SAN BENITO COUNTY
BEHAVIORAL HEALTH

Mental Health Services Act
Annual Update
Fiscal Year 2012/2013

POSTED
August 17, 2012 through September 19, 2012

This MHSA Annual Update is available for public review and comment from August 17, 2012 through September 19, 2012. We welcome your feedback in writing, or at the Public Hearing to be held on September 20, 2012.

Public Hearing Information:
Thursday, September 20, 2012, from 12:00 pm to 1:30 pm
County Behavioral Health Department
Main Conference Room
1131 San Felipe Road, Hollister, CA 95023

Comments or Questions? Please contact:
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MHSA FY 12/13 Annual Update
San Benito County Behavioral Health
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Thank you!

MHSA FY 2012/13 Annual Update
County Certification

County: **SAN BENITO**

County Mental Health Director	Project Lead
Name: **Alan Yamamoto**	Name: **Alan Yamamoto**
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 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.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this annual update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

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

All documents in the attached FY 2012/13 annual update are true and correct.

Mental Health Director/Designee (PRINT)	Signature	Date

MHSA Community Program Planning and Local Review Process

County: SAN BENITO **30-day Public Comment period dates:** August 17 through September 19, 2012

Date: 08/13/12 **Date of Public Hearing:** Thursday, September 20, 2012

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

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

The San Benito County Behavioral Health (SBCBH) Community Program Planning process for the development of the FY 2012/13 Annual Update builds upon the planning process that we utilized for the development of our past Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN) and Workforce Education and Training (WET) Plans and Updates. These planning processes were comprehensive and included the input of over 1,100 diverse stakeholders through focus groups and surveys that gained input from consumers, family members, staff, partner agencies, community members, and other stakeholders. With this information, we were able to determine the unique needs of our community and develop an MHSA program that is well designed for our county. The overall goals of the MHSA Plans are still valid and provide an excellent guide for maintaining our MHSA services in FY 2012/13.

The planning process for this MHSA FY 2012/13 Annual Update included discussions of the MHSA plan development, implementation, and funding priorities with stakeholders from a number of different venues. We met with the local Behavioral Health Board, which is a combined Mental Health and Substance Abuse Board. The Behavioral Health Board is comprised of consumers, family members, and allied agency representation, including members from a nearby hospital, special education, a County Board of Supervisors member, the County Health Department, and other public interest members who have leadership roles in the community. This Board has diverse representation from our community. The Behavioral Health Board has been actively involved in all of the local MHSA input and plan development processes.

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

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

The Annual Update was developed and approved by the Behavioral Health Board after reviewing data on our current programs, analyzing community needs based on past stakeholder input, and determining the most effective way to further meet the needs of our unserved/underserved populations. In addition, the MHSA FY 2012/13 Annual Update was shared at staff meetings and at consumer meetings to obtain input and feedback on services.

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

A number of different stakeholders were involved in the CPP process. Input was obtained at the Behavioral Health Board meetings. 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 child and adult team meetings in mental health and substance abuse services, and the multiple agencies involved with the Children's Interagency Coordinating Council. Consumers who utilize the Esperanza Wellness Center were involved in the CPP through facilitated group meetings.

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

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

Local Review Process

4. *Describe methods used to circulate, for the purpose of public comment, the annual update.*

This proposed MHSA Annual Update has been posted for a 30-day public review and comment period from August 17 through September 19, 2012. 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 (the Adult/TAY Wellness Center); and with partner agencies.

A public hearing is scheduled for Thursday, September 20, 2012, from 12:00 to 1:30 pm, 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 comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update that was circulated. Indicate if no substantive comments were received.*

Input on the MHSA FY 2012/13 Annual Update will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the state Mental Health Services Oversight and Accountability Commission (MHSOAC) for review.

MHSA Program Component
COMMUNITY SERVICES AND SUPPORTS: System Transformation Program

1. Provide a brief program description.

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.

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 20 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 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. As State mental health funding is reduced, our ability to keep people out of the hospital and other high-cost services has been challenging, but we have been able to deliver timely, accessible services.

3. List any significant changes for FY 2012/13.

SBCBH is not implementing any significant changes to the CSS Program in FY 2012/13.

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

1. Provide a brief program description.

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 proven effective in reducing gang activities and providing mentoring and leadership to youth who are considered at risk of using drugs or not graduating.

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.

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

HYA has continued to provide excellent 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 2012/13.

SBCBH is not implementing any significant changes to this PEI Program in FY 2012/13.

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

1. Provide a brief program description.

SBCBH contracts with a local community resource 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.

Since FY 09/10, twenty trainings have been conducted in various community locations. Trainings were 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. Over 900 individuals attended these trainings. This program has been successfully implemented and receives positive comments from the community.

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 2012/13.

SBCBH is not implementing any significant changes to this PEI Program in FY 2012/13.

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

1. Provide a brief program description.

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.

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 2012/13.

SBCBH is not implementing any significant changes to this PEI Program in FY 2012/13.

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

1. Provide a brief program description.

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 49% 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.

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.

3. List any significant changes for FY 2012/13.

SBCBH is not implementing any significant changes to this PEI Program in FY 2012/13.

MHSA Program Component
INNOVATION

1. Provide a brief program description.

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 are also re-evaluating the need for 20 hours of clinical mental health services at the FQHC each week. We are not receiving the number of referrals that we had anticipated. As a result, we are considering adjusting 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 2012/13.

SBCBH is not implementing any significant changes to this Innovation Program in FY 2012/13.

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 had been working with staff from Gavilan College to develop a 12-unit credentialing program for consumers to develop skills for Coach, Parent Partner, or Peer Mentor positions with San Benito County; individuals who qualify for this Consumer Pathways Program will attend courses at Gavilan College. While this component has not been fully implemented, consumer interest remains high, and the development of this component remains a top priority of SBCBH.

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, one (1) individual, from San Jose State University, and three (3) individuals from California State University at Monterey Bay, is participating in this placement.

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

Funding constraints and key staff turnover at Gavilan College have 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, this project has been on hold. The MHSA Leadership Team is exploring other education partners and community options for this valuable workforce development track.

3. List any significant changes for FY 2012/13.

No significant changes will be made to this MHSA Component in FY 2012/13.

MHSA Program Component
CAPITAL FACILITIES/TECHNOLOGY

1. Provide a brief program description.
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.
2. Describe any challenges or barriers and strategies to mitigate.
Not applicable.
3. Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.
Not applicable.
4. List any significant changes for FY 2012/13.
Not applicable.

MHSA Program Component
HOUSING

1. *Provide a brief program description (include notable performance measures, such as progress towards implementation of plan).*
San Benito County Behavioral Health has determined that this component will not be implemented at this time. An MHSA Housing Plan may developed in the future, as feasible and appropriate.
2. *Describe any challenges or barriers and strategies to mitigate.*
Not applicable.
3. *Describe if the county is meeting benchmarks and goals, or provide the reasons for delays to implementation.*
Not applicable.
4. *List any significant changes for FY 2012/13.*
Not applicable.

County:	SAN BENITO BEHAVIORAL HEALTH						Date:	8/17/2012
		MHSA Funding						
		CSS	WET	CFTN	PEI	INN	Local Prudent Reserve	
A. Estimated FY 2012/13 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years		$259,935	$100,000	$0	$0	$72,294		
2. Estimated New FY 2012/13 Funding		$1,827,350			$301,875	$112,010		
3. Transfer in FY 2012/13[a/]		$0	$0	$0			$0	
4. Access Local Prudent Reserve in FY 2012/13		$0			$0		$0	
5. Estimated Available Funding for FY 2012/13		$2,087,285	$100,000	$0	$301,875	$184,304		
B. Estimated FY 2012/13 Expenditures		$2,087,285	$100,000	$0	$301,875	$184,304		
C. Estimated FY 2012/13 Contingency Funding		$0	$0	$0	$0	$0		

[a/]Per 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 average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$ 929,050
2. Contributions to the Local Prudent Reserve in FY 12/13	$ -
3. Distributions from Local Prudent Reserve in FY 12/13	$ -
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$ 929,050