MHSA FY 2018/2019 Annual Update
COUNTY COMPLIANCE CERTIFICATION

County: **SAN BENITO**

- ❑ Three-Year Program and Expenditure Plan
- ☑ Annual Update

Local Mental Health Director	Program Lead
Name: **Alan Yamamoto**	Name: **Alan Yamamoto**
Telephone Number: **831-636-4020**	Telephone Number: **831-636-4020**
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Local Mental Health Mailing Address: **1131 San Felipe Road Hollister, CA 95023**	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City 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 August 21, 2018.

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 annual update are true and correct.

Mental Health Director (PRINT)	Signature	Date

MHSA FY 2016/2017 Annual Update
FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: **San Benito**

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

Local Mental Health Director	County Auditor-Controller
Name: **Alan Yamamoto**	Name: **Joe Paul Gonzalez**
Telephone Number: **831-636-4020**	Telephone Number: **831-636-4090**
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I hereby certify that the Annual Update 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 period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

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

_____ _____

Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2015, I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

_____ _____

County Auditor-Controller (PRINT) Signature Date

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

MHSA COMMUNITY PROGRAM PLANNING

Community Program Planning Process

The San Benito County Behavioral Health (SBCBH) Community Program Planning (CPP) process for the development of the FY 2018-2019 Annual Update builds upon the planning process that we utilized for the development of our most recent Annual Update, as well as past plans and annual updates. Over the past several years, these planning processes have been comprehensive and, since 2005, have included the input of diverse stakeholders through focus groups, stakeholder meetings, and surveys, with the involvement of over 600 people. In the past year, we conducted a number of different activities to obtain input into our planning activities. We have met with several different stakeholder groups, including schools, justice related, LGBTQ community, housing, and older adults. Components addressed by the planning process included Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Innovation; Workforce Education and Training (WET); Capital Facilities/Technological Needs (CFTN); and Housing. In addition, we provided basic education regarding mental health policy; program planning and implementation; monitoring and quality improvement; evaluation; and fiscal and budget components.

For the planning process for this Annual Update, we obtained input from several different stakeholder groups, including clients in the following age groups: Transition Age Youth (TAY) ages 16-25; Adults ages 26-59; Older Adults ages 60+; the LGBTQ community; Behavioral Health Board members; Schools; Probation; law enforcement agencies; veterans; the Courts; and Child Welfare Services. We conducted a focus group with over 20 participants on the Opioid Task Force. We also obtained input through a brief survey; meetings with our Community Corrections Partnership; community meetings to discuss key issues (i.e., LGBTQ), and other scheduled meetings with stakeholders. Individuals attending Esperanza, our wellness center, also provided input into planning and program design. With this compiled information, we were able to determine the unique needs of our community and continue to implement an MHSA program that is well designed for our county.

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 helps to understand service utilization, evaluate client progress, and utilize information to continually improve FSP services.

The proposed MHSA Annual Update integrates stakeholder, survey, and service utilization data to analyze community needs and determine the most effective way to further meet the needs of our unserved/ underserved populations. In addition, the MHSA planning, development, and evaluation activities were discussed with the Behavioral Health Board members; during QIC meetings; at Cultural Competence Committee meetings; to AB109 service recipients; during Katie A meetings; during inter-agency planning committees, including the Opioid Task Force; and at staff meetings, to obtain input and strategies for improving our service delivery system. All stakeholder groups and boards are in full support of this MHSA Annual Update and the strategy to maintain and enhance services.

Stakeholders and Meaningful Input

A number of different stakeholders were involved in the CPP process. Input was obtained from the Behavioral Health Board, MHSA staff, consumers, family members, Behavioral Health Director, Program Managers, fiscal staff, quality improvement staff, representatives from allied providers and agencies, and others involved in the delivery of MHSA services. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse service, Youth Alliance, schools, Health Foundation, the Opioid Task Force, and individuals involved with our Sober Living Environment home.

Consumers who utilize the Esperanza Wellness Center were involved in the CPP through facilitated group meetings. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality improvement; evaluation; and budget. Information was also obtained from the community through a brief survey given on two different days in May at the Farmer's Market.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA FY 2018-2019 Annual Update was posted for a 30-day public review and comment period from June 29, 2018 through July 28, 2018. An electronic copy was available online at www.san-benito.ca.us. Hard copies of the document were available at the Behavioral Health Outpatient clinic and in the lobbies of all frequently accessed public areas, including the San Benito County Behavioral Health Outpatient clinic lobby, Hazel Hawkins Hospital, County Administration, and the local library. In addition, hard copies of the proposed Annual Update were distributed to all members of the Behavioral Health Advisory Board; consumers (on request); staff (on request); Esperanza Center (our Adult/TAY Wellness Center); and with partner agencies.

Public Hearing Information

A public hearing for Annual Update review and comments was conducted on Monday, July 30, 2018, at 12:00 pm noon. The meeting was held at the San Benito County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023.

The 12 participants included Behavioral Health Advisory Board members, community members, and SBCBH staff. All participants were adults, ages 18-59. Six (6) individuals were Caucasian; three (3) Hispanic; one (1) African-American; and two (2) Asian. There were two (2) consumer/family member participants.

Substantive Recommendations and Changes

No comments were received during the 30-day review period. The feedback during the public hearing included questions around the allowable uses of MHSA funding. No substantive recommendations were received, and no changes were made, to the posted Annual Update. The MHSA FY 2018-2019 Annual Update will be submitted to the County Board of Supervisors for review and approval. Upon BOS approval, the final approved document will be submitted to the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

COMMUNITY SERVICES AND SUPPORTS

CSS Program Description and Outcomes

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

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; linkages to needed services; and housing support. Our Drop-In Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment, including classes, social activities, and group therapy. Several days per week, Esperanza Center provides a separate program for Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in peer-driven, age-appropriate activities. Through the MHSA and PEI programs, the Esperanza Center creates a welcoming environment for all youth, including the LGBTQ community. Peer Mentors from the LGBTQ community provide LGBTQ-friendly and culturally-relevant services. In addition, through CSS funding, outreach and engagement activities are provided to the migrant worker population, the homeless, and other at-risk individuals.

CSS Data for FY 2016/2017

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

Figure 1
CSS Clients (FY 16/17)
By Age

	# Clients	% Clients
0 - 15 years	303	23.6%
16 - 25 years	251	19.6%
26 - 59 years	619	48.3%
60+ years	109	8.5%
Total	**1,282**	**100.0%**

Figure 2
CSS Clients (FY 16/17)
By Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	434	33.9%
Latino	774	60.4%
Black/ African American	5	0.4%
Native American/ Alaska Native	8	0.6%
Asian/ Pacific Islander	14	1.1%
Other/ Unknown	47	3.7%
Total	**1,282**	**100.0%**

Figure 3
CSS Clients (FY 16/17)
By Gender

	# Clients	% Clients
Male	578	45.1%
Female	704	54.9%
Total	**1,282**	**100.0%**

Figure 4
CSS Dollars per Client
(FY 16/17)

Total Dollars	$ 3,560,245
Total Clients	1,282
Avg. Dollars/Client	$ 2,777

CSS Program Challenges and Mitigation Efforts

The number of clients who were identified as Full Service Partnership (FSP) decreased this year, as a result of staffing changes and several vacant staff positions. This is a valuable program for our clients, and a priority for the CSS program to support individuals to receive the appropriate level of services. Managers are reviewing data on the number of FSP clients, for each age group, to ensure that clients are referred and approved to be FSP, as appropriate. We are also planning to review our criteria for FSP and provide training to staff to ensure clients have access to this valuable service.

CSS Program Changes from Prior Fiscal Year

Changes to the CSS program are not planned in FY 2018-2019.

PREVENTION AND EARLY INTERVENTION

PEI Program Descriptions and Outcomes

Recent PEI regulations have outlined additional categories for delivering PEI services. These categories include Prevention, Early Intervention, Outreach, Access, Stigma Reduction, and Suicide Prevention.

A. Prevention Programs

1. Mental Health First Aid Training: Through the Mental Health First Aid training program, community members participate in 8 hours of training to become certified in providing Mental Health First Aid. Participants learn a 5-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis and to link the individual with appropriate professional, peer, social, and self-help care.

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

   During FY 16/17, we offered three (3) Mental Health First Aid courses. There were approximately 54 participants total. Attendees included community teachers, school counselors, other education officials and general public members. Feedback for these trainings has been positive and the community continues to support our efforts.

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

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

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

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

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

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

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

The clinician served 109 older adults in FY 16/17 (Figure 5).

Figure 5
Older Adult PEI Clients (FY 16/17)
By Age

	# Clients	% Clients
60+ years	109	8.5%
Total	**1,282**	**100.0%**

Of the 109 individuals served, 28.4% were male and 71.6% were female (Figure 6).

Figure 6
Older Adult PEI Clients (FY 16/17)
By Gender

	# Clients	% Clients
Male	31	28.4%
Female	78	71.6%
Total	**109**	**100.0%**

Of the 109 individuals served, 54.1% were Caucasian and 37.6% were Latino (Figure 7).

Figure 7
Older Adult PEI Clients (FY 16/17)
By Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	59	54.1%
Latino	41	37.6%
Black/ African American	-	0.0%
Asian/ Pacific Islander	2	1.8%
Native American/ Alaska Native	-	0.0%
Other/ Unknown	7	6.4%
Total	**109**	**100.0%**

Figure 8 shows that the average cost per older adult was $3,038.

Figure 8
Older Adult PEI Clients (FY 16/17)
Average Dollars per Client

Total Dollars	$ 331,148
Total Clients	109
Avg. Dollars/Client	$ 3,038

3. Women's Prevention Program (Transcend): SBCBH contracts with Transcend to offer services to women. The Women's Prevention program continues to offer mental health early intervention groups at a local community domestic violence shelter to help victims of domestic violence, reduce stigma, and improve access to the Latino community. Many of the Latino families in the county are immigrants or first generation.

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

   There were 59 individuals served through the Transcend Program in FY 16/17 (Figure 9). Of the 59 individuals served, 49.2% were 26 – 59 years of age and 30.5% did not provide this information.

Figure 9
Transcend Clients (FY 16/17)
By Age

	# Clients	% Clients
0 - 15 years	-	0.0%
16 - 25 years	11	18.6%
26 - 59 years	29	49.2%
60+ years	1	1.7%
Unknown	18	30.5%
Total	**59**	**100.0%**

Of the 59 individuals served, 55.9% were female; and 42.4% did not provide this information (Figure 10).

Figure 10
Transcend Clients (FY 16/17)
By Gender

	# Clients	% Clients
Male	1	1.7%
Female	33	55.9%
Unknown	25	42.4%
Total	**59**	**100.0%**

Of the 59 individuals served, 25.4% were Caucasian and 39% were Latino (Figure 11).

Figure 11
Transcend Clients (FY 16/17)
By Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	15	25.4%
Latino	23	39.0%
Black/ African American	-	0.0%
Asian/ Pacific Islander	1	1.7%
Native American/ Alaska Native	2	3.4%
Other	-	0.0%
Unknown	18	30.5%
Total	**59**	**100.0%**

Figure 12 shows that the average cost per person was $288.

Figure 12
Transcend Clients (FY 16/17)
Average Dollars per Client

Total Dollars	$17,007
Total Individuals	59
Avg. Dollars/Person	**$288**

4. Behavioral and Physical Health Integration: SBCBH co-locates a bilingual, Spanish-speaking clinician onsite at the Health Foundation, a Federally Qualified Health Center (FQHC), 16-20 hours per week to provide preventive mental health services. A brief mental health screening tool, incorporated into the existing physical health intake forms, allows immediate identification of individuals who may have mental health treatment needs. The SBCBH clinician may further assess individuals on-site and conduct brief therapeutic, mental health treatment services, as needed. Individuals who require more intensive specialty mental health services are referred to the SBCBH clinic, or continue to receive services at the FQHC.

   Between January and June 2017, there were 39 clients served. Table 13 shows that this included 7 children ages 0-15; 11 Transition Age Youth (TAY) ages 16-25; 16 Adults, ages 26-59; and 5 Older Adults ages 60+.

Figure 13
FQHC Clients (January-June 2017)
By Age

	# Clients	% Clients
0-15 years	7	17.9%
16-25 years	11	28.2%
26-59 years	16	41.0%
60+ years	5	12.8%
Total	**39**	**100.0%**

In this same time period, there were 13 males and 26 females clients served (Figure 14).

Figure 14
FQHC Clients (January-June 2017)
By Gender

	# Clients	% Clients
Male	13	33.3%
Female	26	66.7%
Total	**39**	**100.0%**

Figure 15 shows this data by Race/Ethnicity. Of the 39 people served, all 39 (100%) were Latino. This data shows the importance of having a bilingual, bicultural clinician available to offer services at the Health Foundation.

Figure 15
FQHC Clients (January-June 2017)
By Race/Ethnicity

	# Clients	% Clients
Latino	39	100.0%
Total	**39**	**100.0%**

Figure 16 shows that the average cost per person was $795.

Figure 16
FQHC Clients (January-June 2017)
Average Dollars per Client

Total Dollars (6 months)	$31,005
Total Individuals	39
Avg. Dollars/Person	**$795**

B. Early Intervention Programs

5. Children's PEI Services (Youth Alliance): SBCBH will continue our contract with the Youth Alliance (YA) to provide children and youth with Prevention and Early Intervention services in the schools and community. A YA Case Manager screens children and youth for mental health service needs and refers potential clients to either SBCBH or the YA clinic for services. A component of this program implemented the promising practice program, *Joven Noble – Rites of Passage*, a Latino youth development and leadership enhancement program. This culturally-based program works with youth to develop life skills, cultural identity, character, and leadership skills. It is a program that has been effective at reducing gang involvement and providing mentoring and

leadership to Latino youth who are considered at risk for mental illness, using drugs, and/or dropping out of school. Families are included in services one weekend a month to help them learn to support healthy outcomes for their children.

YA has successfully implemented all planned prevention and early intervention activities in the schools and community. Youth and families involved in the *Joven Noble* program have achieved positive outcomes and youth are developing positive leadership skills and reducing involvement in gangs. This program has also helped to reduce cultural and ethnic disparities in our mental health system. The YA Team is integrated within the school environment and is well received by staff and students.

Figure 17 shows the number of children served by the Youth Alliance (YA) using PEI funding, by age group. YA served 50 children, 58% aged 0 – 10 years, 32% 11 – 13 years, and 10% 14 – 18 years.

Figure 17
PEI YA Clients (FY 16/17)
By Age

	# Clients	% Clients
0 - 10 years	29	58.0%
11 - 13 years	16	32.0%
14 - 18 years	5	10.0%
Total	**50**	**100.0%**

Figure 18 shows that 60% of the children served by YA were male, and 40% were female.

Figure 18
PEI YA Clients (FY 16/17)
By Gender

	# Clients	% Clients
Male	30	60.0%
Female	20	40.0%
Total	**50**	**100.0%**

Figure 19 shows that 80% of the children served by YA were Latino.

Figure 19
Early Intervention YA Clients (FY 16/17)
By Race/Ethnicity

	# Clients	% Clients
White/ Caucasian	7	14.0%
Latino	40	80.0%
Black/ African American	-	0.0%
Asian/ Pacific Islander	1	2.0%
American Indian/ Alaskan Native	-	0.0%
Other/ Unknown	2	4.0%
Total	**50**	**100.0%**

Figure 20 shows the average cost per YA youth served was $4,013.

Figure 20
Early Intervention YA Clients (FY 16/17)
Dollars per Client

Total Dollars	$ 200,666
Total Individuals	50
Avg. Dollars/Person	**$4,013**

C. Suicide Prevention

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

   In FY 16/17, there were 83 individuals who participated in Suicide Prevention Training (Figure 21). This training was held at the Vets Memorial Building. This program has been successfully implemented and receives positive comments from the community.

Figure 21 also shows that the average cost per person was $216.

Figure 21
PEI Suicide Prevention Clients (FY 16/17)
Dollars per Client

Total Dollars	$ 17,940
Total Individuals	83
Avg. Dollars/Person	$216

D. Access/Outreach/Stigma Reduction

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

   Three part-time Peer Mentors were hired, and they are planning, designing, and implementing this innovative stigma reduction program. The community is providing support and is pleased to see the development of this important new program. There was an Open House in the Fall 2017, and over 50 community members attended this event, including a Board of Supervisor member. Peer Mentors have held additional other activities in the community, and plan to continue those activities to provide outreach and engage youth in their Saturday activities at Esperanza.

E. PEI Reversion Funds – Plan for Expenditure

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

   The program will offer prevention services for different age groups of children and youth, providing support to prompt early identification, intervention, and outcomes prior to possible progression to identifiable clinical levels of mental illness. These prevention services are designed to provide resource linkage, supports, and interventions that create strong families and resilient children and youth, while reducing risk factors.

   An important role of this prevention program is to identify children who are exhibiting risk factors at the youngest age possible. Early identification can help promote referral of the child and family to prevention and early intervention services, allowing an opportunity to support the child and family to develop resiliency skills and reduce risky

behaviors; prevent the onset of diagnoseable mental illness; and improve academic performance for children and youth who may exhibit signs and symptoms of mental illness that can interfere with their abilities to benefit from the academic setting.

Services will be available to optimize ease to access, at the schools, in the community, and in the home. A focus will be on high-risk children, youth, and families. The team will also utilize referrals from a number of different partner agencies to identify high-need children and families. For example, an SBCBH staff member designated for this PEI project component will attend the Student Attendance Review Board (SARB) to identify children and youth who fail to attend school on a regular basis. By identifying these children and youth early, the team can intervene with the family and develop a plan to improve attendance. The team will meet with the family and identify needs of the family and develop strategies to help the child attend school regularly.

A SBCBH Case Manager will also be available for supportive and informing discussions with families when they are picking their children up after school. This time period is an opportunity to chat with the parent and identify issues that are occurring in the home. By reaching out to families in traditional community locations (e.g., schools, churches), this program will be more effective at developing a trusting relationship, reducing stigma, and identifying mental health issues early, and linking children, youth, and families to needed services.

Similarly, the team will accept referrals from probation at the earliest point in time, potentially prior to arrest, to identify youth who are violating curfew, or starting to get into fights, or other socially-unacceptable behaviors, for example. This strategy will create the opportunity to reach out to families and offer supportive services to assist them to improve their parenting and other behavior-shaping skills, and/or offer supportive group services. The team may also offer services to the youth and/or family while their youth is in Juvenile Hall and at the time of release to link them to needed services.

The team will coordinate services to support children, youth, and families to achieve the following outcomes:

At Home: Promote safe and stable living situations
In School: Attend school, maximize abilities to benefit from the academic setting, graduate, learn vocational skills
Employed: Obtain and maintain employment
Health:

- Improve physical health
- Self-management of behavior
- Improve mental health
- Reduce suicidal ideation
- Reduce substance use

Out of Trouble:

- Reduce arrests and encounters with law enforcement
- Reduce recidivism

- Improve community safety

Positive Peer Social Network:

- Increase positive social connections
- Expand community relationships
- Promote positive relationships with adults
- Promote positive peer social network
- Increase involvement in community activities (sports, clubs)
- Strengthen positive social values, respect, honesty

Healthy Families:

- Strengthen family support systems
- Develop a support network for parents/caregivers
- Teach communication and behavior management skills (caregiver, teen parents)
- Promote positive family activities
- Strengthen family communication
- Promote shared family decisions
- Deliver culturally and linguistically appropriate services

Evaluation activities will include collecting demographic information for each individual receiving services. In addition, information on the type of service received, date of service, location of service, and duration of the service will be collected. Perception of Care surveys will be collected annually and at the end of services. Other outcome instruments may be used to measure improvement in behaviors as a result of services. Information on the number and type of referrals to community services will also be collected.

PEI Program Challenges and Mitigation Efforts

San Benito+: This program was started in the past year, and creates a very positive opportunity to the San Benito County to provide outreach to the LGBTQ community. At some of the early community meetings, several prominent community members were supportive of developing services for the LGBTQ Community. This support provided a good foundation for beginning to develop this program. However, due to the historic culture of the community which has produced alienation and stigmatization, the LGBTQ community continues to be an underserved population.

The Peer Mentors and other county staff have made outreach a focus to break down these barriers. Activities such as LGBTQ Leadership Conference, Pride parades, visits to other LGBTQ centers in neighboring counties, and open hours at the Esperanza Center which are specifically designed for persons from the LGBTQ community, have been successful. Our community partners such as Probation, Public Health, and various community-based organizations have assisted in outreaching to this population by volunteering to advertise on their webpages and providing printed information on the program to the TAY population who identify as LGBTQ.

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

PEI Program Changes from Prior Fiscal Year

The primary change in the PEI program in FY 2018-2019 will be adding the new school-based, child and youth SBCBH program, using the PEI Reversion funds to expand preventive mental health services to children and youth, ages 5-21.

INNOVATION

PROJECT: BEHAVIORAL HEALTH-DIVERSION AND REENTRY COURT

COMPLETE APPLICATION CHECKLIST	
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:	
❑ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*	
❑ Local Mental Health Board Approval	Date: [to be added after BOS approval]
❑ Completed 30-day Public Comment Period	Date: [to be added after BOS approval]
❑ BOS Approval	Date: [to be added after BOS approval]
If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*	
Desired Presentation Date for Commission: [to be added after BOS approval] ***Note: Date requested above is not guaranteed until MHSOAC staff verifies that <u>all requirements</u> have been met.***	

Innovation Overview

County Name:	San Benito County
Date submitted:	[to be added after BOS approval]
Project Title:	Behavioral Health-Diversion and Reentry Court
Total amount requested:	$2,264,566
Duration of project:	5 Years

***Innovation Project* definition:** As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports." As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:

An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☒ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:

An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☐ Increases the quality of mental health services, including measured outcomes
- ☒ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

San Benito County is a small county, with a population of 60,310 (2017 Census Estimate). This county is predominantly Latino, at 56% (33,864). Caucasians represent 34% of the population (20,984). All other race/ethnic groups each represent less than 2% of the population. Approximately 36% of the households speak Spanish at home (19,550).

Similarly, persons served by the SBC Behavioral Health (SBCBH) program show a similar proportion of Latino and Caucasian clients. In FY 2016-17, a total of 1,282 individuals accessed SBCBH services. Those accessing services were predominantly Latino, at 60% (774), and Caucasian, at 34% (434). All other race/ethnic groups each represent less than 4% of those accessing services.

However, the SBC jail population shows a higher proportion of Latinos. Between 2012 and 2016, the percent of Latinos in the jail ranged from 76.6% in 2012, 71.6% in 2014, and 77.6% in 2016. (California Sentencing Institute data, Center on Juvenile and Criminal Justice, www.casi.cjcj.org, 2016). It is estimated that at least 50% of the jail population has mental health issues. This trend is a concern and identifies an opportunity to develop a program that helps divert individuals with behavioral health symptoms from the jail. It will also facilitate early release and community re-entry for individuals who are placed in jail and have a history of mental health treatment. In addition, in SBC there is a critical need to deliver culturally-competent services to these individuals, given the high proportion of Latinos in the county jail.

Some larger counties have implemented various models of a Behavioral Health-Diversion and Reentry Court (BH-DRC) in the past few years. This model has been found to be effective at improving services and access to mental health treatment for persons with a serious mental illness. It has also been found to be effective at reducing recidivism for these high-risk individuals. The majority of BH-DRC type programs have been implemented in large counties primarily because of more resources, including staff at all levels (courts, probation, behavioral health, etc.). Also associated with those resources, are organizations that are more willing to accept and implement innovative programs, using less traditional models.

This small county's Innovative Project will utilize similar, but not the same BH-DRC models that have been implemented in larger counties, such as neighboring Santa Clara County, and adapt the principles to a small, rural county with limited resources, one judge, limited court staff, and a predominately Latino population. There is a need to improve services for persons with behavioral health problems; to provide appropriate services in the community with a hard to engage in services population in ways rather than the jail; and to help individuals receive the supportive services needed to reduce recidivism and improve access to needed health, mental

health, and/or substance use services. This program would also help address public safety concerns and improve services to this vulnerable, high-need population.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project.

The San Benito County Behavioral Health-Diversion and Reentry Court (BH-DRC) program is an innovative approach to addressing the needs of persons with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders and are involved in the judicial and/or jail systems. The BH-DRC is a Multi-Disciplinary Team (MDT) that is comprised of a Superior Court Judge, Superior Court Clerk, District Attorney, Defense Attorney, Police Department, Sheriff Department, Probation, and Behavioral Health staff. The BH-DRC works collaboratively to identify individuals who have a mental illness and could be eligible for early release or diversion from jail by providing a coordinated system of supervision and treatment through a multi-disciplinary team.

The combination of Probation supervision and Behavioral Health treatment creates a foundation for the court to implement an innovative treatment model that engages individuals early in the judicial process and offers support and services needed to be successful. The BH-DRC team is an effective model to meet the unique needs of individuals by creating a supportive environment and reducing barriers to services.

This collaborative BH-DRC model coordinates service delivery, blended with court implemented sanctions and rewards, so individuals have optimal opportunities to meet their treatment needs through access and utilization of the appropriate resources. The BH-DRC is an innovative approach to reducing the number of individuals in jail who have a diagnosable mental illness.

The BH-DRC approach merges several elements of treatment and case management concepts proven to be beneficial for this target population. Within the BH-DRC program there are similarities to MIOCR (Mentally Ill Offender Court Referred Treatment); Assisted Outpatient Treatment; the Conditional Release Program (CONREP); and Intensive Case Management. In addition, the BH-DRC provides early engagement with behavioral health services as part of the courtroom process, to begin the connection with the client, and to facilitate enrollment to Medi-Cal while the client is still in jail to minimize the wait time to benefits after release. Early engagement also ensures that bridge medications are provided at the time of jail release, as needed.

A court defendant, or jail inmate meeting the criteria for participation in the BH-DRC, will enroll in the BH-DRC process as a voluntary option in lieu of jail incarceration through either the diversion of placement in jail or as a condition for early release from jail.

Whenever possible, the BH-DRC Project will divert individuals from jail incarceration who have a mental illness and who have encountered legal difficulties. These individuals, with the assistance of mental health treatment, would be better served in the community. It is common in jails statewide to have such individuals incarcerated, and while in jail these individuals receive mental health care and subsequently their mental health then improves. However, when released from jail, they may not have the incentive to continue to access ongoing behavioral health services without additional case management services to help them engagement and access outpatient services.

Further complicating matters and contributing to the lack of treatment adherence, these individuals are released from jail without a supply of the psychotropic medications they have been receiving while in custody. Upon release, they often do not have the level of assistive support that they require to assure linkage to behavioral health services to receive the needed treatment to maintain the stability of their mental illness. Such individuals are a high priority for involvement with the BH-DRC project, to provide continuity of behavioral health treatment, and implement the incentives needed to assure adherence to treatment

The mission of the BH-DRC is:

> To integrate an array of mental health services and when required substance use treatment services with judicial supervision to promote public safety, individual responsibility, harm reduction, and reduction of recidivism.

Through this project, specialized Court supervision, Probation, and Behavioral Health will accomplish their mission by:

- Providing offenders with judicial and probation supervised treatment as an option to incarceration, or as an option for eligibility for early jail release;
- Providing participants with the services, support and linkage to resources, to promote wellness and recovery;
- Providing supervision and case management to ensure that each participant utilizes their individual specific tailored treatment, including adherence to their prescribed psychiatric medications, and other behavioral health resources to meet their treatment goals and objectives;
- Taking appropriate action, including court implemented rewards and sanctions to reinforce and promote positive behaviors and healthy lifestyles that provide for public and the BH-DRC participant's safety;
- Providing interventions aimed at reducing high-risk behaviors, promoting responsible behaviors, including the participant's harm reduction while holding the participant accountable for their actions;
- Ensuring individuals enrolled in the BH-DRC are not released from the jail into the community without notifying the BH-DRC team members so that services can be coordinated and planned at discharge;
- Ensuring that BH-DRC enrolled individuals who are eligible for early jail release have the needed supports upon release from jail, including an adequate supply of psychiatric

medications to bridge the period between jail release and regular follow-up appointments with needed services;
- Assistance in meeting goals and objectives provided by Behavioral Health case managers specifically dedicated to serve the BH-DRC project and providing support services including transportation and assistive linkage to whatever resources may be required to assure success;
- Assisting BH-DRC participants with their housing, vocational, educational, employment, mental health, substance use disorders treatment and physical health care needs through community partnerships;
- Encouraging participants with a dual diagnosis to reduce substance use by providing counseling support, and administering random drug and alcohol testing, when applicable;
- Maintaining a cohesive, multi-disciplinary team that will assist participants in changing behaviors through systematic recognition of successes and positive outcomes; continued education and professional growth; supportive services to meet program objectives; and
- Performing regular evaluations of both the overall project and the BH-DRC participants' progress to help promote and guide the implementation of adjustments, as necessary, to ensure effective practices.

Project Benefits

The BH-DRC project benefits include at least the following:

- Evidence-based mental health and substance use treatment services
- Coordinated multi-agency, court supervised and implemented supportive services to meet program goals
- Increased positive social and family connections
- Pre and Post-conviction options

The BH-DRC Team is comprised of the following members:

1. Judge
2. Public Defender
3. District Attorney/ Deputy District Attorney
4. *SBCBH Team Leader/Case Manager Supervisor (0.3 FTE)*
5. *SBCBH Case Manager (Peer/Family Advocate) (2.0 FTE)*
6. *Psychiatrist (0.1 FTE)*
7. *SBC Probation Officer (0.5 FTE)*
8. *SBC Superior Court Clerk (0.5 FTE)*

The Innovation funding will create the opportunity to fully staff and implement this collaborative project in San Benito County. The first three positions listed above will be provided through the San Benito County Court system. Positions 4 through 8 (in italics) will be funded through Innovation dollars. Some positions are funded as part-time positions for the BH-DRC.

Referral and Admission Processes

Individuals who meet the eligibility criteria may be referred to the BH-DRC. The Judge determines if the individual is eligible, either pre or post-conviction. The Judge determines the severity of offense and if the individual is likely to be successful in the program.

The Judge, with input from the Treatment Team, then makes the final decision to determine if the individual will be admitted into the program. If the individual is admitted into the program, dispositional orders are made placing the participant on probation (if applicable). Additional orders, including participation in ongoing mental health (and substance use, if needed) treatment, are also made at this time. An interim set of basic mental health treatment and probation rules is reviewed and signed by the participant, and the participant receives the date of his/her first status review hearing and meets his/her assigned Treatment Team and Probation Officer (if applicable).

An early, fast-tracked assessment process will be available for individuals eligible for BH-DRC. A BH-DRC Case Manager will conduct a mental health screening at the time of the court hearing, for individuals who will be enrolled in the BH-DRC services. This immediate assessment also provides an opportunity to engage the individual with a behavioral health treatment provider and ensure the initiation of services as quickly as possible. The Case Managers assigned to the BH-DRC project will also be the same behavioral health staff who will provide ongoing support to help the individuals meet their goals. This support may include providing transportation to appointments and court dates; linkage to other necessary services; and providing supportive services to family members and significant others, as needed.

Participants are expected to be actively involved in the BH-DRC and work toward the goals identified in their BH-DRC Plan. The BH-DRC Team is comprised of individuals who have the skills and experience to help participants meet their life and health goals, including SBCBH Peer/Family Case Managers, SBCBH Psychiatrist, Probation Officer, and Superior Court Clerk. The BH-DRC Team works closely with each individual to plan services that are tailored to each participant's strengths, needs, and preferences. Services are designed to provide participants with support from the team to accomplish their goals, including:

- Mental Health screening by jail staff to identify persons who could benefit from the program;
- Behavioral Health assessment to identify health, mental health, and substance use needs;
- Development of an Individualized Plan;
- Enrollment in services that help develop skills to reduce mental health symptoms and/or substance use and address health needs;
- Coordination between agencies to ensure access to bridge medications when leaving the jail that are immediately available in the community;
- Attending school or training; learning new skills; gaining employment; developing a supportive network of friends;
- Engaging the families of participants to offer them support and help create a strong supportive system for the individual to succeed;
- Identification and coordination of safe and stable housing options.

The BH-DRC Team will work together with participants to celebrate successes and guide and support them to achieve health, wellness, and hope.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

The BH-DRC Innovation Project promotes interagency and community collaboration related to Mental Health Services, supports, and outcomes. The BH-DRC Team will work closely with several agencies, including Behavioral Health, the Superior Court Judge, Probation, District Attorney, Public Defender, the county jail, and the sheriff in order improve the continuity of care for persons arrested, in the jail, and eligible to be diverted to the community.

The BH-DRC Team will meet regularly with the Judge, Deputy District Attorney, and the Defense Attorney to discuss client progress toward goals, to coordinate services, and to increase positive outcomes. This multi-disciplinary team will be led by the Judge who makes all final decisions regarding standards and practices. The BH-DRC Team will involve other collaborative agencies, which will be determined on an individual basis to meet the needs and support the success of each client. The BH-DRC Team will increase interagency and community collaboration through its work with these agencies, by providing and coordinating services to ensure the continuity of care for individuals in San Benito County.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

This Innovative Project will utilize BH-DRC models implemented in larger counties, such as neighboring Santa Clara County, and adapt the principles to a small, rural county with limited resources, one judge, limited court staff, and a predominately Latino population. The majority of those in SBC jail are Latino and it is estimated that at least 50% of the general jail population has mental health issues. There is a need for a program that helps divert individuals with behavioral health symptoms from the jail. In SBC, there is a further need to deliver culturally competent services to these individuals, given the composition of the county jail population. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally-relevant services, rather than incarceration.

The existing model will be modified to ensure that services are delivered in a culturally and linguistically appropriate manner. There is also a need to provide culturally relevant appropriate services in the community, rather than the jail and to help individuals receive the supportive services needed to reduce recidivism and improve access to needed health, mental health, and/or substance use services. These programs will also address public safety concerns and improve services to this vulnerable, high-need population.

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

Up to ten (10) unique individuals will be served each year. The BH-DRC is an intensive court-based program that may last up to two (2) years for each person. Given the limited time that the judge, the court clerk, and probation officer have available, only a few people can be served each year. Across the five project years, it is estimated that the BH-DRC team will serve 40 adults, ages 18 and older.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

The target population for the BH-DRC Team is adults, ages 18 and older, who:

- Are current residents of San Benito County;
- Have current involvement in the criminal justice system, or history of arrest and on probation with high probability of recidivism to the jail;
- Have a diagnosis of, or present indications of, one of the following qualifying disorders:
  - Major depression
  - Bipolar disorder
  - Schizophrenia
  - Severe mood or anxiety disorder
  - Other disorders upon agreement by the BH-DRC Team
- May have a pattern of substance use that impacts their daily functioning;
- Will not pose a present danger to staff or other participants; and
- Do not pose a threat to public safety.

Services will be available to persons who meet the above criteria, regardless of gender, race, ethnicity, sexual orientation, and language.

The BH-DRC Team will coordinate services with jail staff to identify high-risk persons ready for release from the jail. The BH-DRC Team will meet with the individual and begin developing a relationship and assess needs for services while the individual is still in jail. This approach will create the opportunity for the BH-DRC Team to develop a trusting relationship with the individuals; and will allow the BH-DRC Team time to plan and coordinate services in the community, including housing, coordinate bridge medications, and appointments for other needed services, at the time of release from jail. This strategy promotes wellness and recovery, and reduces recidivism.

The BH-DRC Team will also coordinate services with probation staff to identify high-risk persons on probation. The BH-DRC Team will attempt to develop a trusting relationship with the individuals, while coordinating services in the community to promote positive outcomes and reduce recidivism.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

This Innovative Project will utilize similar BH-DRC models implemented in larger counties, such as neighboring Santa Clara County. The San Benito BH-DRC model will be adapted to fit the needs and restrictions of a small, rural county with limited resources, one judge, limited court staff, and a predominately Latino population. A disproportionately high number of those in the SBC jail are Latino (71.6-77.6%). This data clearly illustrates the need to develop culturally-relevant services to meet the needs of individuals in the jail and their families.
The BH-DRC will facilitate training for law enforcement and behavioral health staff to deliver culturally relevant services and to respect different cultures; to understand mental illness and substance use behaviors; to respect family diversity and facilitate family engagement. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally relevant services, rather than incarceration.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

A 2011 research analysis on Mental Health Court experimental revealed that a disproportionate number of those referred to Mental Health Courts are Caucasian (Sarteschi, Vaughn, and Kim, 2011)[1]. This analysis clearly indicates the needs to modify existing court models used by other counties and programs to modify services to be culturally relevant for the SBC Latino population and to update the BH-DRC model to address the need to promote cultural competence.

In addition, the majority of Mental Health Diversion Courts have been implemented in larger counties that have more funding and other resources to support this effective court model. This Innovation Project will adapt relevant components of BH-DRC models found to be effective in larger counties and modify it to meet the needs of this small, rural, and primarily Latino county.

To gain additional information about the Mental Health Diversion Court model, SBC staff visited the Santa Clara Behavioral Health Court to witness the Court's operations. SBC staff then met with the Judge and other support staff to discuss the BH-DRC model and how it might be implemented in San Benito County. Observing the Court and Judge during a hearing was an effective learning model to help SBCBH design its program to meet the needs of San Benito County.

[1]Sarteschi, C. M., Vaughn, M. G., & Kim, K. (2011). Assessing the effectiveness of mental health courts: A quantitative review. *Journal of Criminal Justice*, *39*(1), 12-20.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?

The BH-DRC Team will coordinate services with probation and sheriff's officers to screen and identify persons eligible for services. The BH-DRC is an alternative for individuals to receive supervised treatment and supportive, culturally relevant services, rather than incarceration. The BH-DRC Team offers different services and resources, including mental health and/or substance use treatment services. These services are designed to help adults stay healthy and stable as they develop the skills needed to achieve their goals. The primary goal of the BH-DRC is to promote public and client safety by providing a multi-agency, collaborative, and cooperative treatment strategy for persons in the criminal justice system who have mental health and/or substance use issues.

Participants are expected to be actively involved in the BH-DRC and work toward the goals identified in their BH-DRC Plan. The BH-DRC Team is comprised of individuals who have the skills and experience to help participants meet their life and health goals, including SBCBH Peer/Family Case Managers, SBCBH Psychiatrist, Probation Officer, and Superior Court Clerk. The BH-DRC Team works closely with each individual to plan services that are tailored to each participant's strengths, needs, and preferences. Services are designed to provide participants with support from the team to accomplish their goals, including:

- To deliver services in a culturally and linguistically sensitive manner to meet the needs of each individual and family;
- To assess persons in the jail to identify those with mental health and/or substance use disorder and who could benefit from BH-DRC;
- To develop a Culturally Relevant Individualized Plan for each individual receiving BH-DRC services;
- To deliver culturally sensitive services to reduce mental health symptoms and/or substance use and address health needs;
- To coordinate services between agencies to ensure access to bridge medications when leaving the jail that are immediately available in the community;
- To support positive outcomes including attending school and/or training; gaining employment; developing a positive and supportive network of friends;
- To engage families of participants to offer support and create a strong supportive system for the individual to succeed;
- To support the individual to find and keep housing.

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

These goals are consistent with the key elements outlined in this plan to develop and implement a culturally relevant Behavioral Health – Diversion and Reentry Court program that supports the individual to be successful in achieving their goals, promoting community safety, and strengthening the collaboration between agencies to promote positive outcomes.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

The evaluation will have several components:

a) Individuals will be surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, and quality of services will be measured.

b) Service-level data will be collected to measure the number of services, referrals and linkages to services, number of contacts and duration of services, and location of services. Dates of arrests and length of time in jail, including flash incarcerations will be collected, whenever available. This data will provide information on timely access and referrals to services and recidivism to jail. Services will be evaluated to assess the timeliness of services and outcomes over time.

c) Client perception of services and outcomes will be measured at least annually to determine if services are helping to improve outcomes. This will include health, mental health, substance use, living situation, and other key outcomes.

d) Periodic surveys of staff, clients, and partner agency staff will help to inform the progress of the Innovation Project on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

This program will be an SBCBH program, with resource-sharing MOUs executed, as may be necessary, with Probation and the county Administration to cover the part-time Probation Officer and Superior Court Clerk.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

Stakeholders have been and will continue to be actively involved in all components of the BH-DRC Innovative Project. For the planning process, we obtained input from several different stakeholder groups, including clients; Adults; Older Adults; TAY; individuals involved with our Sober Living Environment home; consumers who utilize the Esperanza Wellness Center; Probation; law enforcement agencies; veterans; and the Court. With input and planning meetings with stakeholders, we were able to identify the unique needs of our community and an Innovative Project that is well designed for our county.

The proposed Innovative Plan integrates stakeholder input, results from a community survey, and input from planning meetings with the Judge, Probation, and law enforcement to identify needs and develop a BH-DRC that will be successful in this small county. The planning process also involved discussions at the Behavioral Health Board; Quality Improvement Committee; Cultural Competence Committee meetings; AB109 Committee; and at staff meetings, to obtain input and strategies for designing a BH-DRC process that will be successful in our small community. All stakeholder groups and boards are in full support of this MHSA Innovative Plan. These stakeholders provided meaningful involvement in the areas of mental health policy; program planning; implementation; monitoring; quality Improvement; evaluation; and budget.

In addition to the comprehensive planning process and developing the BH-DRC model to meet our needs, stakeholders will continue to be involved by providing ongoing input into planning and design of the program; prioritizing services for those in or just released from jail; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation; and participating in evaluation design and review of outcomes.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

a) *Community Collaboration*
b) *Cultural Competency*
c) *Client-Driven*
d) *Family-Driven*
e) *Wellness, Recovery, and Resilience-Focused*
f) *Integrated Service Experience for Clients and Families*

The BH-DRC services will reflect and be consistent with all of the MHSA General Standards. Enhanced community collaboration and coordination of culturally-competent services across county agency partners is one of the primary goals of our Innovation Project. These activities closely align with the General Standards. The BH-DRC Team will be multi-disciplinary and foster collaboration and communication across the several agencies involved in this Innovation Project.

All services will be culturally and linguistically competent. It is our goal to hire bilingual, bicultural Case Managers to meet the needs of our Latino community. In addition, we will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes.

Services will be client and family driven, and follow the principles of recovery, wellness, and resilience. The BH-DRC Team will strive to provide appropriate, individualized services to each unique client engendering hope, empowerment, self-responsibility, and an identified meaningful purpose in life. Services will be recovery-oriented and promote choice, self-determination, flexibility, and community integration to support wellness and recovery. Through collaboration across agencies, the BH-DRC Team will provide an integrated service experience for clients and their families. The BH-DRC Team will collaborate and communicate across the several agencies involved in this Innovation Project, facilitating the continuum of care for the client and their family.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

It is our goal to hire bilingual, bicultural Case Managers to meet the needs of our Latino community. We will strive to provide culturally-sensitive services to the LGBTQ community, adults and older adults, consumers, and family members, to support optimal outcomes. The BH-DRC Team will facilitate training for law enforcement and behavioral health staff to deliver

culturally-relevant services and to respect different cultures; to understand mental illness and substance use behaviors; and to respect family diversity and facilitate family engagement.

Stakeholders have been and will be actively involved in all components of the BH-DRC Innovative Project. This involvement includes ongoing input into planning; prioritizing services for those in or just released from jail; developing creative methods for engaging, assessing, and meeting the needs of these high-risk individuals; designing the implementation and evaluation activities; and through ongoing funding. Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate BH-DRC Team successes. Data on access to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

The successful implementation of the BH-DRC team will be self-sustaining. If all components of the team are successful, clients will receive services in a timely manner, at the most appropriate level of care. Key outcomes will show improvement over time and services will be accessible to individuals needing this level of support.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety, or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The BH-DRC project will create the opportunity to develop and strengthen services to individuals who become, or are currently involved in the criminal justice system and have a mental health and/or substance use issue. Some of these individuals may have a serious mental illness. BH-DRC will address each person's health, mental health, and/or substance use needs. Promoting mental health and recovery will be a high priority, as well as the ongoing support necessary to helping the individual remain stable in their mental wellness and recovery over time. The opportunity to learn how to meet the whole health needs of the individual will also help to identify how to sustain these services after the five-year funding cycle for this project. Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so that high-risk individuals will continue to receive services to meet their needs.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) *How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?*

Meetings will be held at least quarterly with stakeholders and organizations to discuss implementation strategies, identify opportunities to strengthen services, and celebrate BH-DRC Team successes. Data on access to services, service utilization, and client outcomes will also be reviewed with stakeholders to provide input on the success of the project and the sustainability and/or expansion of services throughout the five years and beyond.

B) *KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.*

Criminal justice; probation; mental health; substance use; serious mental illness

TIMELINE

A) *Specify the expected start date and end date of your INN Project*

SBCBH anticipates that the BH-DRC Team will begin engaging eligible individuals by October 1, 2018. This date will allow time for MHSOAC approval; MOU development and execution; staff hiring and training; and collaborative implementation of the policies, forms, and protocols necessary to the project. Innovation funding for this project will end on June 30, 2023.

B) *Specify the total timeframe (duration) of the INN Project*

It is anticipated that the BH-DRC project will be funded through MHSOAC Innovation funds for five (5) years.

C) *Include a project timeline that specifies key activities, milestones, and deliverables—by quarter.*

Please refer to the timeline, included on the next pages.

San Benito County BH-DRC
Timeline of Key Implementation Activities

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
Staffing and Pre-Implementation Activities								
Hire/identify BH-DRC Supervisor, Case Managers; hire/contract for Probation and Court Clerk	●							
Contract with Evaluator	●							
Purchase materials for selected evidence-based practice(s), if needed	●							
Meet with BH-DRC Team to discuss step-by-step process	●							
Training and Supervision								
Train new BH-DRC Team members on recovery, wellness, court process, resources, evidence-based practices (EBPs), documentation standards, and HIPAA regulations	●	●						
Train new BH-DRC Team members to implement the core elements of the BH-DRC manual	●	●						
Provide ongoing supervision of the BH-DRC model (principles, techniques, outcomes)	●	→	→	→	→	→	→	→
BH-DRC Team develops process for engaging, motivating, and implementing program	●	→	→	→	→	→	→	→
Engage Clients								
Identify adults living in SBC who have current involvement in the criminal justice system and have a mental health and/or substance use issue that impacts their daily functioning	●	→	→	→	→	→	→	→
Enroll clients in BH-DRC	●	→	→	→	→	→	→	→
Assess each person's health, mental health, and substance use status	●	→	→	→	→	→	→	→

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
Engage family members in program (as feasible)			●	→	→	→	→	→
Deliver Services								
Deliver BH-DRC person-centered behavioral health services, including substance use services	●	→	→	→	→	→	→	→
Collect baseline data on key indicators; periodically track progress	●	→	→	→	→	→	→	→
Link clients to other services, as needed	●	→	→	→	→	→	→	→
Involve family members in services, when appropriate	●	→	→	→	→	→	→	→
Provide service coordination and ensure continuity of care to improve outcomes	●	→	→	→	→	→	→	→
Deliver culturally-appropriate services in the client's preferred language, when feasible	●	→	→	→	→	→	→	→
Offer trainings and workshops to clients and family members on health, wellness, and recovery	●	→	→	→	→	→	→	→
Attend court; collaborate with Judge to change phases and frequency of court visits	●	→	→	→	→	→	→	→
Collaboration and Information-Sharing Between Agencies								
Develop an MOU between key agencies to provide coordinated, collaborative services to BH-DRC clients	●							
Develop Releases of Information and Consent for Treatment forms to share information between appropriate BH-DRC providers, and implement procedures for collecting forms	●	→	→	→	→	→	→	→
Hold quarterly BH-DRC meetings, with key partners to identify and improve continuity of care	●	→	→	→	→	→	→	→

KEY IMPLEMENTATION ACTIVITIES	YEAR 1 2018-2019				YEARS 2-5 2019-2023			
	1	2	3	4	1	2	3	4
Create and maintain the capacity to share key health indicators across a client's range of services	●	→	→	→	→	→	→	→
Data Collection, Evaluation, and Reporting								
Develop evaluation data collection forms to collect evaluation data	●							
Train BH-DRC staff to reliably collect data and submit it in a timely manner	●	●						
Develop summary data reports on service deliver and client outcomes to BH-DRC team and other stakeholder groups.		●	→	→	→	→	→	→
Share summary data reports with BH-DRC consortium, county Quality Improvement Committee, clients, and family members		●	→	→	→	→	→	→
Submit required reports to MHSOAC		●		●		●		●

Section 4: INN Project Budget

San Benito BH-DRC Project Budget

Note: All listed expenses are funded through MHSA Innovation dollars.

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Personnel/Benefits	$ 174,641	$ 232,855	$ 232,855	$ 232,855	$ 232,855	**$1,106,060**
2	Operating Costs	$ 63,582	$ 84,776	$ 84,776	$ 84,776	$ 84,776	**$ 402,686**
3	Contracts	$ 69,618	$ 92,824	$ 92,824	$ 92,824	$ 92,824	**$ 440,914**
4	Evaluation	$ 23,024	$ 30,698	$ 30,698	$ 30,698	$ 30,698	**$ 145,816**
5	Other Expenses	$ 15,000	$ 20,000	$ 20,000	$ 20,000	$ 20,000	**$ 95,000**
6	Administrative	$ 11,699	$ 15,598	$ 15,598	$ 15,598	$ 15,598	**$ 74,091**
Total INN Funds Requested		**$ 357,563**	**$ 476,751**	**$ 476,751**	**$ 476,751**	**$ 476,751**	**$2,264,566**

INN Reversion Funds Plan

Available MHSA Reversion funds ($766,396) will be used to cover the startup costs in Year 1 and a portion of the expenses in Year 2 of the BH-DRC project, as follows:

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
a	Innovation Reversion	$ 357,563	$ 408,833	$ -	$ -	$ -	**$ 766,396**
b	Innovation	$ -	$ 67,918	$ 476,751	$ 476,751	$ 476,751	**$1,498,170**
					Total INN Funding		**$2,264,566**

Budget Narrative

1. Personnel/Benefits – This line items includes salaries and benefits for the SBCBH members of the project team, including a Team Leader/Case Manager Supervisor (0.3 FTE); Case Managers/Peer Advocates (2.0 FTE); and a Psychiatrist (0.1 FTE). Staff are bilingual and bicultural, as available. Expenditures in this category are based on current County Personnel Salary tables.

2. Operating Costs – This category includes support staff time; project-related facility costs, such as rent; and other operating expenses including communications, office supplies, utilities, IT, and janitorial services. In addition, costs are included related to dissemination of lessons learned to other counties and interested stakeholders. Expenditures are based on historical costs.

3. Contracts – This category covers the expenses associated with the Probation Officer (0.5 FTE) and the Court Clerk (0.5 FTE) assigned to the project.

4. Evaluation – This line items covers project evaluation, which will provide an assessment of project effectiveness and client-level outcomes achieved as a result.

5. Other Project Expenses – This category includes flex funding expenses to support the project, including medication costs for bridging the gap between clients' discharge from jail until they receive benefits.

6. Administrative – This category includes administration costs, including A-87, associated with the project.

WORKFORCE EDUCATION AND TRAINING

WET Reversion Funds – Plans for Expenditure

In Fiscal Year 2018-2019, WET funds will continue to be available through MHSA reversion dollars. These funds will be used to support the activities funded through the previous WET allocations, including a contract with Relias Learning for access to its online training curriculum. Staff utilize this program to complete various trainings, including the completion of courses for CEUs. In addition, we will continue to offer stipends and mileage reimbursements to social work student interns.

Additional WET opportunities will be explored in order to fully expend these funds prior to reversion.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Program Descriptions and Achievements

Capital Facilities (CF) funds were used last year to purchase approximately two (2) acres of land adjacent to the current SBCBH outpatient clinic location. SBCBH also executed a contract with an architectural firm to begin designing a larger Behavioral Health building, and to oversee the project with the San Benito County Resource Management department. The new building will provide treatment space and staff offices for our mental health services and substance use treatment programs. The primary focus of the building will be to offer expanded MHSA services to children, families, adults, and older adults. In addition, the full array of mental health services will be available for all age groups in this facility.

The building will meet ADA specifications and be accessible for all clients and family members. The development of this facility and the delivery of MHSA services at this site will be consistent with the goals of the Capital Facilities and Technological Needs (CFTN) component.

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

Challenges and Mitigation Efforts

As noted above, SBCBH purchased the land for the site of a new SBCBH clinic building. SBCBH now needs additional County Administration support to research and finalize sources for and procurement of affordable and adequate building loan sources to keep the Capital Facilities Project moving forward.

Benchmarks

SBCBH anticipates that the construction of the new building will begin in FY 2018-2019.

CFTN Program Changes from Prior Fiscal Year

As noted above, SBCBH purchased the land for the site of a new SBCBH building. Design of the building is in progress, and SBCBH anticipates that the construction of the new building will begin in FY 2018-2019.

FY 2018/2019 Mental Health Services Act Annual Update
Funding Summary

County: San Benito Date: 6/26/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/2019 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,289,101	1,234,530	1,415,587	145,970	1,500,000	
2. Estimated New FY 2018/2019 Funding	2,700,000	611,692	160,972			
3. Transfer in FY 2018/2019[a/]	(470,401)				470,401	
4. Access Local Prudent Reserve in FY 2018/2019	0	0				0
5. Estimated Available Funding for FY 2018/2019	9,518,700	1,846,222	1,576,559	145,970	1,970,401	
B. Estimated FY 2018/2019 MHSA Expenditures	900,000	941,470	357,563	20,000	1,080,500	
G. Estimated FY 2018/2019 Unspent Fund Balance	8,618,700	904,752	1,218,996	125,970	889,901	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	929,050
2. Contributions to the Local Prudent Reserve in FY 2018/2019	0
3. Distributions from the Local Prudent Reserve in FY 2018/2019	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	929,050

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

FY 2018/2019 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding

County: San Benito Date: 6/14/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. CSS System Transformation (FSP)	459,000	459,000				
2.	0					
3.	0					
4.	0					
5.	0					
Non-FSP Programs						
1. General System Development (80%)	287,346	287,346				
2. Outreach and Engagement (20%)	71,836	71,836				
3.	0					
4.	0					
5.	0					
CSS Administration	81,818	81,818				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	900,000	900,000	0	0	0	0
FSP Programs as Percent of Total	51.0%					

FY 2018/2019 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding

County: San Benito Date: 6/14/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Mental Health First Aid Training	28,187 0	28,187				
PEI Programs - Early Intervention						
2. Children & Youth Services	236,773	236,773				
3. Older Adult Services	118,387	118,387				
4. Behavioral & Physical Health Integration	62,012	62,012				
5. Women's Services	28,187	28,187				
PEI Programs - Access/Stigma Reduction/Outreach						
6. Promoting Access for LGBTQ	67,649	67,649				
PEI Programs - Suicide Prevention						
7. Suicide Prevention Training	22,550	22,550				
PEI Reversion Plan						
8. PEI School-Based Services	321,350	321,350				
PEI Administration	56,375	56,375				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	941,470	941,470	0	0	0	0

FY 2018/2019 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: San Benito Date: 6/26/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Behavioral Health-Diversion and Re-Entry Court	0	0				
2. INN Reversion (BH-DRC)	357,563	357,563				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	357,563	357,563	0	0	0	0

FY 2018/2019 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding

County: San Benito Date: 6/20/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. WET Reversion - Existing Projects	20,000	20,000				
2.	0					
3.	0					
4.	0					
5.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	20,000	20,000	0	0	0	0

FY 2018/2019 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding

County: San Benito Date: 6/14/18

	Fiscal Year 2018/2019					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. MHSA BH Building - Construction Costs	1,080,500	1,080,500				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. *Not applicable at this time*	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,080,500	1,080,500	0	0	0	0