

SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act Annual Update Fiscal Year 2013/2014

POSTED
June 13, 2013 – July 17, 2013

This MHSA Annual Update is available for public review and comment from June 13, 2013 through July 17, 2013. We welcome your feedback in writing, or at the Public Hearing to be held on Thursday, July 18, 2013.

Public Hearing Information:

Thursday, July 18, 2013, from 12:00 pm to 1:00 pm
County Behavioral Health Department
Main Conference Room
1131 San Felipe Road, Hollister, CA 95023

Comments or Questions? Please contact:

Maria Sanchez
MHSA FY 13/14 Annual Update
San Benito County Behavioral Health
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Phone: 831-636-4020; Fax: 831-636-4025
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Thank you!

**MHSA FY 2013/2014 Annual Update
COUNTY CERTIFICATION**

County: **SAN BENITO**

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 and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

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

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

All documents in the attached FY 2013/14 annual update are true and correct.

Mental Health Director/Designee (PRINT)	Signature	Date
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Note: This certification will be signed prior to submission to the County Board of Supervisors.

**MHSA FY 2013/2014 Annual Update
FISCAL ACCOUNTABILITY CERTIFICATION¹**

County: San Benito

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

County Mental Health Director Name: Alan Yamamoto Telephone Number: 831-636-4020 E-mail: alan@sbcmh.org	County Auditor-Controller Name: Telephone Number: E-mail:
County Mental Health Department Mailing Address: 1131 San Felipe Road, Hollister, CA 95023	

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

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

Mental Health Director/Designee (PRINT)

Signature

Date

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

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

County Auditor-Controller (PRINT)

Signature

Date

¹Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
MHSOAC Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

MHSA Community Program Planning and Local Review Process

County: SAN BENITO **30-day Public Comment period:** June 13-July 17, 2013

Date: June 12, 2013 **Date of Public Hearing:** Thursday, July 18, 2013

Instructions: Utilizing the following format, we will provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update per Title 9 of the California Code of Regulations, Sections 3300 and 3315.

Community Program Planning
<p><i>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2013/14 annual update. Include the methods used to obtain stakeholder input.</i></p> <p>The San Benito County Behavioral Health (SBCBH) community planning process for the Annual Update FY 2013/14 was comprised of two (2) focus groups, a stakeholder survey, and a public review and comment period. Input was obtained from over 1,200 consumers, family members, providers, and community members. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); and Capital Facilities/Technological Needs (CFTN); in addition, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.</p> <p>The two focus groups were held in March 2013 at Esperanza Center, our wellness center. One focus group targeted adult consumers and family members of adult consumers; the second obtained input from Transition Age Youth and their families. A brief history of the Mental Health Services Act was provided and the current MHSA-funded programs were reviewed. Participants were given the opportunity to discuss the current service system and offer suggestions for future funding activities.</p> <p>We developed an MHSA Survey to capture stakeholder perception of current services and suggestions for alternative programs. The survey was administered to clients, family members, staff, providers, partner agencies, and community members at the following locations/agencies: Esperanza Center; Behavioral Health Clinic; Behavioral Health Board; Alcohol and Drug; Probation; county jail and juvenile hall; Public Health; Child Welfare Services; Adult Protective Services; County Office of Education; local schools; Jovenes de Antonio (senior center); Hollister homeless shelter; Hollister Youth Alliance; and the VFW. Surveys were collected during the two community focus groups as well as during an community event in Hollister during “May is Mental Health Month.” Over 169 surveys were completed and analyzed. Of the respondents, 8% were 12-17 years of age, 20% were 18-25, 57% were 26-29 years of age, and 15% 60 and older. Sixty percent (60%) of the respondents were female, 9% were veterans, and 77% were Hispanic.</p> <p>The survey results showed that the most needed mental health services for Children and Youth were Early identification of mental health problems and substance abuse services for teens (66.9% of respondents selected these areas). Also a high priority was Training for parents to manage their child’s behavioral problems and mental health counseling for teens (63.9% of the respondents).</p>

The survey results showed that the most needed mental health services for Adults and Older Adults were mental health counseling for improving family relationships (70.4% of the respondents), mental health counseling for adults (66.3%), and services and supports for seriously mentally ill adults/older adults (62.7%).

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

The Annual Update was developed after reviewing data on our current programs, analyzing community needs based on stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA FY 2013/14 Annual Update was shared at staff meetings and at consumer meetings to obtain additional input and feedback on services.

The draft Annual Update has been distributed county-wide for 30 days. A public hearing will be held at the close of the 30-day review period. Substantive recommendations obtained through the public review and comment process will be incorporated into the Annual Update prior to submitting the document to the County Board of Supervisors for review. A copy of the final Annual Update, including documentation of BOS approval, will be submitted to the State.

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

A number of different stakeholders were involved in the CPP process. Input was obtained at the Behavioral Health Board meetings and two focus groups. In addition, MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services provided input into the planning process. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse 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. Two surveys were distributed to gather input from consumers, family members, stakeholders, staff, providers, partner agencies, and the general public.

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

No programs or projects will be eliminated at this time.

Local Review Process

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

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from June 13 through July 17, 2013. 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; Esperanza Center (our Adult/TAY Wellness Center); and with partner agencies.

A public hearing is scheduled for Thursday, July 18, 2013, from 12:00 p.m. to 1:00 p.m., at the County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023. This meeting will be held in conjunction with the Behavioral Health Board meeting. The MHSA Annual Update public hearing portion of the meeting will begin at 12:00 pm.

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

Input on the MHSA FY 2013/2014 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

MHSa Program Component COMMUNITY SERVICES AND SUPPORTS

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

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. This System Transformation 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 System Transformation 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.

CSS Clients (FY 11/12) By Age

0 - 15 years	394	24.9%
16 - 25 years	315	19.9%
26 - 59 years	777	49.1%
60+ years	98	6.2%
Total	1,584	100.0%

CSS Clients (FY 11/12) By Race/Ethnicity

Caucasian	572	36.1%
Hispanic	918	58.0%
African American	19	1.2%
Asian/Pacific Islander	20	1.3%
American Indian	9	0.6%
Other	46	2.9%
Total	1,584	100.0%

CSS Clients (FY 11/12) Dollars per Client

Total Dollars	\$ 3,746,940
Total Clients	1,584
Avg. Dollars/Client	\$ 2,365

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

We find that the most difficult group to engage in services is the migrant worker population. The migrant worker population is reluctant to access behavioral health services due to stigma 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 has been placing a bilingual clinician at the Health Foundation, a Federally Qualified Health Center (FQHC). This individual offers mental health services for 12-15 hours per week at the FQHC and has been well accepted by both staff and patients. In addition, we have been successful in reaching out to the migrant workers by visiting the seasonal migrant labor camps that are open during the summer months. Spanish-speaking Behavioral Health staff visit the camps and provide behavioral health education and access information.

We strive to create a welcoming environment to improve access to services. Our front office staff are bilingual and bicultural and are able to offer services in both languages when a person calls or walks into the clinic. As a result of this welcoming environment and bilingual staff, over 50% of our clients are Hispanic. However, stigma continues to prevent some individuals from requesting mental health services. We continually offer outreach service to help reduce these barriers and mitigate the fear of accessing services. Our Innovation Program to integrate behavioral health services at the Health Foundation also helps to improve access by receiving referrals from a physical health care provider.

We have been pleased with our ability to maintain our services through MHSA funding to 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.

3. List any significant changes for FY 2013/14, if applicable.

No changes are anticipated to the CSS Program in this fiscal year.

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

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

SBCBH contracts with the Hollister Youth Alliance (HYA) to provide children and youth services in the schools and community. An HYA Case Manager screens children and youth for mental health service needs, and refers potential clients to either SBCBH or the HYA clinic for treatment. A component of this program was to implement the promising practice program, *Joven Noble* – Rites of Passage, a Latino youth development and leadership enhancement program. This culturally-based program works with youth to develop life skills, cultural identity, character, and leadership skills. It is a program that has been effective at reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs and/or dropping out of school.

HYA has successfully implemented all planned prevention and early intervention activities in the schools and community. Youth and families involved in the *Joven Noble* program have achieved positive outcomes, and youth are developing positive leadership skills and reducing involvement in gangs. This program has also helped to reduce cultural and ethnic disparities in our mental health system.

The HYA Team has been effectively integrated within the school environment, and is well received by staff and students.

HYA Clients (FY 11/12) By Age

0 - 15 years	38	53.5%
16 - 25 years	33	46.5%
26 - 59 years	-	0.0%
60+ years	-	0.0%
Total	71	100.0%

HYA Clients (FY 11/12) By Race/Ethnicity

Caucasian	3	4.2%
Hispanic	67	94.4%
African American	-	0.0%
Asian/Pacific Islander	-	0.0%
American Indian	-	0.0%
Other/Multi	1	1.4%
Total	71	100.0%

HYA Clients (FY 11/12) Dollars per Client

Total Contract Amount	\$ 169,571
Total Clients	71
Avg. Dollars/Client	\$ 2,388

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

HYA has continued to provide a variety of culturally appropriate services to the children and youth in our community through the various programs supported through MHSA Prevention and Early Intervention funds. They are well received in the schools, and the youth and families benefit from their services. There are no challenges or barriers for this program.

3. List any significant changes for FY 2013/14, if applicable.

There are no significant changes for FY 2013/14.

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

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

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

In FY 11/12, six (6) trainings have been conducted in various community locations; since FY 09/10, twenty-six trainings have been conducted. Trainings have been held at local schools, the Hollister Police Department, Chamberlain’s Children Center, the San Benito County jail, the County Office of Education, a local nursing facility, Veterans Hall, and various community agencies. In FY 11/12, 219 individuals have attended these trainings; since FY 09/10, over 1,100 individuals have participated. This program has been successfully implemented and receives positive comments from the community.

CSS Clients (FY 11/12) Dollars per Client

Total Contract Amount	\$ 7,500
Total Individuals	219
Avg. Dollars/Person	\$ 34.00

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

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

3. *List any significant changes for FY 2013/14, if applicable.*

No changes are anticipated to this PEI Project in this fiscal year.

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

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

The Older Adult Prevention and Early Intervention Program utilizes a Clinician 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 within the community, including County Behavioral Health services. This program develops service alternatives for older adults who have been unserved and underserved in this community. Services are voluntary and client-directed, strength-based, employ wellness and recovery principles, address both immediate and long-term needs of program members, and are delivered in a timely manner that is sensitive to the cultural needs of the population served.

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

The Clinician also provides services to older adults who are at risk of hospitalization or institutionalization and who may be homeless or isolated. This individual offers prevention and early intervention services to older adults in community settings that are the natural gathering places for older adults, such as *Jóvenes de Antaño*, our Senior Center. Older adults who are identified as needing additional services are referred to Behavioral Health for ongoing treatment. The Clinician also offers group services to caregivers to provide support and early intervention to family members who are caring for an elderly relative.

Older Adult PEI Clients (FY 11/12) By Age

60+ years	98	100.0%
Total	98	100.0%

Older Adult PEI Clients (FY 11/12)
By Race/Ethnicity

Caucasian	51	52.0%
Hispanic	39	39.8%
African American	2	2.0%
Asian/Pacific Islander	1	1.0%
American Indian	1	1.0%
Other	4	4.1%
Total	98	100.0%

Older Adult PEI Clients (FY 11/12)
Average Dollars per Client

Total Dollars	\$ 328,007
Total Clients	98
Avg. Dollars/Client	\$ 3,347

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

Older adults experience barriers to mental health services because of stigma. However, we work to help them understand that many people need supportive services to help them get through difficult times (e.g., death of a spouse, decreased mobility, isolation, etc.).

3. List any significant changes for FY 2013/14, if applicable.

No changes are anticipated to this PEI Project in this fiscal year.

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

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

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

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

Women's PEI Clients (FY 11/12) By Age

0 - 15 years	3	4.3%
16 - 25 years	13	18.8%
26 - 59 years	51	73.9%
60+ years	2	2.9%
Total	69	100.0%

Women's PEI Clients (FY 11/12)
By Race/Ethnicity

Caucasian	20	29.0%
Hispanic	34	49.3%
African American	2	2.9%
Asian/Pacific Islander	1	1.4%
American Indian	8	11.6%
Other	4	5.8%
Total	69	100.0%

Women's PEI Clients (FY 11/12)
Dollars per Client

Total Contract Amount	\$ 4,989
Total Clients	69
Avg. Dollars/Client	\$ 72.00

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

At times, difficulty has been encountered in breaking the cycle of dependence in which victims of domestic violence are enmeshed with their significant other who is the perpetrator of the domestic violence. We will work with our contract provider to continue the promotion of resources for making referrals to this program, as well as linking victims of domestic violence to community resources.

3. List any significant changes for FY 2013/14, if applicable.

No changes are anticipated to this PEI Project in this fiscal year.

MHSA Program Component - NEW PREVENTION AND EARLY INTERVENTION #5 Mental Health First Aid Training

Completely New Program

Date: June 12, 2013

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Disparities in Access to Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-Social Impact of Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-Risk Children, Youth and Young Adult Populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and Discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide Risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) <i>Note: All PEI programs must address underserved racial/ethnic and cultural populations.</i>	Age Group			
	Children and Youth	Transition-Age Youth	Adult	Older Adult
1. Trauma Exposed Individuals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Individuals Experiencing Onset of Serious Psychiatric Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Children and Youth in Stressed Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Children and Youth at Risk for School Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Children and Youth at Risk of or Experiencing Juvenile Justice Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Underserved Cultural Populations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

a. Summarize the stakeholder input and data analysis that resulted in the selection of the priority population(s) and describe how the PEI program will reach/engage unserved and underserved multicultural communities.

Community stakeholders identified the need for additional training to recognize mental health and substance use risk factors. By training community members to recognize key risk factors and warning signs of mental health problems, community members develop an understanding of the impact of mental health problems on the individual's life, family, and community. The training also provides an overviews common treatment options.

3. PEI Program Description (attach additional pages, if necessary).

Community members will be offered 12-hours of training become certified in providing Mental Health First Aid. They will learn a 5-step action plan encompassing the skills, resources and knowledge to help an individual in crisis and to link the individual with appropriate professional, peer, social, and self-help care.

The 12-hour Mental Health First Aid USA course has been used to train a variety of audiences and key professions, including: primary care professionals, employers and business leaders, faith communities, school personnel and educators, state police and corrections officers, nursing home staff, mental health authorities, state policymakers, volunteers, young people, families and the general public.

We plan to offer up to three (3) 12 hour blocks of Mental Health First Aid courses during the year. While the 12-hour training requires a large commitment of time for professionals, this program is an evidence-based program that develops important skills for those community members who are the first to respond to individuals with mental health symptoms. These skills include learning a five-step action plan for individuals to provide help to someone who may be in crisis.

- Assess for risk of suicide or harm
- Listen non-judgmentally

- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

Following the 12-hour course, participants will have acquired important skills that help them respond appropriately to individuals having symptoms of a mental illness.

4. Activities

Activity Title	Proposed number of individuals or families through PEI expansion to be served through June 2014 by type of prevention:			Number of months in operation through June 2014
		Prevention	Early Intervention	
Mental Health First Aid Training Course	Individuals: Families:	15	15	11
	Individuals: Families:			
	Individuals: Families:			
Total PEI Program Estimated Unduplicated Count of Individuals to be Served	Individuals: Families:	15	15	11

5. Describe how the program links PEI participants to County Mental Health and providers of other needed services.

The Mental Health First Aid course encourages the trainees to refer the individual needing mental health services to local and national resources. During the training, attendees are provided with a list of local resources, including how to access mental health and substance treatment services, physical health care, and drop-in centers.

In addition, trainees learn about Self-Help and Other Support Strategies. There are many ways individuals who may be experiencing symptoms of a mental illness can contribute to their own recovery and wellness. These strategies may include:

- Exercise
- Relaxation and Meditation
- Participating in peer support groups
- Self-help books based on Cognitive Behavioral Therapy (CBT)
- Engaging with family, friends, faith, and other social networks

Trainees are encouraged to support individuals to access services to help alleviate the symptoms of mental illness.

6. Describe collaboration with and system enhancements of other partners such as community based organizations, schools, and primary care.

This training program will be available free of charge to our local community partners. This will include education, law enforcement and probation, child welfare services, substance abuse treatment staff, physical health care providers, and local faith-based organizations.

7. Describe intended outcomes.

Research studies have demonstrated that individuals that finished the course immediately demonstrated a better recognition of mental illness from individual case descriptions, fewer negative attitudes towards people with mental illness, increased concordance with health professionals about treatments, and greater confidence in providing help to others and increased likelihood to provide help to others.

8. Describe coordination with Other MHSA Components.

The Mental Health First Aid training coordinates well with our other MHSA Components. It provides information and skills to our community partners and helps them to recognize when it is appropriate to make a referral and link an individual to mental health services. It also provides them some skills in initially talking with the individual and supporting them to access the appropriate services.

9. Additional Comments (Optional)

N/A

10. Provide an estimated annual program budget, utilizing the following line items.

Type of Expenditure		County MHSA	Other Funding Sources	Total
1.	Personnel			
2.	Operating Expenditures			
3.	Non-recurring Expenditures			
4.	Contract Services (Subcontracts/Professional Services)	\$15,000		\$15,000
5.	Other Expenditures	\$5,000		\$5,000
	Total Proposed Expenditures	\$20,000		\$20,000
B. REVENUES				
1.	New Revenues			
	a. Medi-Cal (FFP only)			
	b. State General Funds			
	c. Other Revenues			
	Total Revenues			
C. TOTAL FUNDING REQUESTED		\$20,000		\$20,000
D. TOTAL IN-KIND CONTRIBUTIONS				

Budget Narrative

A. EXPENDITURES

Personnel – No expenses are budgeted for this category.

Operating Expenditures – No expenses are budgeted for this category.

Non-Recurring Expenditures – No expenses are budgeted for this category.

Contract Services – A contract will be developed with an experienced Mental Health First Aid Trainer (TBD) to deliver up to three (3) Mental Health First Aid training courses to appropriate first responders, educational personnel, medical staff, and other relevant community service leaders. This contract will include funding for the trainer's time and travel, as well as training materials. Total cost for this line item: \$15,000.

Other Expenditures – Other expenditures include rental of a training facility (\$2,500) and marketing/advertising materials (\$2,500). Total cost for this line item: \$5,000.

B. REVENUE – No revenue is expected for this project.

C. TOTAL FUNDING – Total FY 13/14 funding for this project is \$20,000.

D. TOTAL IN-KIND CONTRIBUTIONS – No in-kind contributions are expected for this project.

MHSa Program Component INNOVATION

1. Provide a brief program description. Include achievements and notable performance outcomes.

The Innovation Project partners SBCBH with the local Federally Qualified Health Center (FQHC), San Benito Health Foundation, to coordinate mental health and physical health services. SBCBH has co-located a bilingual, Spanish-speaking clinician onsite at the FQHC clinic, 16-20 hours per week. A brief mental health screening tool, incorporated into 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 treatment sessions, as appropriate. Individuals who require longer term mental health treatment services are referred to the SBCBH clinic, or continue to receive therapy at the FQHC.

The co-location of mental health and physical health services improves access to mental health services for primary health care patients. There is improved collaboration between the primary care physician (PCP) at the FQHC and the SBCBH psychiatrist through the availability of ongoing mental health medication consultation. The SBCBH psychiatrist is available for consultation to the PCP to discuss medication issues related to the mental health treatment. This relationship provides support and consultation to the PCP who chooses to provide ongoing psychotropic medication for his patients.

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

A component of our original Innovation Plan was the development and expansion of telemedicine from the FQHC to our remote bilingual Psychiatrist to help improve access to services for our monolingual Spanish-speaking clients. It has been difficult to implement this component at the FQHC, as most medication-only clients have preferred to utilize their PCP at the FQHC for medication support services. We will revisit this component of the Innovation Plan in the future and determine if this service is required.

We have successfully implemented telepsychiatry at Esperanza Center, our drop-in center, using a bilingual, bicultural psychiatrist. This service has enhanced our ability to meet the needs of our bilingual, bicultural clients who require medication support services.

We re-evaluated the need for 20 hours of clinical mental health services at the FQHC each week. We were not receiving the number of referrals that we had anticipated. As a result, we adjusted the hours available through a minor decrease until we are able to fully utilize the clinician's time in a cost-effective manner.

3. List any significant changes for FY 2013/14, if applicable.

No changes are anticipated to this Innovation Project in this fiscal year.

MHSA Program Component
WORKFORCE EDUCATION AND TRAINING

1. Provide a brief program description.

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

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

WET funding has also allowed SBCBH to support up to four (4) interns to work at the county mental health program. Currently, 2 undergraduates and 3 graduate students from the California State University at Monterey Bay are participating in this placement.

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

Funding constraints and other challenges at Gavilan College have consistently created a barrier to implementing the Consumer Pathways portion of the WET Program. With the statewide reduction in education funding to the community college system in California, and Gavilan specifically, the Consumer Pathways project has been eliminated.

3. List any significant changes for FY 2013/14, if applicable.

Funding constraints and other challenges at Gavilan College have consistently created a barrier to implementing the Consumer Pathways portion of the WET Program. With the statewide reduction in education funding to the community college system in California, and Gavilan specifically, the Consumer Pathways project has been eliminated. The MHSA Leadership Team is exploring other education partners and community options for this valuable workforce development track.

MHSA Components ELIMINATION OF PROJECT

Funding Component: **Workforce Education and Training (WET)**

Project Name: **Consumer Pathways Program – Coach, Parent Partner, Peer Mentor**

<p><i>1. Clearly identify the project proposed for elimination.</i></p>
<p>It was planned that this component would offer a 12-unit credentialing program to consumers to develop skills for Coach, Parent Partner, or Peer Mentor positions with San Benito County. Individuals who qualified for this Consumer Pathways Program would attend courses at Gavilan College to prepare them to become an Adult Services Coach, a Children’s Services Parent Partner, or a Transition Age Youth Peer Mentor.</p>
<p><i>2. Describe the rationale for eliminating the project.</i></p>
<p>Funding constraints and other challenges at Gavilan College have consistently created a barrier to implementing the Consumer Pathways portion of the WET Program. With the statewide reduction in education funding to the community college system in California, and Gavilan specifically, the Consumer Pathways project was not feasible.</p>
<p><i>3. Describe how the funding for the eliminated project will be used.</i></p>
<p>The MHSA Leadership Team is exploring other education partners and community options for this valuable workforce development track. The funding will be set aside until this project can be pursued. If reversion of these funds becomes an issue, we will engage the Community Planning Process to develop an alternative project.</p>
<p><i>4. Describe how the population that was being served by the project will continue to be served.</i></p>
<p>As this project was new to SBCBH, no consumers or family members have utilized this project. We offer volunteer education through our Essential Learning online training program, and to consumers and family members through the SBCBH Consumer Access Site. Both of these projects are funded through WET.</p>

**MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY**

<p><i>1. Provide a brief program description (include number of clients served, age, race/ethnicity, costs per person). Include achievements and notable performance outcomes.</i></p>
<p>San Benito County Behavioral Health has determined that these components will not be implemented at this time. Capital Facilities/Technological Needs Plans may be developed in the future, as feasible and appropriate.</p>
<p><i>2. Describe any challenges or barriers and strategies to mitigate.</i></p>
<p>Not applicable.</p>
<p><i>3. Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.</i></p>
<p>Not applicable.</p>
<p><i>4. List any significant changes for FY 2013/14, if applicable.</i></p>
<p>Not applicable.</p>

