Unknown*
		Hispanic	129	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Suicide Prevention Training for First Responders (PEI)

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Eight (8) trainings were offered in various community locations during FY 09/10. Trainings were held at a local high school, the Hollister Police Department, Chamberlain's Children Center, the San Benito County jail, the County Office of Education, and a local nursing facility. Over 470 individuals attended these trainings. This program has been successfully implemented and receives positive comments from the community.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[7], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   f) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   g) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   h) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   i) Specific program strategies implemented to ensure appropriateness for diverse participants
   j) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

As a very small county, San Benito is exempt from this requirement.

[7] Note that very small counties (population less than 100,000) are exempt from this requirement

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Suicide Prevention Training for First Responders (PEI)

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$4,904	$4,620	-5.8%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

There are no changes to this PEI Program in Fiscal Year 2011-2012.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   d. Names of the programs being consolidated
   e. The rationale for consolidation
   f. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not applicable.

Suicide Prevention Training for First Responders (PEI)

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	471	0
Total Families:	Not applicable	0

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Benito

Program Number/Name: Older Adult PEI Services

☐ **Please check box if this program was selected for the local evaluation**

Date: 03/18/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Not applicable.

B. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	17	English	16	LGBTQ	*Unknown*
Transition Age Youth (16-25)	0	African American	0	Spanish	8	Veteran	*Unknown*
Adult (18-59)	0	Asian	0	Vietnamese	0	Hispanic	43
Older Adult (60+)	24	Pacific Islander	0	Cantonese	0	Consumer	*Unknown*
		Native American	0	Mandarin	0	Other	*Unknown*
		Hispanic	7	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Older Adult PEI Services

B. Please complete the following questions about this program during FY 09/10.

3. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

An SBCBH Clinician or Mental Health Rehab Specialist regularly visits the local senior center, *Jóvenes de Antaño*. While on site, SBCBH staff offers informative material, coordinates services with allied agencies (e.g., Meals on Wheels; visiting nurse), and offers supportive groups to caregivers. This program has experienced changes in staffing; it is more successful when we are able to provide a bilingual, bicultural staff person to work with these seniors.

Recently, we have also provided outreach and supportive services to seniors in local senior living apartments. These services have helped seniors who feel isolated in their homes, by offering discussion and support groups, as well as individual services. These services have helped these seniors reduce their feelings of isolation and develop a social support network with their own community.

4. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[8], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   k) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   l) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   m) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   n) Specific program strategies implemented to ensure appropriateness for diverse participants
   o) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

As a very small county, San Benito is exempt from this requirement.

[8] Note that very small counties (population less than 100,000) are exempt from this requirement

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Older Adult PEI Services

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
$107,888	$101,640	-5.8%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** — Yes ☐ No ☒

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? — Yes ☐ No ☐

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

There are no changes to this PEI Program in Fiscal Year 2011-2012.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   g. Names of the programs being consolidated
   h. The rationale for consolidation
   i. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not applicable.

Older Adult PEI Services

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	40	30
Total Families:	20	25

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: San Benito

Program Number/Name: Women's PEI Services

☐ **Please check box if this program was selected for the local evaluation**

Date: 03/18/11

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

Not applicable.

C. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	7	English	23	LGBTQ	*Unknown*
Transition Age Youth (16-25)	4	African American	2	Spanish	5	Veteran	*Unknown*
Adult (18-59)	27	Asian	1	Vietnamese	0	Hispanic	14
Older Adult (60+)	1	Pacific Islander	0	Cantonese	0	Consumer	17
		Native American	0	Mandarin	0	Other	*Unknown*
		Hispanic	14	Tagalog	0	Women	28
		Multi	0	Cambodian	0		
		Unknown	2	Hmong	0		
		Other	2	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Women's PEI Services

B. Please complete the following questions about this program during FY 09/10.

5. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.
The Women's PEI Services are offered by a domestic violence counselor, who is trained in working with women who come from situations of domestic violence. These supportive services are offered at the Women's Domestic Violence Shelter in Hollister, and at convenient locations through the community. Following a curriculum, support groups learn key independent living skills, including budgeting, finding a job, and managing resources. These services provide outreach and linkages to a traditionally underserved population.
6. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[9], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: p) A summary of available information about person/family-level and program/system-level outcomes from the PEI program q) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken r) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants s) Specific program strategies implemented to ensure appropriateness for diverse participants t) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
As a very small county, San Benito is exempt from this requirement.

[9] Note that very small counties (population less than 100,000) are exempt from this requirement

EXHIBIT D3

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Women's PEI Services

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$14,712	$13,860	-5.8%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

There are no changes to this PEI Program in Fiscal Year 2011-2012.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   j. Names of the programs being consolidated
   k. The rationale for consolidation
   l. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

Not applicable.

Women's PEI Services

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	0	28
Total Families:	0	0

EXHIBIT F4

New/Revised Program Description
INNOVATION

County: San Benito

☒ **Completely New Program**
☐ **Revised Previously Approved Program**

Program Number/Name: Primary Care Integration Project

Date: 03/18/11

Complete this form for each new INN Program. For existing INN programs with changes to the primary[10] purpose and/or learning goal, please complete the sections of this form that are applicable to the proposed changes. If there are no changes in the applicable section, please state "No Changes."

Select **one** of the following purposes that most closely corresponds to the Innovation's learning goal.

☒ Increase access to underserved groups
☐ Increase the quality of services, including better outcomes
☐ Promote interagency collaboration
☐ Increase access to services

1. Describe why your selected primary purpose for Innovation is most relevant to your learning goal and why this primary purpose is a priority for your county.

The SBCBH Primary Care Integration Project was selected to expand access to persons who are unserved and/or underserved. San Benito County's general population is over 50% Latino. These individuals are often reluctant to access mental health services at the mental health clinic due to the stigma of having a mental illness. Traditional values and cultural beliefs promote a preference to seek assistance through accepted medical care providers. As a result, many individuals seek physical health care services and report their mental health symptoms as physical health symptoms (e.g., stomach aches, headaches, indigestion, insomnia). In addition, there are many others who only access services through the physical health care system.

As a result, there are people in the community who are unserved or underserved because they are not accessing mental health services. By co-locating mental health and physical health care services, physical health care staff will be able to reduce the stigma of mental illness by directly referring the individual to a mental health clinician at the same time that they are seeing the physician/health care provider. When a physician sees a client with mental health symptoms that are not conducive to physical health care treatment, they can easily refer the patient to the mental health clinician located in the same clinic. The referral from the physical health care physician validates mental health as an essential health care need and increases the likelihood that the client will follow through with the referral.

Increasing access to mental health services for underserved groups is a high priority for SBCBH. By coordinating and co-locating services, we will be able to reduce the stigma of mental health services and improve timely access.

[10] The term "essential purpose" has been replaced with the term "primary purpose" for INN.

In addition to this Essential Purpose, the SBCBH Innovation Project will address the additional purposes as follows:

- Improving access will also improve outcomes. This project will improve outcomes by linking clients to mental health services in a timely manner. When a client receives an early screening, diagnosis, and referral to mental health services, services can be delivered in a timely manner to help ameliorate the problem before it exacerbates into more serious symptoms.

- The Project will promote interagency collaboration by offering mental health screening and individual services to physical health care patients. Through co-location of services, this Project will enhance collaboration between the physical health care providers and mental health clinicians, and promote communication across professions. When services are co-located, staff have an opportunity to collaborate, have time to learn more about the services offered, and benefit from shared cooperation. Co-location has been found to be effective in promoting interagency collaboration.

- As a result of this enhanced collaboration and communication, persons with a mental illness will have improved access to services. As physicians and nurses become more familiar with the mental health services available to patients, and have an opportunity to see positive outcomes from enhanced services, physical health care staff are likely to make more accurate and timely referrals to mental health services.

- Co-location of services will also improve the physical health of the individuals served. Through shared communication and services, mental health clients will better manage their physical health symptoms and coordinate any mental health and physical health medications.

- With shared co-location of physical health and mental health, the client can easily make appointments with providers as they leave the office, improving access and timeliness of appointments. In some cases, the client may be able to be seen by the clinician on the same day as the physical health appointment. This approach would reduce the no show rate, promote follow-through, and may reduce a client's reluctance to keep their mental health appointment. In addition, it would improve access by reducing the need for the client to obtain transportation to return to the clinic for the mental health appointment.

2. Describe the INN Program, the issue and learning goal it addresses, and the expected learning outcomes. State specifically how the Innovation meets the definition of Innovation to create positive change; introduces a new mental health practice; integrates practices/approaches that are developed within communities through a process that is inclusive and representative of unserved and underserved individuals; makes a specific change to an existing mental health practice; or introduces to the mental health system a community defined approach that has been successful in a non-mental health context.

Describe the Innovation Program.
The SBCBH Innovation Project proposes several innovative components, as follows:

1. Development of mental health-related questions for patients receiving services from primary care physicians (PCPs). SBCBH and local PCPs will work together to add a few questions to existing medical intake forms to help identify persons with mental health symptoms who may benefit from mental health services.

2. Co-location of mental health and physical health clinics will allow providers to conduct mental health screening and complete a brief initial assessment of mental health symptoms. This strategy will improve access to mental health services for primary health care patients; once the physical health care staff determines the need for a mental health referral, the clinician will be available on-site during scheduled times to conduct the assessment. The PCP can immediately refer a patient and schedule an appointment at the same time, which will greatly improve coordination of services.

3. Development of a brief mental health screening tool as a companion to the San Benito County Behavioral Health services brochure. These documents will be distributed to primary care providers and help to identify persons who may benefit from mental health services. Individuals who score at an "at risk" level on the screening tool will be encouraged to discuss the score with their primary care provider or to seek treatment from SBCBH.

4. Improvement of collaboration between the PCP and behavioral health psychiatrist through the availability of ongoing mental health medication consultation. The SBCBH psychiatrist(s) will be available for consultation to the PCP to discuss medication issues related to the mental health treatment. This will provide support and consultation to the PCP who chooses to provide ongoing psychotropic medication for their patients.

5. Development and expansion of telemedicine to help improve access. SBCBH utilizes telemedicine to offer monolingual psychiatry services to our monolingual Spanish-speaking clients. This project will help identify other opportunities to utilize telemedicine to expand services in our county.

Describe the issue and key learning goal that it addresses.
The SBCBH Innovation Project addresses several issues through the following innovations:

- Expedites the identification of patients with mental health symptoms

- Improves access to mental health screening through three innovative doors: 1) medical intake questions that facilitates the identification of mental health symptoms; 2) co-location of mental health and physical health clinics; and 3) development of a brief mental health screening tool as a component of the SBCBH brochure.

- Promotes psychiatric consultation. Currently, physicians may feel uncomfortable in prescribing psychiatric medications and/or providing ongoing treatment. By having access to a psychiatric consultant, the physician can have easy access to information and support in treating the mental health symptoms and prescribing psychotropic medications. Referrals to mental health may occur at any time the client's symptoms escalate.

Describe the expected learning outcomes.
The SBCBH Innovation Project anticipates the following learning outcomes, through early identification of mental health symptoms by the PCP. This innovation will:

- Increase access, as measured by the number of mental health assessments conducted by physical health providers.
- Improve perception of mental health and physical health care collaborative services, as

measured by consumer perception surveys.
- Improve collaboration between physical health and mental health, as measured by the number of co-located staff, as well as perception surveys of PCP at the clinics.

State how the Innovation meets the definition of Innovation to create positive change.
The SBCBH Innovation Project will be innovative and contribute to learning by improving collaboration and coordination between physical health care providers and mental health staff. The Project will help physicians identify clients who are exhibiting symptoms of mental illness and train them on making appropriate linkages and referrals to a SBCBH clinician. This strategy will also be facilitated by co-locating services at one facility. This enhanced collaboration provides a supportive environment for integrating mental health and physical health services to better meet the needs of the individual receiving services. It also provides an opportunity for SBCBH to reach out to potential clients in a non-traditional way, while working closely with the physical health providers to help them recognize and coordinate mental health services for their patients.

Traditionally, physical health care providers have busy practices and there have been few "incentives" to address mental health issues as a component of the health care diagnoses. However, with Health Care Reform, physical health care staff will be required to work closely with mental health staff to improve outcomes and manage services in the most cost-effective manner. This project will help to analyze strategies to promote this collaboration and coordination of services. This Innovation Project will help provide a model for other small counties to enhance coordination between mental health and physical health services.

2a. Include a description of how the project supports and is consistent with the applicable General Standards as set forth in CCR, Title 9, Section 3320.

This Project supports and is consistent with the General Standards of the MHSA as follows:

Community Collaboration
Initiates, supports, and expands collaboration and linkages, especially connections with systems, organizations, healers and practitioners not traditionally defined as a part of mental health care cultural competence. Demonstrates cultural competency and capacity to reduce disparities in access to mental health services and to improve outcomes.

Traditionally, mental health and physical health providers have limited interaction with each other. This Innovation Project would develop strategies and outcomes for facilitating collaboration between providers. Training will be provided to the physical health care staff to help them identify mental health symptoms and understand how to make a referral to the mental health staff co-located in the clinic. This innovative approach will help to reduce disparities in accessing mental health services and improve outcomes by linking the patient to mental health services in a timely manner.

Integrated Service Experience
Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members.

Co-location of mental health services with physical health care encourages access for a broader range of services. This reduces issues related to stigma of mental health services and makes the referral to mental health as 'legitimate' because the referral is made by a physical health care provider. This integration of services promotes positive linkages across multiple agencies and

programs. This strengthens the services for both providers and supports positive outcomes.

2b. If applicable, describe the population to be served, number of clients to be served annually, and demographic information including age, gender, race, ethnicity, and language spoken.

Currently, we do not have experience getting referrals and/or delivering mental health services within a primary care clinic. In the first 12 months, we estimate that we will serve:

- 50 unduplicated clients (mental health screening)
- 30 unduplicated clients for ongoing individual therapy

We estimate the following demographics for these clients:

- 50% Latino; 30% Caucasian; 20% Other race/ethnicity groups
- 10% will be primary Spanish speakers (monolingual)
- 35% male and 65% female
- 50% children and youth (0-17 years); 30% adults (18-59); 20% older adult (60+)

3. Describe the total timeframe of the program. In your description include key actions and milestones related to assessing your Innovation and communicating results and lessons learned. Provide a brief explanation of why this timeline will allow sufficient time for the desired learning to occur and to demonstrate the feasibility of replicating the Innovation. Please note that the timeline for your Innovation Program can be longer than the period for which you are currently requesting Innovation Component funds.

This project will begin implementation in July 2011. We have held meetings with representatives of a local physicians group, as well as meeting with all of the local physicians to obtain input from them and solicit their feedback on what is needed and options for implementation. In addition, we have had several meetings with representatives from local Federally Qualified Health Centers (FQHCs) to discuss options for coordinating services between Primary Care and Mental Health. We are optimistic that we will be able to begin co-locating staff within two months of the start of the project.

This two month period will allow time to finalize key data elements for collecting performance and outcome data. During this time, we will be able to finalize the mental health screening questions used by physical health care providers as well as develop and finalize the consumer satisfaction survey instrument. In addition, we will train staff to utilize the mental health screening questions and understand how to identify and link clients to mental health services.

Full implementation, with early identification, referral, and linkage processes developed, will occur within three (3) months of funding. We anticipate that this project will extend through June 2013. We will utilize the final three months to conduct the final components of the evaluation activities, collect survey instruments, analyze the data, and develop an Interagency Collaboration Data Report. However, we anticipate that the co-location of services will be effective and we will continue this model of collaboration as standard practice. The timeframe for this project will provide the opportunity to collect data, analyze it, and demonstrate the feasibility of replicating these collaborative services in other communities.

4. Describe how you plan to measure the results, impacts, and lessons learned from your Innovation, with a focus on what is new or changed. Include in your description the expected outcomes of the Innovation program, how you will measure these outcomes, and how you will determine which elements of the Innovation Program contributed to successful outcomes. Include in your description how the perspectives of stakeholders will be included in assessing and communicating results.

We will analyze data to determine the feasibility and success of this project. The evaluation team will collect data on the number of PCP referrals to mental health services, the number of referrals which received ongoing mental health services, and the length of time in treatment. Information will also be gathered on the client's perception of services and the benefits of coordination of services across agencies. Staff will provide input on the success of the project and identify areas for improving the system and the collaboration.

The data reports and other written information on the activities associated with the project will be shared with stakeholders. Their input will be requested and documented throughout the project. In addition, the results of the consumer surveys will provide valuable information on the success of the project and identify opportunities for improvement.

The data will provide valuable information on how to integrate mental health services within a primary care setting. The data will help document lessons learned in developing and integrating services across service delivery systems, and how best to engage physicians and other primary care staff to identify mental health symptoms, make referrals, and coordinate services to achieve optimal outcomes. Obtaining satisfaction surveys from clients will provide important information on individual perceptions of the value and outcomes of the collaboration between Primary Care and Mental Health.

5. If applicable, provide a list of resources to be leveraged.

Leveraging of resources is not applicable to the San Benito Innovation Project. However, we plan to utilize Medi-Cal funding to support the services, whenever possible.

6. Please provide projected expenditures by each fiscal year during the program time frame, including both the current and future funding years. Also, describe briefly the logic for this budget: how your proposed expenditures will allow you to test your model and meet your learning and communication goals.

Project 1 – Primary Care Integration: The entire project is budgeted at $552,600 (less projected revenue); annual projections are as follows:

- Year 1 (2011/2012) projected expenditures are $189,142 (less projected revenue).
- Year 2 (2012/2013) projected expenditures are $184,304 (less projected revenue).
- Year 3 (2013/2014) projected expenditures are $179,154 (less projected revenue).

Traditionally, primary care physicians and mental health services are not coordinated or collaborative. This funding will allow us to develop and strengthen our collaborative relationships to improve health outcomes for our community. Through co-location of a clinician at the local FQHC, we will learn innovative new ways to improve communication and collaboration using this primary care integration model. Funding will support the development of strategies for integrating health and mental health care, as well as tracking key health outcomes through our evaluation activities.

INNOVATION ANNUAL PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 2011/12	FY 2012/13	FY 2013/14	Total
1	Personnel	$ 101,971	$ 105,032	$ 108,182	$ 315,185
2	Operating Expenditures	$ 58,435	$ 58,435	$ 58,435	$ 175,305
3	Non-recurring Expenditures Contracts (Training	$ 7,400	$ 4,500	$ 1,200	$ 13,100
4	Consultant Contracts)	$ 4,000	$ 2,000	$ 1,000	$ 7,000
5	Work Plan Management	$ -	$ -	$ -	$ -
6	Other Expenditures	$ -	$ -	$ -	$ -
	Total Proposed Expenditures	**$ 171,806**	**$ 169,967**	**$ 168,817**	**$ 510,590**

B. REVENUES

1	New Revenues				
	a. Medi-Cal (FFP only)	$ 5,000	$ 8,000	$ 12,000	$ 25,000
	b. State General Funds	$ -	$ -	$ -	$ -
	c. Other Revenues	$ -	$ -	$ -	$ -
	Total Revenues	$ 5,000	$ 8,000	$ 12,000	$ 25,000

C. SUBTOTAL (adjusted program costs)	**$ 166,806**	**$ 161,967**	**$ 156,817**	**$ 485,590**
C1. ADMIN (approx 10% of adjusted program costs)	$ 16,186	$ 16,187	$ 16,187	$ 48,560
C2. OPERATING RESERVE (approx 3.5% of adjusted program costs)	$ 6,150	$ 6,150	$ 6,150	$ 18,450
C3. TOTAL FUNDING REQUEST	**$ 189,142**	**$ 184,304**	**$ 179,154**	**$ 552,600**

D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed annual program expenditures for each line item.

It is anticipated that the San Benito County Behavioral Health MHSA Primary Care Integration Project will be funded for three (3) years.

A. Expenditures

1. **Personnel** – Expenditures in this category are based on current County Personnel Salary tables. Estimates are increased 3% per year of the project for COLA and changes to employee benefits. Employee salary and benefits are approximately 67% and 33%, respectively.

   Mental Health Clinician (1.0 FTE) – A mental health clinician will be co-located at the local FQHC. This individual will be available to provide screening and assessments for persons receiving physical health care at the clinic. This individual will also help to link clients to needed services and help physical health care providers to understand how to identify mental health symptoms, make referrals, and the important of coordinating mental health services to achieve positive health outcomes.

2. **Operating Expenditures** – Line item expenditures include a limited contract (2 hours per week) for the services of a bilingual (Spanish-speaking) tele-psychiatrist to meet the needs of our consumers. Also included are professional/contract expenses for evaluation and consulting services; general office expenses; and communication costs.

3. **Non-recurring Expenditures** – Line item expenditures cover the costs of locating the clinician at the FQHC, including a computer workstation, furniture, initial office supplies, and other necessary items.

4. **Contracts (Training Consultant Contracts)** – This category includes costs associated with training and collaboration meetings with the FQHC. These trainings may include documentation training, how to make a mental health referral, and strategies for improving communication between physical health and mental health staff. Training on psychiatric symptoms, diagnoses, and medications will be available from our psychiatrists to support primary care physicians and other medical staff to prescribe and treatment mental health symptoms which can be successfully treated at the FQHC.

5. **Work Plan Management** – No expenditures are included in this category for this project.

6. **Other Expenditures** – No expenditures are included in this category for this project.

B. Revenues

1. **New Revenues** – As this project is completely new for this county, the level of revenue is difficult to estimate. The county will collect revenue through this project when feasible.

MHSA SUMMARY FUNDING REQUEST

County: San Benito **Date:** 3/18/2011

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	$1,589,000			$262,500	$97,400	
2. Transfer from FY 11/12 [a/]	$0					
3. Adjusted Component Allocation	$1,589,000					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	$1,589,000			$262,500	$552,600	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	$1,352,227			$630,124		
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	$1,352,227			$630,124		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	$0	$0		$0	$0	
4. Total FY 2011/12 Funding Request	**$1,589,000**	**$0**	**$0**	**$262,500**	**$552,600**	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations					$108,750	
4. Unapproved FY 09/10 Component Allocations [b/]					$108,750	
5. Unapproved FY 10/11 Component Allocations [b/]					$237,700	
6. Unapproved FY 11/12 Component Allocations [b/]	**$1,589,000**			$262,500	$97,400	
Sub-total	**$1,589,000**	**$0**	**$0**	**$262,500**	**$552,600**	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation [c/]	**$1,589,000**	**$0**	**$0**	**$262,500**	**$552,600**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

FY 2011/12 ANNUAL UPDATE **EXHIBIT E1**

CSS FUNDING REQUEST

County: San Benito **Date:** 3/17/2011

	CSS Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs										
1.	1	System Transformation	$1,398,320	$387,736	$808,467	$202,117	$0	$279,664	$349,580	$559,328	$209,748	
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.			$0									
7.			$0									
8.			$0									
9.			$0									
10.			$0									
11.			$0									
12.			$0									
13.			$0									
14.			$0									
15.			$0									
16.	Subtotal: Programs [a/]		$1,398,320	$387,736	$808,467	$202,117	$0	$279,664	$349,580	$559,328	$209,748	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$190,680									14%
18.	Plus up to 10% Operating Reserve											0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$1,589,000									
	New Programs/Revised Previously Approved Programs											
1.			$0									
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs [a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0	
7.	Plus up to 15% Indirect Administrative Costs											
8.	Plus up to 10% Operating Reserve											
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0									
10.	**Total MHSA Funds Requested for CSS**		$1,589,000									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 27.70%

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

		Other Funding Sources									
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	$387,736	$63,842	$0	$261,581	$0	$0	$0	$0	$0	$713,159	51%

form Revised 12/29/10

FY 2011/12 ANNUAL UPDATE **EXHIBIT E3**

PEI FUNDING REQUEST

County: San Benito **Date:** 3/18/2011

	PEI Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs										
1.	1	Children and Youth	$110,880	$66,528	$44,352	$55,440	$55,440			
2.	2	Suicide Prevention Training for First Responders	$4,620	$4,620	$0	$1,155	$1,155	$1,155	$1,155	
3.	3	Older Adult PEI Services	$101,640	$50,820	$50,820				$101,640	
4.	4	Women's PEI Services	$13,860	$0	$13,860		$2,079	$11,781		
5.			$0							
6.			$0							
7.			$0							
8.			$0							
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$231,000	$121,968	$109,032	$56,595	$58,674	$12,936	$102,795	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$31,500							14%
18.	Plus up to 10% Operating Reserve									0.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$262,500							
New/Revised Previously Approved Programs										
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	
7.	Plus up to 15% Indirect Administrative Costs									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
10.	**Total MHSA Funds Requested for PEI**		$262,500							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those unde 50%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

FY 2011/12 **EXHIBIT E4**

INN FUNDING REQUEST

County: San Benito **Date:** 3/17/2011

	INN Programs		FY 11/12 Requested MHSA Funding	
	No.	**Name**		
		Previously Approved Programs		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.	Subtotal: Programs		$0	
17.	Plus up to 15% Indirect Administrative Costs			
18.	Plus up to 10% Operating Reserve			
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve		$0	
		New Programs		
1.	1	Primary Care Integration	$485,590	
2.				
3.				
4.				
5.				
6.	Subtotal: Programs		$485,590	Percentage
7.	Plus up to 15% Indirect Administrative Costs		$48,560	10%
8.	Plus up to 10% Operating Reserve		$18,450	3.5%
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		$552,600	
10.	**Total MHSA Funds Requested for INN**		$552,600	

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

2011/12 ANNUAL UPDATE **EXHIBIT G**

LOCAL PRUDENT RESERVE FUNDING REQUEST
(Transferring funds to Local Prudent Reserve is optional)

County: San Benito **Date:** 3/17/2011 rev

Current/Most Recent Annual Funding Level Request

A. Total CSS/PEI Annual Funding Level for Services (Does not include Operating Reserve, Prudent Reserve, or Administrative Cost) $1,629,320
Enter total amounts of Previously Approved (line 16) and/or New Programs (line from Exhibit E1 and E3 "Subtotal: Programs" lines.

1. CSS 1398320
2. PEI 231000

B. Less: Total Non-Recurring Expenditures CSS/PEI (Describe in Section K, below). This should not exceed non-recurring expenditures for new programs. - $0
Subtract any identified non-recurring expenditures for CSS/PEI included in A above.
Non-recurring expenditures should be described in Section K below.

1. CSS
2. PEI

C. Plus: Total Indirect Administrative Costs CSS/PEI + $222,180
Enter the total indirect administrative funds requested for CSS/PEI from E1 and E3.

1. CSS 190680
2. PEI 31500

D. Sub-total $1,851,500

E. Maximum Local Prudent Reserve (50%) $925,750
Enter 50%, or one-half, of the line item D sub-total.

F. Local Prudent Reserve Balance from Prior Approvals $526,260
Enter the total amounts previously approved through Plan/updates for the Local Prudent Reserve.

Amounts Requested to Dedicate to Local Prudent Reserve

G. Plus: CSS Component
Enter the Sub-total amount of funding requested from CSS. Consistent with Welfare and Institutions Code section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prudent Reserve, Capital Facilities and Technological Needs and Workforce and Education and Training.

FY 2011/12	Unapproved CSS Funds	$
	Unexpended CSS Funds	$
FY 2010/11	Unapproved CSS Funds	$
	Unexpended CSS Funds	$ $399,490
FY 2009/10	Unapproved CSS Funds	$
	Unexpended CSS Funds	$

H. Total Amount Requested to Dedicate to Local Prudent Reserve $399,490
Enter the sum of lines G.

I. Local Prudent Reserve Balance $925,750
Enter the sum of F and G.

J. Local Prudent Reserve Shortfall to Achieving 50% $0

K. Description of all non-recurring expenditures CSS/PEI

Non-recurring expenditures are expenditures that are allowable but will not be repeated annually. If a program/project includes non-recurring expenditures, the County should provide an itemized list of these expenditures.

Not applicable.