

**SAN BENITO COUNTY
BEHAVIORAL HEALTH
Mental Health Services**

Mental Health Services Act
Community Services and Supports



Plan Update for Fiscal Year 2008-2009

POSTED
September 12, 2008

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MHSA Community Services and Supports Annual Update
Fiscal Year 2008/09

Per the California Department of Mental Health Information Notices No. 08-10 and 08-16, San Benito County Behavioral Health (SBCBH) submits the following documentation as the Community Services and Supports Plan Update for Fiscal Year 2008-09:

A. Certification by the County Mental Health Director (Exhibit 1)

Please refer to Exhibit 1, attached.

B. Program Workplan Listing for FY 2008/09 (Exhibit 2)

Please refer to Exhibit 2, attached.

C. The total amount of new MHSA CSS funding required (Exhibit 3R)

Please refer to Exhibit 3R, attached.

D. Prudent reserve plan

SBCBH has already implemented its local prudent reserve plan. The County has utilized unspent Unapproved CSS Funds from Fiscal Year 2005-06 (\$265,760) and unspent One-Time CSS Unapproved Augmentation Funds for Fiscal Year 2007-08 (\$97,500) to initiate a local prudent reserve account. SBCBH has obtained the State DMH approval to utilize these funds, totaling \$363,260, as the initial deposit into its local prudent reserve. This action provides a significant start in fulfilling the State DMH mandate that counties create a MHSA prudent reserve account.

SBCBH will continue to make deposits to its local prudent reserve as CSS expansion funds are obtained and increases to the prudent reserve are required.

E. Budgets and budget narratives for each Workplan (Exhibits 5a, 5b)

Please refer to Exhibits 5a and 5b, and the budget narratives, attached.

F. Calculation to ensure that the limit of 20% for prudent reserve, Capital Facilities and Technological Needs, and Workforce Education and Training is not exceeded

Not applicable.

G. A brief description of how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met

The planning process for our original Three-Year CSS Plan was comprehensive and included the input of over 650 diverse stakeholders through focus groups and surveys. With this information,

we were able to determine the unique needs of our community and develop a MHSA program that is well designed for our county.

As this Update simply expands our original CSS Plan, we did not conduct a new, formal stakeholder planning process. However, we have discussed the utilization of these funds with our key stakeholders, and engaged them in the planning process for expanding our CSS services and throughout the development of this request. The proposed expansion was developed and approved by our MHSA Steering Committee after reviewing 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.

H. Documentation of the local 30 day review process per Section 3315(a) of the CCR

This proposed Plan Update has been posted for a 30-day public review and comment period beginning September 12, 2008. 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.

A summary and analysis of any substantive recommendations and/or changes resulting from the public review process will be added to this Update after the public review and comment period.

I. A brief description of the proposed program change and the proposed effective date.

The additional CSS funding will be used to further expand our Transition Age Youth (TAY) services, with a specific focus on youth ages 13-17 who are at-risk of juvenile hall incarceration or recidivism, and/or out-of-home placement. During our discussions with stakeholders and a review of our data, it was determined that our highest need population for the focus of CSS expansion resources is TAY youth.

Population to be served through the expanded program:

The population that will be served through our expanded TAY program will include youth ages 13-17 who are at-risk of juvenile hall incarceration or recidivism, and/or out-of-home placement, and who have a mental health disorder. In addition, we will serve youth who are in out-of-home placement through Child Welfare Services who are returning home to this county. At the present time, we only serve a small percentage of these high-risk youth in our county. In addition, the TAY program will support these youth as they turn 18 years and will work closely with the youth and families to help them achieve positive outcomes as they become young adults.

Number of clients anticipated:

It is estimated that we will serve at least 30 TAY through outreach and engagement activities and 30 TAY through our System Development funds. We anticipate that we will identify an

additional 8 youth for the Full Service Partnership (FSP) program, for a total of 18 FSP TAY in FY 2008/09.

This expanded program will better serve the fifteen (15) youth who are currently in high-level (RCL 13-14) placements, as well as those youth in juvenile hall.

Expanded services:

This additional funding will allow us to augment and redesign our Children's System of Care (CSOC) to increase the intensity and frequency of contact required for wraparound service delivery for TAY and their families. Family involvement is a core foundation of this program, engaging and welcoming the family into services at the time of the initial clinical assessment and enrollment into the program. Our monthly CSOC Team meeting brings together allied children's agencies for service planning for high-risk children and youth and will be used to facilitate referrals to the TAY program.

Our goal of the TAY program is to divert youth from juvenile hall and other out-of-home placements, through intensive services, involvement of families and other support persons, and coordination with probation, the courts, and social services. For those youth who are already in juvenile hall or out-of-home placement, we will begin working with families and providing them with the skills needed to successfully transition youth back into the home and community. Whenever possible, we will utilize the CSOC Team to prevent out-of-home placements, and/or return youth home and to the community as soon as possible.

We will also develop Family Care Plans through a Family Care Plan Meeting with each youth's family. This process helps to promote youth voice and family voice so that they are actively involved in planning the youth's services and engaged in the treatment process.

The highest need youth will be enrolled in the Full Service Partnership (FSP) program. The FSP program will fully engage youth and families, provide 24/7 response, and have the availability of flexible funds to support the youth's goals. The FSP team will provide coordinated services to ensure that these youth achieve positive outcomes, including:

- At home
- In school
- Healthy
- Reduce substance use
- Positive social support network

As noted above, as TAY youth turn 18, the TAY program will support them to develop independent living skills, attend college or obtain employment, and engage in healthy lifestyles. The TAY Team will support youth to move into independent living situations, when desired.

Service delivery and new staffing:

This additional CSS funding provides the opportunity for us to hire one (1) additional full-time Clinician, one (1) full-time Case Manager, and one (1) full-time Office Support Staff.

The expanded TAY Team will have offices at our main clinic, but will provide the majority of services in the community. Staff will offer services to youth at the juvenile hall as part of the re-entry planning back to the community and will work closely with families in their homes and/or convenient community locations.

San Benito Behavioral Health also has a TAY Drop-in Center that is located in downtown Hollister. Youth can either walk to the center from the junior high or high school, or take public transportation between the schools and downtown. The Center offers youth-oriented activities on Tuesdays, Thursdays, and Friday afternoons. In addition, TAY services are available during the day at the schools, and after school at home. The TAY Team is available to the schools for responding to crisis situations, as needed.

Effective date of the Program Expansion:

October – December 2008: We anticipate DMH approval of this Update and will commence hiring and training staff, developing and implementing program practices and service delivery strategies, and offering services to our target population.

June 2009: By the end of Fiscal Year 2008-09, the expanded TAY program will be fully implemented. SBCBH will have served 60 TAY clients and enrolled 18 TAY clients in Full Service Partnerships.

Cost per FSP client for the expanded TAY program:

As we will be utilizing the additional funding to expand our Transition Age Youth program, we have increased the estimated number of TAY Full Service Partnership clients from that of FY 07/08. The resulting net cost per client for the expanded TAY program is outlined below:

07/08 CSS Plan Request		08/09 CSS Plan Update Request	
07/08 Funding Allocation	\$1,080,000	08/09 Funding Allocation	\$1,580,000
FSP Allocation	\$572,400	FSP Allocation	\$706,631
Estimated FSP Clients – Children	10	Estimated FSP Clients – Children	10
Estimated FSP Clients – TAY	10	Estimated FSP Clients – TAY	18
Estimated FSP Clients – Adults	10	Estimated FSP Clients – Adults	10
Total FSP Clients	30	Total FSP Clients	38
Estimated Cost per FSP Client	\$19,080	Estimated Cost per FSP Client	\$18,596

J. For each new CSS program/service, a description of each proposed program or service

There are no new programs or services proposed for FY 2008-09.

Exhibit 1
Community Services and Supports
FY 2008/09 Plan Update

COUNTY CERTIFICATION

I hereby certify that I am the official responsible for the administration of Community Mental Health Services in and for San Benito County and that the following are true and correct:

This Community Services and Supports Plan Update is consistent with the Mental Health Services Act. This Plan Update is consistent with and supportive of the standards set forth in Title 9, California Code of Regulations (CCR) Section 3610 through 3650.

This Plan Update has been developed with the participation of stakeholders, in accordance with CCR Sections 3300, 3310, and 3315. The draft Plan Update was circulated for 30 days to stakeholders for review and comment. All input has been considered, with adjustments made, as appropriate.

Mental Health Services Act funds are and will be used in compliance with CCR Section 3410 of Title 9, Non-Supplant.

All documents in the attached Community Services and Supports Plan Update are true and correct.

Date: _____ **Signature** _____
Local Mental Health Director

Executed at: Hollister, CA

FY 2008/09 Mental Health Services Act Community Services and Supports Summary Workplan Listing

County: San Benito

Date: 8/25/2008

Workplans				Total Funds Requested				Funds Requested by Age Group			
No.	Name	New (N)/ Approved Existing (E)	Full Service Partnerships (FSP)	System Development	Outreach and Engagement	Total Request	Children, Youth, Families	Transition Age Youth	Adult	Older Adult	
1.	1	System Transformation	E	\$706,631	\$564,505	\$141,126	\$1,412,262	\$270,828	\$398,495	\$568,163	\$174,776
2.							\$0				
3.							\$0				
4.							\$0				
5.							\$0				
6.							\$0				
7.							\$0				
8.							\$0				
9.							\$0				
10.							\$0				
11.							\$0				
12.							\$0				
13.							\$0				
14.							\$0				
15.							\$0				
16.							\$0				
17.							\$0				
18.							\$0				
19.							\$0				
20.							\$0				
21.							\$0				
22.							\$0				
23.							\$0				
24.							\$0				
25.							\$0				
26. a/ Workplans^{a/}				\$706,631	\$564,505	\$141,126	\$1,412,262	\$270,828	\$398,495	\$568,163	\$174,776
27. Optional 10% Operating Reserve^{b/}											
28. CSS Administration^{c/}							\$167,738				
29. CSS Capital Facilities Projects^{d/}											
30. CSS Technological Needs Projects^{d/}											
31. CSS Workforce Education and Training^{d/}											
32. CSS Prudent Reserve^{e/}											
33. Total Funds Requested							\$1,580,000				

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=

50.04%

b/ Cannot exceed 10% of line 26.

c/ Complete Exhibit 5a.

d/ Complete budget pages from relevant guidelines for each component.

e/ Complete Exhibit 4.

Exhibit 3R

Mental Health Services Act Community Services and Supports Funding Request for FY 2008/09

Date: 8/27/2008

County: San Benito

	Use of Funds	Source of Funds	
Total FY 2008/09 Funds Requested from line 33 of Exhibit 2	\$1,580,000		
			FY 06/07 CSS Unapproved Planning Estimates
			FY 07/08 CSS Unapproved Planning Estimates
		\$1,580,000	FY 08/09 CSS Planning Estimates*
			Unspent CSS Funds (Cash on Hand)
Total	\$1,580,000	\$1,580,000	

* Funds requested for lines 29, 30 and 31 on Exhibit 2 must be funded from the FY 08/09 CSS Planning Estimate.

**FY 2008/09 Mental Health Services Act Community Services and Supports
Administration Budget Worksheet**

County: **San Benito**

Fiscal Year: **2008-09**

Date: **8/25/2008**

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Personnel Expenditures		
a. MHSa Coordinator(s) - Behavioral Health Dir	\$14,706	\$29,276
b. MHSa Support Staff		
c. Other Personnel (list below)		
i. Quality Improvement Supervisor	\$25,795	\$27,739
ii.		
iii.		
iv.		
v.		
vi.		
vii.		
d. Total Salaries		
e. Employee Benefits	\$24,490	\$34,475
f. Total Personnel Expenditures	\$64,992	\$91,490
2. Operating Expenditures	\$25,358	\$18,316
3. County Allocated Administration		
a. Countywide Administration (A-87)	\$51,917	\$81,095
b. Other Administration (provide description in budget narrative)		
c. Total County Allocated Administration	\$51,917	\$81,095
4. Total Proposed County Administration Budget	\$142,267	\$190,901
B. Revenues		
1. New Revenues		
a. Medi-Cal (FFP only)	\$18,941	\$23,163
b. Other Revenue		
2. Total Revenues	\$18,941	\$23,163
C. Non-Recurring Expenditures		
D. Total County Administration Funding Requirements	\$123,327	\$167,738

COUNTY CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services in and for said County; that I have not violated any of the provisions of Section 5891 of the Welfare and Institution Code in that all identified funding requirements (in all MHSa program budgets and this administration budget) represent costs related to the expansion of mental health services since passage of the MHSa and do not represent supplanting of expenditures; that fiscal year 2004-05 funds required to be incurred on mental health services will be used in providing such services; and that to the best of my knowledge and belief this administration budget and all related program budgets in all respects are true, correct, and in accordance with the law.

Date: _____

Signature _____

Local Mental Health Director or Designee

Executed at _____, California

CSS Program and Expenditure Budget Narrative for FY 2008-09

Administration

The Department's FY 08-09 County Budget is the basis for this MHSA CSS budget. The individual line items were projected by using a proportionate share of the department's average budgeted expenditures for each budget area. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. Expenditures

- 1. Personnel Expenditures** – Expenditures are based on current County Personnel Salary tables. Salary costs increased in FY 08-09 by an average of 20% to provide for annual steps, promotions, stipends, and COLA allowances. Employee salaries & benefits are 67% and 33% respectively.

MHSA Coordinator – This position has responsibility for the overall clinical and administrative functions of the local MHSA program.

- 2. Operating Expenditures** – Overall operating expenditures increased an average of 27% for FY 08-09. The two primary increases are due to 1) significant fuel cost increases for transportation and 2) the ratio of MHSA salaries to total clinic salaries, resulting in a higher proportionate share of operating expenses.
- 3. County Allocated Administration** – This represents the amount of Countywide Administration (A-87) allocated to MHSA programs. A-87 Allocations to individual county departments doubled for FY 08-09, resulting in a significant increase to the MHSA from prior years.

B. Revenues – Medi-Cal revenue estimates have been included for Administration.

**FY 2008/09 Mental Health Services Act Community Services and Supports Budget Worksheet-
Approved Workplans**

County: San Benito Fiscal Year: 2008-09
 Program Workplan # 1 Date: 8/25/2008
 Program Workplan Name System Transformation Page 1 of 1
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: 38
 Existing Client Capacity of Program/Service: _____ Prepared by: Gary C. Ernst
 Client Capacity of Program/Service Expanded through MHSA: 38 Telephone Number: 559-679-4579

	Estimated FY 2007/08 Expenditures and Revenues	Estimated FY 2008/09 Expenditures and Revenues
A. Expenditures		
1. Client, Family Member and Caregiver Support Expenditures		
a. Housing		\$12,000
b. Other Supports		\$13,000
2. Personnel Expenditures	\$732,730	\$1,464,863
3. Operating Expenditures	\$285,894	\$293,268
4. Program Management		
5. Estimated Total Expenditures when service provider is not known		
6. Non-recurring expenditures		
7. Total Proposed Program Budget	\$1,018,624	\$1,783,131
B. Revenues		
1. Existing Revenues	\$213,541	\$308,369
2. New Revenues		
a. Medi-Cal (FFP only)		\$31,250
b. State General Funds		\$31,250
c. Other Revenue		
d. Total New Revenue	\$0	\$62,500
3. Total Revenues	\$213,541	\$370,869
C. Total Funding Requirements	\$805,082	\$1,412,262

CSS Program and Expenditure Budget Narrative for FY 2008-09

System Transformation Program: Ages 0-60+

The following CSS Program Workplans and related budgets are being combined into one Program Work Plan:

1. Children's Services Team
2. Transition Age Services Team
3. Adult Services
4. Older Adult Services

The newly combined Program Workplans and budget will now be referred to as the **System Transformation Program: Ages 0-60+**. The System Transformation Program consists of Full Service Partnerships, Systems Development services, and Outreach and Engagement activities during FY 2008-09.

The Department's FY 08-09 County Budget is the basis for this MHSA CSS budget. The individual line items were projected by using a proportionate share of the department's average budgeted expenditures for each budget area. Amounts from the County Budget were aggregated into the same categories as those depicted in the MHSA CSS Budget Worksheet.

A. Expenditures

1. **Client, Family Member, and Caregiver Support Expenditures** – Expenditures identified in this category include funds for activities such as clothing, food, hygiene, travel, transportation, housing vouchers, flex funds, and other support expenditures - \$25,000.00 for FY 08-09.
2. **Personnel Expenditures** – Expenditures are based on current County Personnel Salary tables. New clerical support positions have been added. Salary costs increased in FY 08-09 by an average of 20% to provide for annual steps, promotions, stipends, and COLA allowances. Employee salaries & benefits are 67% and 33% respectively.

MH Clinician for Crisis Component – This position will function as a Clinician responsible for ensuring that crisis mental health services delivered to program participants are focused on individual needs. The position provides crisis service contacts with program participants, family, significant others, and communities (school systems, probation, healthcare, and others). The position is an advocate for clients and provides assistance to help individuals gain access to needed services. The position helps the service system to be sensitive to, respectful of, and responsive to the mental health needs of the program participants. The position is a part of the clinic's current 24/7 crisis services rotation.

MH Clinician Coordinators – These positions will function as Clinicians responsible for ensuring that mental health services delivered to the age groups enrolled in the MHSA programs are focused on individual needs. These positions provide intensive and frequent service contacts with the client, family, significant others, and communities. These

positions advocate for clients and provide assistance to help individuals gain access to needed services and to obtain positive outcomes. These positions help the service system to be sensitive to, respectful of, and responsive to the mental health needs of the individual participants. These positions are a part of the clinic's current 24/7 crisis services rotation.

Psychiatrist and Registered Nurse/Nurse Practitioner positions - These positions will focus on educating and ensuring that consumers involved in the MHSA program will be educated in areas of personal physical healthcare and ensure that the importance of physical health in delivery of behavioral health services is recognized. They will work with all program staff to ensure that the complete needs of participants are recognized, including behavioral and physical needs. They will monitor psychotropic medication used by participants. They will also ensure that there is a focus on age group-appropriate healthcare needs of the populations served.

Case Manager/MH Specialists – These positions will function as Case Managers and Personal Service Coordinators. These positions are responsible for providing direct clinical services in a manner that is consistent with the vision and goals of MHSA. In addition, these positions will be responsible for the implementation of outreach and engagement activities and individual and group services for the corresponding age groups. These positions will be assigned to deliver services off-site in a manner that is integrated with already existing activities at a community based center or within the home. The position will also ensure that services are delivered in a manner that embraces the recovery model.

Clerical Support Positions – These positions perform various fiscal reporting and monitoring, clinical data entry, accounts payable, accounts receivable, records, receptionist duties, contracts, etc.

- 3. Operating Expenditures** – Overall operating expenditures increased an average of 27% for FY 08-09. The two primary increases are due to 1) significant fuel cost increases for transportation and 2) the ratio of MHSA salaries to total clinic salaries, resulting in a higher proportionate share of operating expenses.

B. Revenues

Revenues were based on FY 0708 data through March 31, 2008, with projections annualized. While the Medi-Cal and EPSDT billings have been on track, our new software system is still not able to provide individual staff clinical time reports to more accurately allocate revenues to the MHSA.



San Benito County Behavioral Health Department

**Please send your written comments and feedback on the
Mental Health Services Act, Community Services and
Supports Fiscal Year 2008-09 Annual Update to:**

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