

# **SAN BENITO COUNTY BEHAVIORAL HEALTH**

## **Mental Health Services Act Community Services and Supports Plan Update Fiscal Year 2009-2010**

**POSTED**

**April 9, 2009 through May 11, 2009**

This MHSA CSS Plan Update is available for public review and comment through May 11, 2009. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on May 11, 2009.

**Public Hearing Information:**

San Benito County Behavioral Health Clinic  
1131 San Felipe Road, Hollister, CA 95023  
Monday, May 11, 2009 at 12:00 noon

**Comments or Questions? Please contact:**

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*Thank you!*

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**COUNTY CERTIFICATION  
MHSA FY 2009/10 ANNUAL UPDATE**

*San Benito County*

<b>County Mental Health Director</b>	<b>Project Lead</b>
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I hereby certify that I am the official responsible for the administration of public community 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 California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.

<to be signed prior to submission to State>

*Signature*

Alan Yamamoto, Behavioral Health Director

\_\_\_\_\_ *Date*

## **Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE**

**Instructions:** Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

**Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input.**

The planning process for our original Three-Year Community Services and Supports (CSS) Plan was comprehensive and included the input of diverse stakeholders through focus groups and surveys. With this information, we were able to determine the unique needs of our community and develop a CSS program that is well designed for our county. The overall goals of the initial CSS are still valid and provide an excellent guide for maintaining our MHSA services in FY 2009-10.

As this Update simply maintains our original CSS Plan, we did not conduct a new, formal stakeholder planning process. However, we discussed the utilization of these funds with our key stakeholders through our local Behavioral Health Board (Mental Health and Substance Abuse Boards) meetings; in addition, we engaged stakeholders throughout the development of this request. The proposed Update was developed and approved by our 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.

This proposed MHSA Plan Update has been posted for a 30-day public review and comment period from April 9 through May 11, 2009. An electronic copy is posted on the County website with an announcement of the public review and comment period, as well as the Public Hearing information. A copy of the proposed Update has been distributed to all members of the Behavioral Health Board, consumer groups, and staff. Copies of the Update have been placed at the clinic in Hollister; Esperanza Center, our Adult/TAY Wellness Center; and partner agencies, and the local library. The Update has also been made available to clients and family members.

We have analyzed and utilized 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 the management team to monitor client's progress over time. This data has helped to understand service utilization, evaluate client progress, and has been instrumental in our planning process to continually improve services for our clients and families.

A public hearing will be held on Monday, May 11, 2009 at 12:00 noon at the San Benito County Behavioral Health Clinic (1131 San Felipe Road, Hollister, CA). Input on the MHSA FY09/10 Plan Update will be reviewed and incorporated into the final document, as appropriate, prior to submission to DMH for approval.

## Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

***Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities.***

Through MHSA implementation, we improved access to services, expanded consumer involvement, and ensured positive outcomes for our clients and their families. Key activities are highlighted below.

### **CSS Services – All Ages:**

- Our Esperanza Center is fully operational. We have fully implemented both an adult component (on Mondays, Wednesdays, and Friday mornings) and a youth component (on Tuesdays, Thursdays, and Friday afternoons). We are working to develop a number of different group activities, group services, and individual services at the center. We also have telemedicine at the center, utilizing a Spanish speaking psychiatrist. This has greatly expanded our capacity to offer culturally appropriate services to our clients.
- We have expanded the number of computers at Esperanza to provide capacity for clients who use the internet for job searches and educational opportunities. This has also been effective at linking clients with the local community college (Gavilan) and assists them in enrolling in classes.
- We are expanding the System of Care philosophy to include adults and older adults.
- We have expanded services to individuals at *Jóvenes de Antaño*, our community Senior Center. One of our bilingual, bicultural staff provides services to the Center because it has a large Spanish-speaking population; this staff person also coordinates services at Esperanza, helping to improve coordination and collaboration across these two programs.
- We have streamlined our referral process and authorization of services to improve access to services. This change ensures more effective and efficient services, appropriate linkages, assignment to the appropriate level of care, and positive outcomes for our clients.
- We continue to offer mental health services to our schools and promote wellness and resiliency in our school age youth. This promotes positive outcomes and creates opportunities to reach unserved and underserved children and youth.

### **Children's Program:**

- We have hired a Children's/TAY Services Clinical Supervisor and reorganized a formerly generic approach to service provision into specialized teams with one team concentrating their service delivery focus on children's services. This age group focused, team service delivery reorganization has helped strengthen our coordinated service delivery for our Children's services component of our mental health program. The Children's Clinical Supervisor is working to expand our specialized Children's System of Care program to help promote resiliency and wellness for children and their families with the highest need for services.

- We have served a number of families through our Parent Child Interactive Therapy (PCIT) program. The continued expansion of this evidence based practice has been highly effective for families with young children.
- We continue to offer services utilizing the wraparound philosophy of care. By including child welfare services, probation, and education as partners in services, we achieve improved outcomes for our children and our families.
- We have implemented our Full Service Partnership (FSP) program for children and have several children and families enrolled in this program.

**Transition Age Youth (TAY) Program:**

- We have hired a Children's/TAY Services Clinical Supervisor and reorganized a formerly generic approach to service provision into specialized teams with one team concentrating their service delivery focus on Children's/TAY services. This age group focused team service delivery reorganization has helped strengthen our coordinated service delivery for our Children's/TAY services component of our mental health program. The Children's/TAY team is working to expand our Children's/TAY System of Care program to help promote resiliency and wellness.
- We are expanding our youth services to ensure that youth and families are involved in Family Care plan meetings to promote coordination of services across agencies, with full participation by families and their support persons.
- We are continuing to develop and expand our TAY program at Esperanza. Our TAY program offers programs at the center three times a week. We are encouraging our clinicians to utilize this center and offer a broad range of group programs for youth.
- We have implemented our Full Service Partnership (FSP) program for TAY and have several youth and families enrolled in this program.

**Adult Program – Esperanza Center:**

- The Adult Program at Esperanza has promoted the development of a consumer group that meets weekly at the center. This group is the foundation of an effort to bring together a core group of consumers that will help the center develop a stronger presence of consumer operated services. This forum has helped to bring clients together to have input into planning activities and creating an environment that is welcoming to adults when they enter the center. This group has been effective at helping to define the adult program at Esperanza and determine, organize, and implement activities.
- We have assigned a staff coordinator for the Esperanza Center to help ensure an ongoing schedule of consumer focused activities occurs and that a philosophy of consumer involvement in planning, organizing and implementing activities is maintained. This position has helped to promote wellness and recovery for clients. Employment advocacy is a high priority for this staff and he is helping clients to access education and employment opportunities, utilizing his specialized skills as a former rehabilitation counselor.
- As a Behavioral Health Department (mental health and substance abuse services), we have improved the coordination of our mental health services with our substance abuse program to promote coordinated service delivery for clients with co-occurring disorders. This will improve outcomes for clients to ensure that services are tailored to meet their full array of treatment service needs.

- We have implemented our Full Service Partnership (FSP) program for adults and have several adults enrolled in this program.

**Older Adult Program – Esperanza Center:**

- We have expanded services to individuals at *Jóvenes de Antaño*, our community Senior Center. One of our bilingual, bicultural staff provides services to the center due to the large numbers of Latino clients served there. This staff also coordinates services at Esperanza, helping to improve coordination and collaboration across these two programs.
- We have recently opened our FSP program to the Older Adult population. This will help promote recovery and wellness for high-risk individuals from this population.

**Outreach and Engagement:** Outreach and Engagement activities are conducted across all ages and community settings on an ongoing basis. Broad community activities have included participation in many outreach activities, including a Behavioral Health booth at the local county fair; participation in organized events in the community, such as Cinco de Mayo celebrations, Safe Night Out, the Children’s Health Fair, County immunization clinics; and Career Day at the local high school.

In addition to these organized activities, Outreach and Engagement activities include engaging teachers in the schools, coordinating services with Child Welfare workers, offering prevention services in Juvenile Hall, and collaborating with substance abuse services to expand the service options for persons with co-occurring disorders.

**Cultural Competency Improvements:** Through the MHSA efforts outlined above, we continue to expand our capacity to meet the needs of our community. While our client population closely reflects the community population, with 50% of our clients being Latino, we continue to strive to improve access to services for diverse populations, including our Latino community.

A very successful new program has been the development of our telemedicine program at Esperanza. We have contracted with a Spanish speaking psychiatrist who provides telepsychiatry for our monolingual clients. This is a welcome addition to our services and has greatly expanded our capacity to offer culturally appropriate services to our clients.



**County Name**

San Benito County

**Work Plan Title**

System Transformation Project

**Populations to be served**

Children (ages 0-17)  
 Transition Age Youth (ages 16-25)  
 Adults (ages 18-59)  
 Older Adults (ages 60+)  
 All genders, races/ethnicity  
 Bilingual Spanish services available; other languages accommodated through interpreters

**COMMUNITY SERVICES AND SUPPORTS**

Annual Number of Clients to Be Served  
 493 Total  
 Number of Clients By Funding Category  
 38 Full Service Partnerships  
 80 System Development  
 375 Outreach & Engagement

**PREVENTION AND EARLY INTERVENTION**

Annual Number to Be Served  
 \_\_\_\_\_ Total  
 Number of Clients By Type of Prevention  
 \_\_\_\_\_ Early Intervention  
 \_\_\_\_\_ Indicated/Selected  
 \_\_\_\_\_ Universal

**Work Plan Description**

The Combined CSS Program provides a ‘whatever it takes’ service approach in helping individuals achieve their goals. Services for all populations help reduce ethnic disparities, offer peer support, and promote values-driven, evidence-based practices to address each individual’s unique needs and mental health. These services emphasize wellness, recovery, and resiliency and offer integrated services for clients of all ages and their families. Services are delivered in a timely manner and are sensitive to the cultural needs of each individual.

The CSS Program includes comprehensive assessment services; wellness and recovery action planning; case management services; individual and group mental health services; crisis services; education and employment support; anti-stigma events; linkages to needed services; and housing support. A peer-led self-help/support group will be implemented soon. Our Adult Wellness Center (Esperanza Center) provides adults and older adults with necessary services and supports in a welcoming environment. In addition, several days per week, Esperanza Center provides Transition Age Youth (TAY) with a safe, comfortable place to receive services and participate in age-appropriate activities. CSS programs continue to provide the opportunity to change our service delivery model and build transformational programs and services.

Outreach and Engagement activities and System Development services engage persons who are currently unserved and underserved. Outreach and engagement promotes access to services through outreach activities with allied agencies and in the community. System development activities support the delivery of mental health services to all ages and include crisis intervention; the development of safety plans to help clients remain in the community with extended support; and a full range of mental health services.

Full Service Partnerships help identified individuals achieve their desired outcomes through the delivery of individualized, client/family-driven mental health services and supports. Full Service Partnership (FSP) services provide ‘whatever it takes’ to help these individuals recover and live successfully in the community. Services are voluntary, client-directed, strength-based, and employ wellness, resiliency, and recovery principles. Bilingual, bicultural staff and peer support are a crucial part of our service delivery teams.

**FY 2009/10 Mental Health Services Act  
Summary Funding Request**

County: San Benito

Date: 3/27/2009

	MHSA Component				
	CSS	CFTN	WET	PEI	Inn
<b>A. FY 2009/10 Planning Estimates</b>					
1. Published Planning Estimate <sup>a/</sup>					
2. Transfers <sup>b/</sup>					
3. Adjusted Planning Estimates	\$0	\$0	\$0	\$0	\$0
<b>B. FY 2009/10 Funding Request</b>					
1. Required Funding in FY 2009/10 <sup>c/</sup>	\$1,930,000				
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds <sup>d/</sup>					
b. Adjustment for FY 2008/09 <sup>e/</sup>					
c. Total Net Available Unspent Funds	\$0	\$0	\$0	\$0	\$0
<b>3. Total FY 2009/10 Funding Request</b>	<b>\$1,930,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Funding</b>					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates					
3. Unapproved FY 08/09 Planning Estimates					
4. Unapproved FY 09/10 Planning Estimates	\$1,930,000				
<b>5. Total Funding<sup>f/</sup></b>	<b>\$1,930,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**FY 2009/10 Mental Health Services Act  
Community Services and Supports Funding Request**

County: San Benito

Date: 3/27/2009

CSS Work Plans				FY 09/10 Required MHA Funding	Estimated MHA Funds by Service Category				Estimated MHA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	1	System Transformation	E	\$1,739,700	\$870,546	\$695,323	\$173,831		\$334,022	\$467,979	\$699,359	\$238,339
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26.	Subtotal: Work Plans <sup>a/</sup>			\$1,739,700	\$870,546	\$695,323	\$0	\$0	\$334,022	\$467,979	\$699,359	\$238,339
27.	Plus County Administration			\$190,300								
28.	Plus Optional 10% Operating Reserve											
29.	Plus CSS Prudent Reserve <sup>b/</sup>											
30.	Total MHA Funds Required for CSS			\$1,930,000								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=  
b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

**Community Services and Supports Prudent Reserve Plan  
FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT**

**Instructions:** Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

<b>1. Requested FY 2009/10 CSS Services Funding</b>		<b>\$ 1,739,700</b>
Enter the total funds requested from Exhibit E1 – CSS line 26.		
<b>2. Less: Non-Recurring Expenditures</b>	-	<b>0</b>
Subtract any identified CSS non-recurring expenditures included in #1 above.		
<b>3. Plus: CSS Administration</b>	+	<b>190,300</b>
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.		
<b>4. Sub-total</b>		<b>\$ 1,930,000</b>
<b>5. Maximum Prudent Reserve (50%)</b>		<b>\$ 965,000</b>
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.		
<b>6. Prudent Reserve Balance from Prior Approvals</b>		<b>\$ 363,260</b>
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.		
<b>7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update</b>	+	<b>0</b>
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.		
<b>8. Prudent Reserve Balance</b>		<b>\$ 363,260</b>
Add lines 6 and 7.		
<b>9. Prudent Reserve Shortfall to Achieving 50%</b>		<b>\$ 601,740</b>
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.		

We plan to request that unspent funds from previous fiscal years be dedicated to the Prudent Reserve. This allocation will fully fund our prudent reserve before the July 1, 2010 deadline.

**Note:** If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.