



SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act FY 2017/2018 – 2019/2020 Three-Year Program and Expenditure Plan

POSTED FOR PUBLIC COMMENT

June 29, 2018 through July 28, 2018

The MHSa Three-Year Program and Expenditure Plan is available for public review and comment from June 29, 2018 through July 28, 2018. We welcome your feedback via phone, in person, or in writing. Comments may also be made during the Public Hearing to be held on Monday, July 30, 2018.

Public Hearing Information

Monday, July 30, 2018 at 12:00 pm noon
San Benito County Behavioral Health
Main Conference Room
1131 San Felipe Road, Hollister, CA 95023

Comments or Questions? Please contact:

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Thank you!

MHSA COMMUNITY PROGRAM PLANNING

County Demographics and Description

San Benito County is a small, rural county that lies in the Central Coast region of California. It is located at the southern end of the Santa Clara Valley, just south of Silicon Valley, and offers easy access to the metropolitan San Jose area, Monterey, and Santa Cruz. The county's population is 55,269 (*US Census 2010, Demographic Profile*). San Benito County's largest city is Hollister, home to approximately 34,928 residents (*US Census 2010, Demographic Profile*). San Benito County is a racially-diverse county, with the third highest proportion of Latinos in the general county population relative to all other California counties. The County's population is comprised of 57% Latinos, 38% Caucasians, and 5% from Other race/ethnic groups.

All services are sensitive to the client's cultural and linguistic background and delivered in the person's preferred language, which promote a welcoming environment that meets the needs of our population.

The census estimates that 39.2% of the population of San Benito County speaks a language other than English at home. Spanish is the only threshold language in San Benito County. There are 2,646 veterans, which represent 5% of the population. Approximately 7.4% of the population is under 5 years of age, 24.6% are ages 6-19, 58.3% are ages 20-64, and 9.7% are over 65 years of age. Females represent 50.0% of the population.

Community Program Planning Process

The San Benito County Behavioral Health (SBCBH) Community Program Planning (CPP) process for the development of the FY 17/18 – FY 19/20 Three-Year Plan builds upon the planning process that we utilized for the development of our most recent Three-Year Plan, 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. It is estimated that over 600 stakeholders have participated in the planning process since 2005. In the past year, 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 Three-Year Plan, we obtained input from several different stakeholder groups, including clients; Adults; Older Adults; Transition Age Youth (TAY); LGBTQ; Behavioral Health Board members; Schools; Probation; law enforcement agencies; veterans; the Courts; and Child Welfare Services. 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 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. The overall goals of the

MHSA are still valid and provide an excellent guide for maintaining our MHSA services over the next three years.

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

The proposed MHSA Three-Year Plan 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; 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 Three-Year Plan 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 provided input into the planning process. The CPP also included input from law enforcement, as well as from child and adult team meetings in mental health and substance abuse service, Youth Alliance, schools, Health Foundation, 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.

LOCAL REVIEW PROCESS

30-Day Posting Period and Circulation Methods

This proposed MHSA FY 2017/2018-2019/2020 Three-Year Plan has been posted for a 30-day public review and comment period from June 29, 2018 through July 28, 2018. An electronic copy is available online at www.san-benito.ca.us. Hard copies of the document are 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 MHSA Three-Year Plan have been 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 Three-Year Plan review and comments will be conducted on Monday, July 30, 2018, at 12:00 pm noon. The meeting will be held the San Benito County Behavioral Health Department, Main Conference Room, 1131 San Felipe Road, Hollister, CA 95023.

Substantive Recommendations and Changes

Input on the MHSA FY 2017/2018-2019/2020 Three-Year Plan will be reviewed and incorporated into the final document, as appropriate, prior to submitting to the County Board of Supervisors and the California Mental Health Services Oversight and Accountability Commission (MHSOAC).

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.

One of our most significant achievements this past year was to blend funding from several MHSA-funded programs to develop a joint housing project through Buena Vista Apartments (CHSPA). A forty (40) apartment complex was built, and five (5) clients, who were homeless or at risk of homelessness, have been successfully placed in four of the apartments that were built and designated for our clients. These FSP individuals have a serious mental illness (SMI) and often have a history of placement in Institutions for Mental Disease (IMDs) and/or group home settings. An SBCBH Case Manager conducts a weekly group in the Buena Vista Apartments community room to help clients continue to be successful in independent living. The Case Manager teaches cooking, bill paying, social skills, and problem resolution. The clients are pleased with their new homes, and are achieving their lifelong goals of living independently in the community.

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%
Hispanic	774	60.4%
Black/ African American	5	0.4%
Asian/ Pacific Islander	14	1.1%
Native American/ Alaska Native	8	0.6%
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

We continue to find creative ways to reach out to the migrant worker population in San Benito County. The migrant worker population is reluctant to access behavioral health services due to stigma, cultural values, and perceptions of behavioral health utilization. It is also difficult for them to access services because they work long hours in the fields, throughout the year. The reluctance to access services has been exacerbated by changes in immigration practices in the past year. Our outreach efforts help to engage this population to reduce stigma and help them access services. In recent years, we have coordinated efforts with San Benito Health Foundation, a federally qualified health center (FQHC). We have co-located a SBCBH Behavioral Health clinician at the FQHC. This bilingual therapist offers Brief Therapy to individuals accessing health care services and need mental health services. When an individual needs more intensive, specialty mental health services, we link these individuals to SBCBH for intensive services, including but not limited to psychiatry and medication support.

CSS Program Changes from Prior Fiscal Year

Changes to the CSS program are not planned in FY 2017/2018.

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.

A 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.

Project data is available from January 1, 2017 through June 30, 2017. In this 6-month period, there were 39 individuals served through the FQHC (Figure 13). Of the 39 individuals served, 17.9% were children/youth, ages 0-15; 28.2% were TAY; 41% were adults (ages 26-59); and 12.8% were older adults.

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%

Of the 39 individuals served, 66.7% were female and 33.3% were male (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%

Of the 39 individuals served, 100% were Latino (Figure 15). 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 is pleased to 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 Hispanic.

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

	# Clients	% Clients
White/ Caucasian	7	14.0%
Hispanic	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 child 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+ (Promoting Access for LGBTQ): This project utilizes the SBCBH MHSA-funded Wellness Center, Esperanza, to create a welcoming environment for youth who are LGBTQ. San Benito+ is led by persons from the LGBTQ community and provides LGBTQ-friendly and culturally-relevant services. The goal of the LGBTQ PEI pilot project is to create a 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 to San Benito+ 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.

PEI Program Challenges and Mitigation Efforts

San Benito+ (Promoting Access for LGBTQ): This program is new to San Benito County. Due to the historic culture of the community which has produced alienation and stigmatization, the LGTBQ 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 specific to those from the LGBTQ community have been used to generate participation in the program. 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 and, through outreach efforts, it is our hope that the LGBTQ community will utilize the program as a safe place to find the support that they need.

PEI Program Changes from Prior Fiscal Year

Changes to the PEI programs are not planned in FY 2017/2018.

INNOVATION

Please refer to the SBCBH FY 18/19 Annual Update for the proposed Innovation Plan.

WORKFORCE EDUCATION AND TRAINING

WET Program Description and Achievements

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

1. SBCBH continues a multi-year contract with Relias 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 Relias Learning component.
2. Additional training opportunities are provided through WET funding for staff and volunteers both onsite and off-site, at local and regional trainings.
3. SBCBH provides a consumer training program, and has successfully completed multiple 6-week training programs. Several consumer employees/peer mentors have been hired by SBCBH following these consumer training programs.
4. WET funding has also allowed SBCBH to support up to three (3) social work student interns each year to work at the county mental health program. Through the WET funds, SBCBH provides mileage reimbursement and stipends for the social work student interns to help them travel to the county.

WET Program Challenges and Mitigation Efforts

Student intern recruitment continues to be an issue for SBCBH. San Benito County is not in an ideal location to recruit interns, as students must commute about 45 minutes from their university campuses to Hollister. As a result, they often choose internship sites closer to their local campuses. Mileage reimbursement and the stipend has failed to garner a high level of interest. We continue to explore ways to address this barrier.

WET Program Changes from Prior Fiscal Year

Previously-released WET funding allocations are no longer available after FY 17/18, but SBCBH will continue to fund the Relias Learning project and intern stipends through CSS dollars. In the event that the California Department of Health Care Services determines that WET funds will be reverted at a later date, SBCBH will continue funding the existing WET activities. Additional WET projects may be developed as future funding allows.

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 the next few years.

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 the next few years.

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary**

County: San Benito

Date: 6/20/18

	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 2017/18 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,786,258	793,115	488,219	160,970	1,027,778	
2. Estimated New FY2017/18 Funding	2,875,065	718,766	160,972			
3. Transfer in FY2017/18 ^{a/}	(472,222)			0	472,222	0
4. Access Local Prudent Reserve in FY2017/18	0	0				0
5. Estimated Available Funding for FY2017/18	8,189,101	1,511,881	649,191	160,970	1,500,000	
B. Estimated FY2017/18 MHSA Expenditures	900,000	620,120	0	15,000	0	
C. Estimated FY2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	7,289,101	891,761	649,191		1,500,000	
2. Estimated New FY2018/19 Funding	2,700,000	611,692	160,972			
3. Transfer in FY2018/19 ^{a/}	(470,401)			0	470,401	0
4. Access Local Prudent Reserve in FY2018/19	0	0				0
5. Estimated Available Funding for FY2018/19	9,518,700	1,503,453	810,163	0	1,970,401	
D. Estimated FY2018/19 Expenditures	900,000	620,120	0	0	0	
E. Estimated FY2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	8,618,700	883,332	810,163	0	1,970,401	
2. Estimated New FY2019/20 Funding	2,700,000	611,692	160,972			
3. Transfer in FY2019/20 ^{a/}	(499,803)			0	499,803	0
4. Access Local Prudent Reserve in FY2019/20	0	0				0
5. Estimated Available Funding for FY2019/20	10,818,897	1,495,024	971,135	0	2,470,204	
F. Estimated FY2019/20 Expenditures	900,000	620,120	0	0	0	
G. Estimated FY2019/20 Unspent Fund Balance	9,918,897	874,904	971,135	0	2,470,204	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2017	929,050
2. Contributions to the Local Prudent Reserve in FY 2017/18	0
3. Distributions from the Local Prudent Reserve in FY 2017/18	0
4. Estimated Local Prudent Reserve Balance on June 30, 2018	929,050
5. Contributions to the Local Prudent Reserve in FY 2018/19	0
6. Distributions from the Local Prudent Reserve in FY 2018/19	0
7. Estimated Local Prudent Reserve Balance on June 30, 2019	929,050
8. Contributions to the Local Prudent Reserve in FY 2019/20	0
9. Distributions from the Local Prudent Reserve in FY 2019/20	0
10. Estimated Local Prudent Reserve Balance on June 30, 2020	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2017/18					
	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2018/19					
	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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2019/20					
	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 MHA 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 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2017/18					
	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						
Mental Health First Aid Training	28,187 0	28,187				
PEI Programs - Early Intervention						
Children & Youth Services	236,773	236,773				
Older Adult Services	118,387	118,387				
Behavioral & Physical Health Integration	62,012	62,012				
Women's Services	28,187	28,187				
PEI Programs - Access/Stigma Reduction/Outreach						
Promoting Access for LGBTQ	67,649	67,649				
PEI Programs - Suicide Prevention						
Suicide Prevention Training	22,550	22,550				
PEI Administration	56,375	56,375				
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	620,120	620,120	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2018/19					
	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						
Mental Health First Aid Training	28,187	28,187				
PEI Programs - Early Intervention						
Children & Youth Services	236,773	236,773				
Older Adult Services	118,387	118,387				
Behavioral & Physical Health Integration	62,012	62,012				
Women's Services	28,187	28,187				
PEI Programs - Access/Stigma Reduction/Outreach						
Promoting Access for LGBTQ	67,649	67,649				
PEI Programs - Suicide Prevention						
Suicide Prevention Training	22,550	22,550				
PEI Administration	56,375	56,375				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	620,120	620,120	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet**

County: San Benito

Date: 6/14/18

	Fiscal Year 2019/20					
	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						
Mental Health First Aid Training	28,187 0	28,187				
PEI Programs - Early Intervention						
Children & Youth Services	236,773	236,773				
Older Adult Services	118,387	118,387				
Behavioral & Physical Health Integration	62,012	62,012				
Women's Services	28,187 0	28,187				
PEI Programs - Access/Stigma Reduction/Outreach						
Promoting Access for LGBTQ	67,649 0	67,649				
PEI Programs - Suicide Prevention						
Suicide Prevention Training	22,550 0	22,550				
PEI Administration	56,375	56,375				
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	620,120	620,120	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: San Benito

Date: 6/20/18

	Fiscal Year 2017/18					
	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 Coordination	5,500	5,500				
2. Fundamental Learning Program	6,500	6,500				
3. Internship Program	3,000	3,000				
4.	0					
5.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	15,000	15,000	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: San Benito

Date: 6/20/18

	Fiscal Year 2018/19					
	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. <i>Not available</i>	0					
2.	0					
3.	0					
4.	0					
5.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet**

County: San Benito

Date: 6/20/18

	Fiscal Year 2019/20					
	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. <i>Not available</i>	0					
2.	0					
3.	0					
4.	0					
5.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2017/18					
	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. <i>Not applicable at this time</i>	0					
2.	0					
3.	0					
4.	0					
5.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2018/19					
	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. <i>Not applicable at this time</i>	0					
2.	0					
3.	0					
4.	0					
5.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2019/20					
	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. <i>Not applicable at this time</i>	0					
2.	0					
3.	0					
4.	0					
5.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2017/18					
	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. <i>Not applicable at this time</i>	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
11. <i>Not applicable at this time</i>	0					
12.	0					
13.	0					
14.	0					
15.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2018/19					
		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. <i>Not applicable at this time</i>	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
11. <i>Not applicable at this time</i>	0					
12.	0					
13.	0					
14.	0					
15.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2017-18 Through FY 2019-20 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: San Benito

Date: 6/12/18

	Fiscal Year 2019/20					
	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. <i>Not applicable at this time</i>	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
11. <i>Not applicable at this time</i>	0					
12.	0					
13.	0					
14.	0					
15.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0