

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-13

Urgent

Routine

AGENDA DATE January 24, 2006

CEO Concurs with Recommendation YES NO

4/5 Vote Required YES NO

(Information Attached)

SUBJECT:

Approval to Accept Mental Health Services Act Community Services and Supports Funding; Increase the Budget; Make Staffing Adjustments and Increase Staffing

STAFF RECOMMENDATIONS:

1. Authorize the Behavioral Health Director to accept Mental Health Services Act Community Services and Supports funding for Fiscal Year 2005-2006 through Fiscal Year 2007-2008.
2. Authorize the Behavioral Health Director or her designee to sign the subsequent agreement with the State Department of Mental Health for the provision of mental health services pursuant to the Mental Health Services Act approved Plan submission.
3. Authorize the Behavioral Health Director or her designee to sign the agreements with local providers as detailed in the Discussion section of this item.

FISCAL IMPACT:

This agenda item requests authorization to accept \$12,258,695 in funding from the State Department of Mental Health for services pursuant to the Mental Health Services Act. The allocation from the State is for the balance of Fiscal Year 2005-2006 through Fiscal Year 2007-2008. Behavioral Health and Recovery Services is requesting to add \$3,395,840 to the Fiscal Year 2005-2006 budget as detailed in the attached Budget Journal form. This amount represents \$3,144,500 in Mental Health Services Act funds and \$251,340 generated as a result of the Mental Health Services Act. The balance of the funds for Fiscal Years 2006-2007 and 2007-2008 will be included in subsequent fiscal year budget submissions.

BOARD ACTION AS FOLLOWS:

No. 2006-59

On motion of Supervisor Grover, Seconded by Supervisor O'Brien

and approved by the following vote,

Ayes: Supervisors: O'Brien, Grover, DeMartini, and Vice Chairman Mayfield

Noes: Supervisors: None

Excused or Absent: Supervisors: Chairman Simon

Abstaining: Supervisor: None

1) Approved as recommended

2) Denied

3) Approved as amended

4) Other:

MOTION:

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

STAFF RECOMMENDATIONS (Continued):

4. Direct the Auditor-Controller to increase appropriations and estimated revenue for Fiscal Year 2005-2006 for the Mental Health Services Act Budget Unit in the amount of \$3,395,840, as detailed in the Budget Journal Form.
5. Amend the Salary and Position Allocation Resolution to reflect the changes detailed in the Staffing Impact Section of this item.

DISCUSSION:

This item adds \$3.4 million to the Behavioral Health and Recovery Services (BHRS) budget for fund 1507 - Mental Health Services Act. This represents a major transformation to mental health services in Stanislaus County. Normally, this request would be included in the Department's mid-year report. However, budget constraints necessitate approval of this item sooner. During the proposed FY 2005-2006 budget process, several BHRS programs were budgeted for only six months due to funding issues. Subsequent funding was found to extend one more month pending approval by the State of the Mental Health Services Act plan. The plan has been approved and the Department is requesting the appropriations and positions be added now to enable services to continue without a break and eliminate the possibility of reducing nine staff who work in the "front-loaded" programs.

Introduction

In November 2004, a substantial number of Californians voted to pass Proposition 63, an initiative now called the Mental Health Services Act. The Mental Health Services Act imposes a 1% State tax on adjusted gross incomes of more than \$1 million to be directed toward increasing public mental health services in California. Mental Health Services Act funds will be distributed annually to county mental health programs based on each county's expenditure plans, service capacity, unmet needs and the amount of available funding. Counties must deposit the funds into a local Mental Health Services Fund that can be used only to expand mental health services. Mental Health Services Act funding is prohibited from being used to pay for any other program, to supplant existing state or county mental health services funds, or to loan to the State General Fund, a county, or any other state fund.

Over the next few years, the Mental Health Services Act will provide counties with funding across six different areas:

- Community planning to involve the public in identifying local priorities
- Community services and supports to provide services to children, adults, transition age youth, and seniors
- Prevention and early intervention
- Innovative programs
- Capital facilities and technology
- Education and training

The Mental Health Services Act is focused on *transforming* the public mental health system in California. Individuals eligible for services under the Mental Health Services Act are children and adolescents under age 18 who are severely emotionally disturbed, and adults and seniors with serious mental illnesses. These target populations require the presence of specific psychiatric diagnoses combined with serious functional impairments.

Funding for Community Services and Supports was the first to become available. Counties were required to submit a plan that would be evaluated for effecting significant change through the following strategies:

- Increases in the level of participation and involvement of clients and families in all aspects of the public mental health system
- Increases in client and family operated services
- Outreach to and expansion of services to client populations in order to eliminate ethnic disparities in accessibility, availability and appropriateness of mental health services and to more adequately reflect mental health needs
- Increases in the array of service choices for individuals diagnosed with serious mental illness and children/youth diagnosed with serious emotional disorders, and their families

Community Services and Supports Three-Year Program and Expenditure Plan

In October 2005, the Board of Supervisors authorized the submission of Stanislaus County's Community Services and Supports Plan under the Mental Health Services Act. The plan was developed after an extensive Community Stakeholder process. During November 2005, Stanislaus County's plan was the first to be reviewed by the State Department of Mental Health, the State Mental Health Services Act Review Committee, and the Mental Health Services Act Oversight and Accountability Committee. Stanislaus County's Community Services and Supports Three-Year Program and Expenditures Plan has been approved. Stanislaus County is the first California county to receive approval of a Community Services and Supports Three-Year Program and Expenditure Plan.

The approved Community Services and Supports Three-Year Program and Expenditure Plan reflects eleven new service programs. Some services will be provided either through new positions being requested or through existing vacant and unfunded positions. In addition, due to a budget shortfall for Fiscal Year 2005-2006, several Behavioral Health and Recovery Services programs have been significantly reduced effective January 2006. Staff currently assigned to programs being reduced will be reassigned to Mental Health Services Act programs. Further program reductions may be required in budget planning for Fiscal Year 2006-2007; additional BHRS staff may be reassigned to Mental Health Services Act programs as midyear budget strategies are developed.

Services funded in the Community Services and Supports Three-Year Program and Expenditure Plan include the following programs:

Westside Homeless Outreach Program

The Westside Homeless Outreach Program will be an expansion to the existing Stanislaus Homeless Outreach Program of 40 individuals with serious mental illness. The expansion will be aimed at providing culturally and linguistically appropriate services to the Westside of Modesto and South Modesto. This Full Service Partnership program will serve transition age youth, adults and older adults.

Juvenile Justice Full Partnership

The Juvenile Justice Full Partnership Program will provide 24 hour a day, 7 day a week crisis response services and on-site intensive mental health services to 25 high-risk youth in the Juvenile Mental Health Program with a diagnosis of a serious emotional disturbance, and who are on probation. This Full Service Partnership program will serve children, youth, transition age youth and their families.

Senior Access and Resource Team

The Senior Access and Resource Team will provide skilled geropsychiatric assessment and comprehensive services (group therapies, case management services and linkages to other necessary services), for 50 individuals with serious mental illness. This Full Service Partnership program will serve adults and older adults.

Health/Mental Health High Risk Team

The Health/Mental Health High Risk Team will provide intensive, integrated services provided to 50 individuals who have both a serious mental illness and significant co-occurring health conditions (e.g., diabetes mellitus or hypertension) that require ongoing, and often frequent and costly, treatment from primary care providers. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by psychotropic medications will be the focus of this collaborative team approach. This Full Service Partnership program will serve adults and older adults.

Integrated Forensic Team

The Integrated Forensic Team will partner with the existing Drug Court Program. This program will make court-accountable case management services available to 40 individuals with a serious mental illness and a co-occurring substance abuse disorder. Services include crisis response, peer support, alternatives to jail, re-entry support and housing and employment services. This Full Service Partnership program will serve transition age youth and adults.

Transitional Age Young Adult Drop-In Center

The Transitional Age Young Adult Drop-In Center will provide peer support along with information and referral for employment, housing and education for young adults. The Center will act as a “front door” engagement effort for unserved and underserved individuals with a serious mental illness and will serve as a critical entry point for young adults from racially and ethnically diverse communities who usually do not access the mental health system in the more traditional way. This General System Development program will serve transition age youth.

Community Response Team

The Community Response Team will be a broad system redesign effort, leveraging and enhancing resources in the existing Behavioral Health and Recovery Services Emergency Services program. The use of consumer and/or family volunteers and employees will be paired with the professional interventions needed in crisis situations. This General System Development program will serve children, youth and families, transition age youth, adults and older adults.

Families Together

Families Together is an enhancement and expansion of the Family Partnership Center to improve supports and services for youth with serious emotional disturbance and their families. Services include advocacy, case management, family and individual respite and wraparound services. This General System Development program will serve children, youth and families and transition age youth and families.

Consumer Employment and Empowerment Center

The Consumer Employment and Empowerment Center will be a transformation and expansion of the existing Behavioral Health and Recovery Services consumer drop-in center. The Center will be for all consumer and family organizations and eventually will be staffed by consumers. Employment services will focus on assisting individuals with goals related to volunteerism, supported employment and competitive employment options. This General System Development program will serve transition age youth, adults and older adults.

Outreach and Engagement Services

Outreach and Engagement Services will provide outreach and engagement to individuals with serious mental illness and serious emotional disturbance in partnership with racially and ethnically diverse community-based service organizations to eliminate racial and ethnic disparities in the access to services and increase the amount and timeliness of services. This contracted program will serve children, youth and families, transition age youth, adults and older adults.

Garden Gate Crisis Outreach Program

The Garden Gate Crisis Outreach Program is an expansion of the current crisis housing program, increasing the number of beds by four and adding an intermediate stay component for individuals with serious mental illness who are homeless or at risk of becoming homeless. This Outreach and Engagement program will serve transition age youth, adults and older adults.

Dual Disorder Programming

Although not an actual Mental Health Services Act program, this service has been developed to meet the needs of consumers who will be served in Mental Health Services Act programs. Stanislaus Recovery Center will designate eight beds in the Residential program to serve adults and older adults with co-occurring mental health and substance abuse disorders.

Contracts and Agreements

The Mental Health Services Act program budgets and narratives contained provisions for contracts with local community-based providers. The impact for Fiscal Year 2005-2006 is as follows:

Westside Homeless Outreach Program

This is an expansion of our current Stanislaus Homeless Outreach Program. The current agreement with Telecare Corporation, Inc. will be amended by \$283,842, which will bring the total contract to \$1,999,188. Board of Supervisor authorization is requested for the Behavioral Health Director or her designee to sign the amendment, not to exceed \$283,842.

Integrated Forensics Team

The program includes \$23,390 in funding for a part-time Deputy Probation Officer to serve as a team member. Behavioral Health and Recovery Services will contract with the Probation Department for staffing. No Board of Supervisors action is requested.

Community Response Team

This program has budgeted \$100,000 to contract with a local organization to provide a consumer-run Warm Line to assist other consumers with referral options and peer support. Behavioral Health and Recovery Services plans to use a competitive process to obtain a contractor for this program. Board of Supervisors authorization is requested for the Behavioral Health Director or her designee to sign the subsequent agreement, not to exceed \$100,000.

In addition, \$25,000 was budgeted to hire a consultant to assist with development of the Community Response Team. Negotiations have already begun with a local consultant with a Behavioral Health background and extensive knowledge of the community to provide this service. No Board of Supervisors action is requested.

Consumer Employment and Empowerment Center

The budget for this program is \$381,000. It is anticipated that the program will be contracted out via a competitive process to a provider with experience in training and developing consumers and family members who wish to enter the workforce. The same contractor will also operate the consumer drop-in center. Board of Supervisor authorization is requested for the Behavioral Health Director or her designee to sign the subsequent agreement, not to exceed the budgeted amount of \$381,000.

Community Outreach and Engagement

This program will be contracted out to local community providers based on a competitive process. Behavioral Health and Recovery Services anticipates awarding three contracts, not to exceed \$120,000 in total. Board of Supervisors authorization is requested for the Behavioral Health Director or her designee to sign the subsequent agreements, none of which is expected to exceed \$100,000.

Garden Gate Crisis Outreach Program

This program is an expansion of the current Garden Gate Respite program provided through a contract with Turning Point, Inc. The Board of Supervisors authorized an amendment to the existing agreement on December 13, 2005 that extends the program through June 30, 2006. The extension will be funded via Mental Health Services Act one-time start-up funds. For Fiscal Year 2006-2007, the on-going agreement will include an additional \$200,000 for the Crisis Outreach expansion. This amount will be included in the Fiscal Year 2006-2007 proposed budget for fund 1507.

Implementation

Stanislaus County is utilizing early implementation and program funding to recruit and hire administrative and support staff who have begun implementation activities such as Request For Proposals development and locating office space. In the first three to four months of implementation, employees will be transferred or hired, Request For Proposals processes for contracted services will be completed, and services will begin to be provided. Planning and early implementation of these activities has already begun.

Staffing

Forty-two (42) positions were identified as necessary to implement Mental Health Services Act programming, including the Dual Disorder Program at Stanislaus Recovery Center. These positions include direct service staff, support staff, administrative staff, and Management staff. As detailed in the table below, four are positions previously approved by the Board of Supervisors, twelve are positions that will be transferred from other programs and seven positions are currently vacant and unfunded. Behavioral Health and Recovery Services is requesting the approval of an additional 19 positions to complete the 42 positions necessary for implementation.

Positions required for Mental Health Services Act	42
Existing Positions:	
Approved by Board of Supervisors on 9/13/05 and 10/18/05	(4)
Transfers from programs that were reduced 1/06	(12)
Currently vacant and unfunded, to be funded by MHSA	(7)
Additional Positions Requested	19

As noted earlier, budget shortfalls in Fiscal Year 2005-2006 have necessitated the reduction of several existing programs effective January 2006. However, no reductions in force are necessary, as impacted staff will be transferred to new Mental Health Services Act programs.

As part of the Mid-Year Budget planning, it has been determined that further program reductions may be necessary. It is the intent to place staff occupying positions that may need to be reduced into new Mental Health Services Act funded positions. As budget planning is still in process, actual programs and positions have yet to be identified. Behavioral Health and Recovery Services will return to the Board of Supervisors with a plan to mitigate additional shortfalls by the end of the fiscal year.

Monitoring and Outcomes

Performance outcomes for Mental Health Services Act programs are in the process of being defined by the State Department of Mental Health. Performance outcomes will be required with regard to regular administration of measurement instruments and reporting. Because the Mental Health Services Act is closely modeled after homeless outreach services associated with existing programming throughout California, it is anticipated that outcomes will include elements similar to those required for those programs (i.e., decrease in homelessness or out-of-home placements, incarcerations, emergency room visits, psychiatric hospitalization; and increased employment or school

attendance). Annual review of all plan elements is required to be reported regularly to the State Department of Mental Health.

POLICY ISSUE:

Acceptance of funding pursuant to the Stanislaus County Community Services and Supports Three-Year Program and Expenditure Plan supports the Board of Supervisors' stated goals and priorities of ensuring a safe community, a healthy community and the efficient delivery of public services in collaboration with public and private partnerships.

STAFFING IMPACT:

Amend the Salary and Position Allocation Resolution for the Behavioral Health and Recovery Services as follows:

Add the following positions per the table below:

Position	Number Requested	Fund
Accountant III	1	1507
Administrative Clerk III	3	1507
Behavioral Health Specialist II	3	1507
Manager IV	2	1507
Mental Health Clinician II	4	1507
Psychiatric Nurse II	2	1507
Staff Services Analyst	2	1507
Behavioral Health Specialist II	1	1505
Mental Health Clinician II	1	1505
Total Positions to be Added	19	

Transfer the following positions per the table below:

Approval to Accept Mental Health Services Act Community Services and Supports Funding; Increase the Budget; Make Staffing Adjustments and Increase Staffing
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Classification	Position Number	From Fund	To Fund
Administrative Clerk III	3432	1501	1507
Administrative Clerk III	9337	1501	1507
Behavioral Health Specialist II	189	1501	1507
Behavioral Health Specialist II	7607	1501	1507
Behavioral Health Specialist II	9333	1501	1507
Clinical Services Technician II	9336	1501	1507
Mental Health Clinician II	9168	1501	1507
Mental Health Clinician II	9332	1501	1507
Psychologist	359	1501	1507
Clinical Services Technician II	4022	1504	1505
Clinical Services Technician II	9547	1504	1505
Clinical Services Technician II	9548	1504	1507
Total Positions to be Transferred			12

County of Stanislaus: Auditor Controller

Legal Budget Journal

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County of Stanislaus

Balance Type	Budget
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Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Juvenile Justice
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
Pr	1507	6831150	50000	0000000	000000	000000	00000	75855		jan-06
Pr	1507	6831150	52000	0000000	000000	000000	00000	28281		jan-06
Pr	1507	6831150	60200	0000000	000000	000000	00000	750		jan-06
Pr	1507	6831150	60600	0000000	000000	000000	00000	500		jan-06
Pr	1507	6831150	67100	0000000	000000	000000	00000	1750		jan-06
Pr	1507	6831150	67580	0000000	000000	000000	00000	2500		jan-06
Pr	1507	6831150	71000	0000000	000000	000000	00000	5000		jan-06
Pr	1507	6831150	63288	0000000	000000	000000	00000	1250		jan-06
Pr	1507	6831150	67040	0000000	000000	000000	00000	1880		jan-06
Pr	1507	6831150	63281	0000000	000000	000000	00000	375		jan-06
Pr	1507	6831150	60850	0000000	000000	000000	00000	1200		jan-06
Pr	1507	6831150	61600	0000000	000000	000000	00000	300		jan-06
Pr	1507	6831150	62860	0000000	000000	000000	00000	750		jan-06
Pr	1507	6831150	65100	0000000	000000	000000	00000	1800		jan-06
Pr	1507	6831150	67200	0000000	000000	000000	00000	2400		jan-06
Pr	1507	6831150	60420	0000000	000000	000000	00000	409		jan-06
Pr	1507	6831150	22430	0000000	000000	700331	00000		125000	jan-06
Pr	1507	6831150	22430	0000000	000000	700329	00000		128260	jan-06
Pr	1507	6831150	80300	0000000	000000	700329	00000	100000		jan-06
Pr	1507	6831150	87500	0000000	000000	700329	00000	8260		jan-06
Pr	1507	6831150	65780	0000000	000000	700329	00000	10000		jan-06
Pr	1507	6831150	62861	0000000	000000	700329	00000	10000		jan-06

Totals: 253,260.00 253,260.00

Prop 63 Mental Health Services Act FSP-02 Juvenile Justice

Departments Outside Auditors Office		Data Entry	Auditors Office Only	
Prepared by <i>[Signature]</i> Date 1/17/06	Supervisor's Approval <i>[Signature]</i> Date 1/20/06	Keyed by Date	Prepared By <i>[Signature]</i> Date 1/18/06	Approved By <i>[Signature]</i> Date

County of Stanislaus: Auditor Controller

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County of Stanislaus

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Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHPA High Risk Team
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
Pt	1507	6811190	63280	0000000	000000	000000	00000	29400		jan-06
Pt	1507	6811190	50000	0000000	000000	000000	00000	162720		jan-06
Pt	1507	6811190	52000	0000000	000000	000000	00000	59752		jan-06
Pt	1507	6811190	67100	0000000	000000	000000	00000	4050		jan-06
Pt	1507	6811190	62600	0000000	000000	000000	00000	3478		jan-06
Pt	1507	6811190	63281	0000000	000000	000000	00000	25000		jan-06
Pt	1507	6811190	65300	0000000	000000	700329	00000	30000		jan-06
Pt	1507	6811190	62860	0000000	000000	700329	00000	16000		jan-06
Pt	1507	6811190	62861	0000000	000000	700329	00000	6000		jan-06
Pt	1507	6811190	84040	0000000	000000	700329	00000	20000		jan-06
Pt	1507	6811190	87500	0000000	000000	700329	00000	18793		jan-06
Pt	1507	6811190	22430	0000000	000000	700329	00000		90793	jan-06
Pt	1507	6811190	22430	0000000	000000	700331	00000		284400	jan-06
Totals:								375,193.00	375,193.00	

Prop 63 Mental Health Services Act - FSP-04 High Risk Team

Departments Outside Auditors Office		Data Entry	Auditors Office Only	
Prepared by <i>[Signature]</i> Date 1/18/06	Supervisor's Approval <i>[Signature]</i> Date 1/20/06	Keyed by Date	Prepared By <i>[Signature]</i> Date	Approved By <i>[Signature]</i> Date 1/18/06

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Balance Type	Budget
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Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Integrated Forensic Team
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
Pb	1507	6811160	60200	0000000	000000	000000	00000	500		Jan-06
Pb	1507	6811160	67100	0000000	000000	000000	00000	5000		Jan-06
Pb	1507	6811160	71000	0000000	000000	000000	00000	25000		Jan-06
Pb	1507	6811160	65780	0000000	000000	000000	00000	2000		Jan-06
Pb	1507	6811160	63280	0000000	000000	000000	00000	23100		Jan-06
Pb	1507	6811160	71000	0000000	000000	000000	00000	12500		Jan-06
Pb	1507	6811160	50000	0000000	000000	000000	00000	134542		Jan-06
Pb	1507	6811160	52000	0000000	000000	000000	00000	47090		Jan-06
Pb	1507	6811160	67100	0000000	000000	000000	00000	3000		Jan-06
Pb	1507	6811160	62600	0000000	000000	000000	00000	1500		Jan-06
Pb	1507	6811160	65300	0000000	000000	000000	00000	4000		Jan-06
Pb	1507	6811160	63281	0000000	000000	000000	00000	15000		Jan-06
Pb	1507	6811160	65780	0000000	000000	000000	00000	3000		Jan-06
Pb	1507	6811160	65300	0000000	000000	700329	00000	30000		Jan-06
Pb	1507	6811160	87500	0000000	000000	700329	00000	14742		Jan-06
Pb	1507	6811160	84070	0000000	000000	700329	00000	20000		Jan-06
Pb	1507	6811160	22430	0000000	000000	700329	00000		64742	Jan-06
Pb	1507	6811160	22430	0000000	000000	700331	00000		223100	Jan-06
Pb	1507	6811160	33950	0000000	000000	000000	00000		53132	Jan-06
Totals:								340,974.00	340,974.00	

Prop 63 Mental Health Services Act		FSP-05 Integrated Forensic Team			
Departments Outside Auditors' Office			Data Entry		Auditors Office Only
Prepared by <i>[Signature]</i> Date 1/12/06		Supervisor's Approval <i>[Signature]</i> Date 1/20/06		Keyed by Date	Prepared By <i>[Signature]</i> Date 1/18/06
				Approved By <i>[Signature]</i> Date	

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Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Transition Age Young Adult Drop-In center
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
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Pb	1507	6811180	67100	0000000	000000	000000	00000	500		jan-06
Pb	1507	6811180	65780	0000000	000000	000000	00000	500		jan-06
Pb	1507	6811180	50000	0000000	000000	000000	00000	69837		jan-06
Pb	1507	6811180	52000	0000000	000000	000000	00000	24443		jan-06
Pb	1507	6811180	62600	0000000	000000	000000	00000	370		jan-06
Pb	1507	6811180	65300	0000000	000000	000000	00000	3850		jan-06
Pb	1507	6811180	65300	0000000	000000	700329	00000	30000		jan-06
Pb	1507	6811180	84070	0000000	000000	700329	00000	25000		jan-06
Pb	1507	6811180	62980	0000000	000000	700329	00000	25000		jan-06
Pb	1507	6811180	81000	0000000	000000	700329	00000	5000		jan-06
Pb	1507	6811180	62860	0000000	000000	700329	00000	2500		jan-06
Pb	1507	6811180	62860	0000000	000000	700329	00000	50000		jan-06
Pb	1507	6811180	22430	0000000	000000	700331	00000		100000	jan-06
Pb	1507	6811180	22430	0000000	000000	700329	00000		137500	jan-06

Totals: 237,500.00 237,500.00

Prop 63 Mental Health Services Act - OSD-01 Transitional Age Young Adult Drop-in Centers

Departments Outside Auditors' Office		Data Entry	Auditors Office Only	
Prepared by <i>[Signature]</i> Date 1/17/06	Supervisor's Approval <i>[Signature]</i> Date 1/20/06	Keyed by Date	Prepared By <i>[Signature]</i> Date 1/18/06	Approved By <i>[Signature]</i> Date

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Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Community Response Team
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
Pt	1507	6841120	63256	0000000	000000	000000	00000	25000		jan-06
Pt	1507	6841120	63280	0000000	000000	000000	00000	100000		jan-06
Pt	1507	6841120	62600	0000000	000000	000000	00000	20000		jan-06
Pt	1507	6841120	65300	0000000	000000	700329	00000	30000		jan-06
Pt	1507	6841120	62860	0000000	000000	700329	00000	16000		jan-06
Pt	1507	6841120	63256	0000000	000000	700329	00000	50000		jan-06
Pt	1507	6841120	84070	0000000	000000	700329	00000	40000		jan-06
Pt	1507	6841120	22430	0000000	000000	700331	00000		136000	jan-06
Pt	1507	6841120	22430	0000000	000000	700329	00000		145000	jan-06

Totals: 281,000.00 281,000.00

Prop 63 Mental Health Services Act		GSD-02 Community Response Team		
Departments Outside Auditors Office		Data Entry		Auditors Office Only
Prepared by <i>[Signature]</i>	Supervisor's Approval <i>[Signature]</i>	Keyed by	Prepared By <i>[Signature]</i>	Approved By <i>[Signature]</i>
Date 1/17/06	Date 1/17/06	Date	Date 1/18/06	Date

County of Stanislaus: Auditor Controller

Legal Budget Journal

Database
Set of Books

FMS11IDB.CO.STANISLAUS.CA.US.PROD
County of Stanislaus

Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Families Together
Organization	List - Text Stanislaus Budget Org

Upl	Fund	Org	Acc't	GL Proj	Loc	Misc	Other	Debit	Credit	Period
	4	7	5	7	6	6	5	(format > number > general)		
PB	1507	6831110	60200	0000000	000000	000000	00000	125		jan-06
PB	1507	6831110	60600	0000000	000000	000000	00000	250		jan-06
PB	1507	6831110	67100	0000000	000000	000000	00000	250		jan-06
PB	1507	6831110	65780	0000000	000000	000000	00000	250		jan-06
PB	1507	6831110	71000	0000000	000000	000000	00000	500		jan-06
PB	1507	6831110	50000	0000000	000000	000000	00000	56079		jan-06
PB	1507	6831110	52000	0000000	000000	000000	00000	21310		jan-06
PB	1507	6831110	67040	0000000	000000	000000	00000	510		jan-06
PB	1507	6831110	60420	0000000	000000	000000	00000	600		jan-06
PB	1507	6831110	61800	0000000	000000	000000	00000	400		jan-06
PB	1507	6831110	62600	0000000	000000	000000	00000	750		jan-06
PB	1507	6831110	62730	0000000	000000	000000	00000	50		jan-06
PB	1507	6831110	62780	0000000	000000	000000	00000	75		jan-06
PB	1507	6831110	63010	0000000	000000	000000	00000	250		jan-06
PB	1507	6831110	65780	0000000	000000	000000	00000	800		jan-06
PB	1507	6831110	65920	0000000	000000	000000	00000	100		jan-06
PB	1507	6831110	66070	0000000	000000	000000	00000	125		jan-06
PB	1507	6831110	66180	0000000	000000	000000	00000	800		jan-06
PB	1507	6831110	60850	0000000	000000	000000	00000	1000		jan-06
PB	1507	6831110	61600	0000000	000000	000000	00000	150		jan-06
PB	1507	6831110	65100	0000000	000000	000000	00000	1200		jan-06
PB	1507	6831110	67200	0000000	000000	000000	00000	1500		jan-06
PB	1507	6831110	22510	0000000	000000	000000	00000		12074	jan-06
PB	1507	6831110	80410	0000000	000000	700329	00000	60000		jan-06
PB	1507	6831110	22430	0000000	000000	700329	00000		60000	jan-06
PB	1507	6831110	22430	0000000	000000	700331	00000		75000	jan-06
Totals:								147,074.00	147,074.00	

Prop 63 Mental Health Services Act - 6SD-04 Families Together

Departments Outside Auditors' Office		Data Entry	Auditors Office Only	
Prepared by <i>[Signature]</i>	Supervisor's Approval <i>[Signature]</i>	Keyed by	Prepared By <i>[Signature]</i>	Approved By <i>[Signature]</i>
Date 1/20/06	Date 1/20/06	Date	Date 1/18/06	Date

County of Stanislaus: Auditor Controller

Legal Budget Journal

Database
Set of Books

FMS11IDB.CO.STANISLAUS.CA.US.PROD
County of Stanislaus

Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Consumer Employment & Empowerment Center
Organization	List - Text Stanislaus Budget Org

Upl	Fund	Org	Acc't	GL Proj	Loc	Misc	Other	Debit	Credit	Period
	4	7	5	7	6	6	5	(format > number > general)		
Ph	1507	6812150	63280	0000000	000000	000000	00000	150000		jan-06
Ph	1507	6812150	80410	0000000	000000	700329	00000	120000		jan-06
Ph	1507	6812150	65300	0000000	000000	700329	00000	30000		jan-06
Ph	1507	6812150	62860	0000000	000000	700329	00000	24000		jan-06
Ph	1507	6812150	84070	0000000	000000	700329	00000	25000		jan-06
Ph	1507	6812150	84070	0000000	000000	700329	00000	20000		jan-06
Ph	1507	6812150	62980	0000000	000000	700329	00000	12000		jan-06
Ph	1507	6812150	22430	0000000	000000	700329	00000		231000	jan-06
Ph	1507	6812150	22430	0000000	000000	700331	00000		150000	jan-06

Totals: 381,000.00 381,000.00

Prop 63 Mental Health Services Act - GSD-05 Consumer Employment & Empowerment Center

Departments Outside Auditors/Office		Data Entry		Auditors Office Only	
Prepared by <i>[Signature]</i>	Supervisor's Approval <i>[Signature]</i>	Keyed by	Prepared By <i>[Signature]</i>	Approved By <i>[Signature]</i>	
Date 1/18/06	Date 1/20/06	Date	Date	Date 1/18/06	Date

County of Stanislaus: Auditor Controller

Legal Budget Journal

Database
Set of Books

FMS11IDB.CO.STANISLAUS.CA.US.PROD
County of Stanislaus

Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Administration
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period
Pr	1507	6800110	50000	0000000	000000	000000	00000	180890		jan-06
Pr	1507	6800110	52000	0000000	000000	000000	00000	68738		jan-06
Pr	1507	6800110	63256	0000000	000000	000000	00000	43243		jan-06
Pr	1507	6800110	67040	0000000	000000	000000	00000	8910		jan-06
Pr	1507	6800110	66180	0000000	000000	000000	00000	50000		jan-06
Pr	1507	6800110	62600	0000000	000000	000000	00000	44230		jan-06
Pr	1507	6800110	65300	0000000	000000	000000	00000	40000		jan-06
Pr	1507	6800110	73520	0000000	000000	000000	00000	81690		jan-06
Pr	1507	6800110	87500	0000000	000000	000000	00000	42000		jan-06
Pr	1507	6800110	22430	0000000	000000	700331	00000		375000	jan-06
Pr	1507	6800110	33950	0000000	000000	700331	00000		184701	jan-06

Totals: 559,701.00 559,701.00

Prop 63 Mental Health Services Act - Administration 1

Departments Outside Auditors' Office		Data Entry	Auditors Office Only	
Prepared by <i>[Signature]</i>	Supervisor's Approval <i>[Signature]</i>	Keyed by	Prepared By <i>[Signature]</i>	Approved By <i>[Signature]</i>
Date 1/17/06	Date 1/20/06	Date	Date 1/18/06	Date

**County of Stanislaus: Auditor Controller
Legal Budget Journal**

Database
Set of Books

FMS11IDB.CO.STANISLAUS.CA.US.PROD
County of Stanislaus

Balance Type	Budget
Category	* List - Text Budget - Upload
Source	* List - Text
Currency	* List - Text USD
Budget Name	List - Text LEGAL BUDGET
Batch Name	Text
Journal Name	Text
Journal Description	Text MHSA Dual Diagnosis
Organization	List - Text Stanislaus Budget Org

Upl	Fund 4	Org 7	Acc't 5	GL Proj 7	Loc 6	Misc 6	Other 5	Debit (format > number > general)	Credit	Period	
Pt	1505	6711150	87000	0000000	000000	000000	00000		14742	jan-06	
Pt	1505	6711150	87000	0000000	000000	000000	00000		8260	jan-06	
Pt	1505	6711150	87000	0000000	000000	000000	00000		18463	jan-06	
Pt	1505	6711150	87000	0000000	000000	000000	00000		18793	jan-06	
Pt	1505	6711150	87000	0000000	000000	000000	00000		14742	jan-06	
Pt	1505	6711150	50000	0000000	000000	000000	00000	75000		jan-06	
Totals:									75,000.00	75,000.00	

Prop 63 Mental Health Services Act - Dual Diagnosis Services

Departments Outside Auditors' Office		Data Entry	Auditors Office Only
Prepared by <i>[Signature]</i>	Supervisor's Approval <i>[Signature]</i>	Keyed by	Prepared By <i>[Signature]</i>
Date <i>1/18/06</i>	Date <i>1/20/06</i>	Date	Date <i>1/18/06</i>

CONTRACTOR COPY

2006-59 1/24/06 B13
Agreement Number: 05-75523-000
Amendment Nbr.

1. This Agreement is entered into between the State Agency and the Contractor name below:

State Agency's Name:

Department of Mental Health

Contractor's Name:

Stanislaus County Behavioral Health and Recovery

2. The Term of this Agreement is: **January 01, 2006 or upon DGS approval, through June 30, 2008**

3. The maximum amount of this agreement is: **\$11,984,839.00**
Eleven Million Nine Hundred Eighty Four Thousand Eight Hundred Thirty Nine Dollars And No

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

- | | | |
|---|---------|-------------------------|
| Exhibit A - Scope of Work | Page(s) | 8 |
| Exhibit B - Budget Detail and Payment Provision | Page(s) | 2 |
| * Exhibit C - General Terms and Conditions | Form: | GTC 306 Dated 3/23/2006 |
| Exhibit D - Special Terms and Conditions | Page(s) | 10 |

2006 NOV 26 A 10:55

*View at: <http://www.ols.dgs.ca.gov/Standard+Language/default.htm>

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

Stanislaus County Behavioral Health and Recovery

BY (Authorized Signature)

DATE SIGNED

Denise C. Hunt 3/17/07

PRINTED NAME AND TITLE OF PERSON SIGNING

Denise C. Hunt, RN, MFT., Behavioral Health Director

ADDRESS **800 Scenic Drive
Modesto, CA 95350**

STATE OF CALIFORNIA

AGENCY NAME

Department of Mental Health

BY Authorized Signature

DATE SIGNED

Elaine Bush 5/15/07

**Elaine Bush
Procurement & Contracting Officer**

ADDRESS **1600 9th Street
Sacramento, CA 95814**

California
Department of General Services
Use Only

Exempt from Compliance with the Public Contract Code, the State Administrative Manual, and from approval by the Department of General Services per section WIC 5897 (e) of the Welfare and Institutions code.

APPROVED

MAY 15 2007

THIS CONTRACT HAS BEEN FULLY APPROVED BY THE STATE OF CALIFORNIA DEPARTMENT OF MENTAL HEALTH.

FULLY EXECUTED

EXHIBIT A

OVERVIEW OF THE MENTAL HEALTH SERVICES ACT (MHSA) INTEGRATED THREE-YEAR PROGRAM AND EXPENDITURE PLAN

California voters approved Proposition 63 during the November 2004 General Election. Proposition 63, the Mental Health Services Act [hereinafter "MHSA"], became effective on January 1, 2005. Through imposition of a 1% tax on personal income in excess of \$1 million, the MHSA provides the opportunity for the State Department of Mental Health [hereinafter also "DMH" and "the Department"] to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children/youth, adults, older adults and families. Per California Code of Regulations [hereinafter "CCR"], Title 9, Chapter 14, Section 3200.060, "county" means the County Mental Health Programs, two or more counties acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code [hereinafter "W&I"] Section 5701.5. The MHSA addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology, and training elements that will effectively support the system. Components of the MHSA Integrated Three-Year Program and Expenditure Plan will include those elements required by W&I Code Section 5847 and related regulations including: Community Services and Supports [hereinafter "CSS"], Prevention and Early Intervention, Education and Training, Innovations, and Capital Facilities and Technology.

CSS means mental health and related services provided through the service delivery systems, also known as "Adult and Older Adult Systems of Care" and "Children's System of Care," found in W&I Code Sections 5800 and 5850, respectively, as well as services provided to transition-age youth, as specified in W&I Code Section 5847(c). The three types of service categories that may be funded under the MHSA CSS Component are: Full Service Partnerships, General System Development, and Outreach and Engagement, as described in CCR, Title 9, Chapter 14, Sections 3200.080, 3200.100, and 3200.130, respectively.

I. SCOPE OF WORK

Stanislaus [hereinafter "the Contractor"] agrees to provide to DMH services related to the development, implementation, and performance reporting of the MHSA through the Contractor's Three-Year Program and Expenditure Plan. This Agreement covers the CSS Component of the Contractor's Three-Year Plan.

- A. The services described in this Agreement shall be provided during the following term:
January 1, 2006, to June 30, 2008. This Agreement shall be updated on an annual basis, in accordance with W&I Code Sections 5847 and 5848 and Part V of this Agreement.
- B. The project representatives during the term of this Agreement will be:

California Department of Mental Health	Stanislaus County Behavioral Health and Recovery Services
Deputy Director	Director
Systems of Care	800 Scenic Drive
1600 9 th Street, Room 130	Modesto, CA 95350
Sacramento, CA 95814	
(916) 654-3551	

- C. Funds received pursuant to this Agreement shall be used only to implement and operate the programs and services as set forth in Part II of this Agreement, and further described in the CSS Work Plans and Information Technology (IT) Project Plans, if applicable, attached hereto as Attachments A-1 through A-11, and incorporated by reference.
- D. Funds approved as "One Time Funds" as set forth below, for non-recurring costs and IT Project Plans shall only be used for the project as approved by the Department and for no more than the amount approved.
- E. All contracted services should be performed within the state of California, except those performed within 100 miles of counties contiguous with another state. Any other services sought to be performed outside of the State of California must be approved the Department.
- F. The Contractor shall maintain at the office of the County Mental Health Director all Work Plans, IT Project Plans, budgets, and annual and other updates referenced in this Agreement. Per Government Code 8546.7, Agreements involving the expenditure of public funds in excess of ten thousand dollars must be maintained for 3 years after the final payment made pursuant to the Agreement.

II. PROGRAMS AND SERVICES FUNDED

- A. The programs and services funded through this Agreement are contained in the following 11 Work Plans, attached hereto as Attachments A-1 through A-11, and incorporated by reference:

- A-1 Westside Stanislaus Homeless Outreach
- A-2 Juvenile Justice FSP
- A-3 Senior Access and Resource Team
- A-4 Health/Mental Health High Risk Team
- A-5 Integrated Forensic Team
- A-6 TAY Drop In Center
- A-7 Community Response Team
- A-8 Families Together
- A-9 Consumer Employment and Empowerment
- A-10 Outreach and Engagement Services
- A-11 Garden Gate Crisis Outreach

B. One-Time Funds

DMH has approved funding for non-recurring costs, as specified below:

FY 2005-06

Rental Space	\$210,000
Dual Diagnosis Services	\$75,000
Furnishings & Renovations	\$108,000
Workstations	\$34,000
Trailer Expansion	\$100,000
Curriculum Materials	\$10,000
6 Cars	\$120,000
Van	\$75,000
Computer Lift	\$25,000
Drop In Center Equipment	\$50,000

Pool Table	\$ 5,000
TVs/DVDs	\$ 2,500
Implementation/Consultation	\$50,000
Kitchen Remodel	\$60,000
Fire Suppression Improvements	\$120,000

FY 2006-07

N/A

FY 2007-08

N/A

III. GENERAL ASSURANCES

- A. The Contractor is in compliance with all applicable statutes and regulations regarding Maintenance of Effort, Non-Supplantation and Allowable Use of Funds.
- B. The Local Mental Health Board or Commission has reviewed and approved procedures ensuring citizen and professional involvement in the MHSA Community Program Planning process, as set forth in W&I Code Section 5848 of the MHSA.
- C. In accordance with W&I Code Section 5848(d), the Local Mental Health Board or Commission shall review and comment upon the performance outcome data required by W&I Code Section 5604.2(a)(7).

IV. COMPLIANCE

A. Compliance with Applicable Law

The Contractor shall maintain compliance with all applicable statutes and regulations, including the program principles set forth in W&I Code Section 5813.5(d).

B. Funding Requirements

1. Maintenance of Effort

The Contractor shall maintain compliance with the requirements of W&I Code Section 17608.05 and all applicable regulations regarding Maintenance of Effort.

2. Non-Supplantation

The Contractor shall maintain compliance with all requirements contained in statute and regulation regarding Non-Supplantation.

3. Use of Funds

The Contractor shall maintain compliance with CCR, Title 9, Sections 3400 and 3405, and all other regulations regarding use of funds. The programs implemented under this Agreement must be new or expanded programs. All funds shall be used exclusively to implement and operate the services and programs, as approved by DMH and set forth in Part II of this Agreement and further described in Attachments A-1 through A-11. The

Contractor must implement all approved programs; however the Contractor may make changes in line items or in funding levels among the approved programs.

These funds may not be loaned to the state General Fund or any other fund of the State, or a county general fund or any other county fund or used for any purpose other than those authorized by W&I Code Section 5892.

4. Medi-Cal Reimbursement

When applicable, the Contractor shall comply with all requirements necessary for Medi-Cal reimbursement for mental health services provided to Medi-Cal eligible individuals, including, but not limited to, the provisions set forth in W&I Code Sections 5718 through 5724. If the Contractor has entered into an Agreement with DMH under W&I Code Section 5775 to provide Medi-Cal Specialty Mental Health Services, the Contractor shall comply with the requirements of that Agreement and the provisions of CCR, Title 9, Division 1, Chapter 11. Medi-Cal Specialty Mental Health Services are those services described in CCR, Title 9, Sections 1810.247 and 1810.345.

C. Reporting Requirements

1. Pursuant to W&I Code Section 5610(a), and applicable regulations, the Contractor shall submit Client and Service Information ["CSI"] data to DMH during the term of this Agreement. The Contractor must report CSI data to DMH as soon as possible after collection, but no later than 60 (sixty) days after the end of the monthly service reporting period. The required CSI data includes, but is not limited to, client demographic information and a description of services provided.
2. For each program or service funded by this Agreement, the Contractor shall submit quarterly progress reports which include the target numbers of people to be served or units of service to be provided for each program, and the actual numbers of people served or units of service provided for each program during the three-month period covered by the report. The quarterly progress report shall be submitted to DMH no later than 60 (sixty) days following the end of the three-month period covered by the report.
3. For IT projects supported by CSS funds, the Contractor shall submit quarterly IT project status reports. The information contained in the reports shall include, but is not limited to status of the project, including its budget, whether it is on schedule, its accomplishments, and its deliverables. The report shall also include delineation of identified risks and actions taken, or to be taken, to mitigate/remediate the risk. The quarterly IT project status report shall be submitted to DMH no later than 30 (thirty) days following the end of each three-month period covered by the report.
4. During the term of this Agreement, pursuant to W&I Code Section 5848(c), and applicable regulations, the Contractor shall submit MHSa Full Service Partnerships ["FSP"] Data Collection and Reporting (DCR) data to DMH for the purpose of measuring individual-level performance outcomes. All FSP data shall be submitted in electronic form. The Contractor shall ensure that the staff responsible for transmitting this data is trained in data collection procedure. The requirements referred to in this section do not preclude any other performance outcomes measurement required by law or regulation.

a. Initial Data

The Contractor shall collect data as soon as it begins providing services to FSP clients, including, but not limited to: general administrative data; residential status;

educational status; employment status; financial status; legal issues/status; health status; substance abuse issues; assessment of daily living functions where appropriate; and all interventions, including emergency intervention. This data shall be transmitted to DMH as soon as possible, and no later than 90 (ninety) days after the commencement of services.

b. Quarterly Assessments

Every three months, the Contractor shall conduct a quarterly assessment of each individual and submit FSP data to DMH within 90 (ninety) days of collecting the data. This data shall include, but is not limited to: general administrative data; educational status; financial status; legal issues/status; health status; substance abuse issues; and assessment of daily living functions where appropriate.

c. Changes in Key Events

The Contractor shall submit data to DMH as soon as possible, but no later than 90 (ninety) days after an FSP client experiences a change in a key event, such as a change in educational status, employment or financial status, legal status, or residential status, including hospitalization or incarceration; or following an emergency intervention. Data submitted shall include, but is not limited to the following: general administrative data; residence; educational status; employment status; legal issues/status; and a description of any and all interventions, including emergency intervention.

5. Twice annually, during two-week survey periods designated by DMH, the Contractor shall collect consumer perception data for clients served by the programs set forth in Part II A of this Agreement. The data to be collected includes, but is not limited to, the client's perceptions of the quality and results of services provided by the Contractor. The survey data shall be submitted to DMH no later than 90 (ninety) days after collection.
6. As part of the annual cost and financial reports the Contractor currently submits to DMH for all mental health programs operated by the Contractor, the Contractor shall include revenue, distribution and expenditures of MHSA funds. Complete cost and financial reports signed by the mental health director and the county's auditor-controller certifying that information submitted is true and correct and that the county is in compliance with non-supplantation requirements, shall be submitted no later than December 31 following the end of the fiscal year. The Contractor shall also submit a reconciled cost report, certified by the mental health director and the county's auditor-controller as being true and correct, no later than April 1 of the next calendar year.
7. The Contractor shall submit an Annual MHSA Revenue and Expenditure Report for each program in Part II A and B of this Agreement to DMH no later than December 31 following the end of the fiscal year. For the programs set forth in Part II A, the reports shall be itemized by program and service category and shall include, but not be limited to, the total cost of the program provided, associated administrative expenses, and the amounts and sources of revenues used to pay for the program. For the CSS related IT Projects and other approved One-Time Expenditures set forth in Part II B, the reports shall include, but not be limited to, the total cost of the program or project, and the amounts and sources of revenues used to pay for the program or project.

8. For each six-month period of this Agreement, the Contractor shall prepare a Cash Flow Statement. The statement shall include, but is not limited to, cash on hand at the beginning of the six-month period; cash flow activity; adjustments from prior periods; actual expenditures for items such as personnel, operating expenses and administration; and cash on hand at the end of the six-month period. The report shall specify if there are allowable encumbrances on remaining funds. This information must be submitted to DMH within the 30 (thirty) days following the end of each six-month period.
9. The Contractor shall provide other information required by state or federal law.
10. The Contractor shall notify DMH 90 (ninety) days prior to any change in reporting system(s) and/or change of system vendor, and cooperate with DMH to minimize any delays or problems in submitting the required data to DMH.
11. All data submitted shall be full and complete.
12. The Contractor shall make diligent efforts to minimize errors in data reported.

D. Plan of Correction

1. If, at any point during the duration of this Agreement, DMH determines that the Contractor is out of compliance with any provision in this Agreement, DMH may request a plan of correction, after providing the Contractor with written notification and the basis for the finding of noncompliance. Within 30 (thirty) days of receiving notification, the Contractor shall provide a written request for a plan of correction. The request shall include:
 - a. A statement of specific actions the Contractor will take in order to come into compliance with this Agreement;
 - b. The names of the persons responsible for completing each action; and
 - c. A date for the correction to be completed that is realistic and appropriate to the level of the deficiency or deficiencies.
2. As part of its proposed plan of correction, the Contractor may, in accordance with the provisions set forth in Part V, request an amendment of this Agreement. Any amendment to this Agreement will have prospective application only.
3. If DMH accepts the Contractor's proposed plan of correction, it shall suspend other punitive actions to give the Contractor the opportunity to come into compliance. As a condition of accepting the Contractor's proposed plan, DMH may impose additional obligations on the Contractor. DMH may monitor the Contractor's implementation of the plan of correction as necessary. Before issuing a finding of compliance, DMH may request proof that the corrective action has been successful.
4. During the period when a plan of correction is in force, the provisions of the plan of correction take precedence over provisions of this Agreement, to the extent the two differ.
5. If DMH determines that the Contractor has failed to achieve sufficient compliance, funds may be withheld, under all or part of this Agreement, until compliance is achieved.
6. If at any point during the duration of this agreement, DMH determines that the Contractor is not providing the programs and services described in the Agreement, or is not

providing programs and services in a manner consistent with the terms of the Agreement, or is using funds allocated to it through this Agreement for purposes not contained in the Agreement, DMH may withhold funding until the problem is resolved or a plan of correction is agreed upon.

E. Monitoring

Upon the Department's request, the Contractor shall provide DMH with access to any and all programs, including locations, records and staff, for the purpose of monitoring the Contractor's compliance with the terms of this Agreement.

V. AMENDMENT TO THE AGREEMENT

This Agreement may be amended through the mandatory annual update procedure set forth in this Part. In addition, the Contractor or the DMH may, at any time, request an amendment in writing. No additional MHSA funds shall be provided to the Contractor pursuant to the proposed amendment unless and until DMH has approved the Contractor's request and this Agreement has been amended in accordance with this Part.

A. Annual Updates

1. The Contractor shall submit a written annual update of the Three-Year Plan that was approved by DMH, in accordance with the requirements set forth in W&I Code Sections 5847 and 5848 and all applicable regulations. The annual update is due by or before the end of each calendar year for the prior fiscal year. Each annual update must be approved by DMH and signed by both the Contractor and DMH.
2. The annual update may include proposed modifications to this Agreement and requests for funding for new programs and/or services. Requests for modifications shall include:
 - a. A description of the proposed change, including the reasons why such a revision is required;
 - b. The number of individuals to be served;
 - c. An itemized list of proposed budgetary changes.

B. Amendments to the Agreement

The Contractor may request an amendment at any time by submitting a written request for modification to DMH. Within 60 (sixty) days of receiving a written request to modify, DMH shall either grant the request to modify; deny the request; grant the request with modifications; or inform the Contractor that additional time is required to consider the request. If DMH does not respond within 60 (sixty) days, the request is deemed denied. The Contractor may resubmit the request.

DMH may propose amending the Agreement by submitting a written proposal to the Contractor.

Unless the modification is documented in a written addendum to this Agreement signed by both the Contractor and DMH, modifications to this Agreement are not legally binding, and the Contractor shall receive no additional funds

VI. RESOLUTION OF DISPUTES

Should a dispute arise between the Contractor and DMH relating to performance under this Agreement, other than disputes governed by the dispute resolution process set forth in CCR, Title 9, Division 1, Chapter 11, the Contractor shall, prior to exercising any other remedy that may be available, file a "Notice of Dispute" with DMH within 10 (ten) days of discovery of the problem. Within 10 (ten) days, DMH shall meet with the Contractor, review the factors in the dispute, and recommend a means for resolving the dispute before a written response is provided to the Contractor. DMH shall provide a written response to the Contractor within 30 (thirty) days of the meeting. The decision of DMH shall be final.

In the event of a dispute, the language contained in this Agreement shall prevail over any other language, including that contained in the Contractor's Three-Year Plan.

The Contractor and DMH shall continue to perform their duties and obligations under this Agreement during any dispute.

EXHIBIT B

BUDGET DETAIL AND PAYMENT PROVISIONS

I. PAYMENT PROVISIONS

A. Payment

1. Upon the approval date of this Agreement, DMH shall distribute MHSA funds to the Contractor on a quarterly basis one month in advance of the start of each quarter. Quarterly payments will be discontinued if the Contractor is delinquent in submitting the reports required by Exhibit A, Part IV. C and will resume when the required documents and/or information are received. DMH will monitor the Contractor's amount of cash on hand for on-going operations for each component of the MHSA and distributions of funds may be adjusted based on the amount of cash on hand.
2. If the Contractor participates in Medi-Cal mental health programs as a Mental Health Plan, the Contractor shall comply with the requirements and provisions applicable to Medi-Cal Mental Health Managed Care contained or referenced in regulations, policies and statute, and Medi-Cal Mental Health Managed Care Agreement.
3. If the Contractor is eligible and chooses to participate in the Mental Health Medi-Cal Administrative Activities ["MAA"] claiming process, the Contractor agrees to submit claims only for those activities included and defined within the Contractor's Mental Health MAA Claiming Plan as approved by DMH, the Department of Health Services ["DHS"], and the federal Center for Medicare and Medicaid Services ["CMS"]. The Contractor agrees to comply with all applicable federal statutes and regulations and, with the exception of the approved MAA activities and claiming policies that are unique for mental health programs, agrees in all other respects to comply with W&I Code Section 14132.47 and MAA Regulations promulgated by DHS in the CCR, Title 22.

B. Budget Contingencies

1. DMH may adjust or revise the Contractor's planning estimate to provide for increases or decreases in the amount of funds expected to be available for the Contractor's approved programs. The contractor may submit a revised budget plan and request an amendment to this agreement to change or alter its proposed programs to adjust to the revised planning estimate of funds available.
2. If there is insufficient money available in the Fund to implement or operate the programs funded by this Agreement or to fund the amount of the annual planning estimate, DMH, with the input of the California Mental Health Directors Association, may revise the planning estimate or may decide to use some or all of the prudent reserve to fund the approved programs. Decisions to use the prudent reserve will be made on a statewide basis.
3. If funds, including the prudent reserve, are not sufficient to implement and/or operate a program or provide a service, those provisions of this Agreement addressing that program or service shall be void and shall have no further force or effect. Neither DMH nor the State shall have any duty to provide funds to the Contractor for that program or service, and the Contractor shall have no obligation to perform those programs or services. If funds are insufficient to implement and/or operate the Agreement, the Agreement shall be void and shall have no further force or effect.

C. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

II. BUDGET DETAIL FOR THE MHSA INTEGRATED THREE-YEAR PROGRAM AND EXPENDITURE PLAN COMPONENTS

A. Community Services and Supports

A summary of the Contractor's CSS funding amounts for FY 2005-06, 2006-07, and 2007-08 are provided below:

FY 2005-06

TYPE OF FUNDING	TOTALS
Services	\$2,100,000
CSS related IT funding	\$ 0
One-Time Funds	
• Rental Space	\$210,000
• Dual Diagnosis Services	\$75,000
• Furnishings & Renovations	\$108,000
• Workstations	\$34,000
• Trailer Expansion	\$100,000
• Curriculum Materials	\$10,000
• 6 Cars	\$120,000
• Van	\$75,000
• Computer Lift	\$25,000
• Drop In Center Equipment	\$50,000
• Pool Table	\$ 5,000
• TVs/DVDs	\$ 2,500
• Implementation/Consultation	\$50,000
• Kitchen Remodel	\$60,000
• Fire Suppression Improvements	\$120,000
One-Time Funds Sub Total	\$1,044,500
Total Budget	\$3,144,500

FY 2006-07

TYPE OF FUNDING	TOTALS
Services	\$4,293,970
CSS related IT funding	\$ 0
One-Time Funds	
One-Time Funds Sub Total	\$ 0
Total Budget	\$4,293,970

FY 2007-08

TYPE OF FUNDING	TOTALS
Services	\$4,546,369
CSS related IT funding	\$ 0
One-Time Funds	
One-Time Funds Sub Total	\$ 0
Total Budget	\$4,546,369

EXHIBIT D

SPECIAL TERMS AND CONDITIONS

I. RELATIONSHIP OF THE PARTIES

The Department and the Contractor are, and shall at all times be deemed, independent agencies. Each party to this Agreement shall be wholly responsible for the manner in which it performs the obligations and services required of it by the terms of this Agreement. Nothing herein will be construed as creating the relationship of employer and employee, or principal and agent, between the parties or any of their agents or employees. Each party assumes exclusively the responsibility for the acts of its employees or agents as they relate to the services to be provided during the course and scope of their employment. The Department, its agents and employees, shall not be entitled to any rights or privileges of the Contractor's employees and shall not be considered in any manner to be employees of the Contractor. The Contractor, its agents and employees, shall not be entitled to any rights or privileges of state employees and shall not be considered in any manner to be state employees.

II. LAW GOVERNING

It is understood and agreed that this Agreement shall be governed by the laws of the State of California, both as to interpretation and performance.

III. SUBCONTRACTS

Nothing contained in this Agreement or otherwise, shall create any contractual relationship between the State and any subcontractors, and no subcontract shall relieve the Contractor of the responsibilities and obligations hereunder. The Contractor agrees to be as fully responsible to the State for the acts and omissions of its subcontractors and of persons either directly or indirectly employed by any of them as it is for the acts and omissions of persons directly employed by the Contractor. As a result, the State shall have no obligation to pay or to enforce the payment of any moneys to any subcontractor.

IV. CONSULTANTS

The Contractor represents that it has or shall secure at its own expense, all staff required to perform the services described in this Agreement. Such personnel are not deemed to be employees of or have any contractual relationship with DMH or the State of California by virtue of such an arrangement with the Contractor.

V. TERMINATION

Either party may terminate this Agreement by giving 60 (sixty) days written notice to the other party. The notice of termination shall specify the effective date of termination.

Upon the Contractor's receipt of notice of termination from the Department, and except as otherwise directed in the notice, the Contractor shall:

- A. Stop work on the date specified in the notice;

- B. Place no further orders or enter into any further subcontracts for materials, services or facilities except as necessary to complete work under the Agreement up to effective date of termination;
- C. Terminate all orders and subcontracts;
- D. Promptly take all other reasonable and feasible steps to minimize any additional cost, loss, or expenditure associated with work terminated, including but not limited to, reasonable settlement of all outstanding liability and claims arising out of termination of orders and subcontracts; and
- E. Deliver or make available to DMH all data, drawings, specifications, reports, estimates, summaries, and such other information and materials as may have been accumulated by the Contractor under this Agreement, whether completed, partially completed, or in progress.

In the event of termination, an equitable adjustment in the price provided for this Agreement shall be made. Such adjustment shall include reasonable compensation for all services rendered, materials, supplies, and expenses incurred pursuant to this Agreement prior to the effective date of termination.

VI. CONFIDENTIALITY

A. Confidentiality of Client Information and Medical Records

1. As a covered entity performing joint operation of a government function, the Contractor shall comply with applicable laws and regulations, including but not limited to Sections 14100.2 and 5328 et seq. of the Welfare and Institutions Code, Section 431.300 et seq. of Title 42, Code of Federal Regulations, and the Health Insurance Portability and Accountability Act (HIPAA), including but not limited to Section 1320 D et seq. of Title 42, United States Code and its implementing regulations (including but not limited to Title 45, CFR, Parts 142, 160, 162 and 164) regarding the confidentiality and security of protected health information (PHI).
2. Permitted Uses and Disclosures of PHI by the Contractor.
 - A. *Permitted Uses and Disclosures.* Except as otherwise provided in this Agreement, the Contractor, may use or disclose protected health information to perform functions, activities or services identified in this Agreement for, or on behalf of the DMH provided that such use or disclosure would not violate the Health Insurance Portability and Accountability Act (HIPAA), (U.S.C. 1320d et seq.), and its implementing regulations including but not limited to 45 Code of Federal Regulations parts 142, 160, 162 and 164, hereinafter referred to as the Privacy Rule, if done by DMH.
 - B. *Specific Uses and Disclosures Provisions.* Except as otherwise indicated in the Agreement, the Contractor may:
 1. *Use and disclose for management and administration.* Use and disclose PHI for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor, provided that the disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware that the confidentiality of the information has been breached.
 2. *Provision of Data Aggregation Services.* Use PHI to provide data aggregation services to DMH. Data aggregation means the combining of PHI created or received by the Contractor on behalf of DMH with PHI received by the Contractor in its

capacity as the Contractor of another covered entity, to permit data analyses that relate to the health care operations of DMH.

3. Responsibilities of the Contractor.

The Contractor agrees:

- A. *Nondisclosure.* Not to use or disclose Protected Health Information (PHI) other than as permitted or required by this Agreement or as required by law.
- B. *Safeguards.* To use appropriate safeguards to prevent use or disclosure of PHI other than provided for by this Agreement. The Contractor shall develop and maintain an information privacy and security program that includes the implementation of administrative, technical, and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities. The information privacy and security programs must reasonably and appropriately protect the confidentiality, integrity, and availability of the PHI, including electronic PHI, that it creates, receives, maintains, or transmits; and prevent the use or disclosure of PHI other than as provided for by this Agreement. The Contractor shall provide DMH with information concerning such safeguards as DMH may reasonably request from time to time.

The Contractor shall restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only. In accordance with the State Administrative Manual (SAM) Section 4841.2, DMH must include the following requirements in all contracts with non-state entities:

The Contractor shall implement strong password controls on all compatible computing systems that are consistent with the National Institute of Standards and Technology (NIST) Special Publication 800-68 and the SANS Institute Password Protection Policy.

The Contractor shall:

- A. Implement the following security controls on each server, workstation, or portable (e.g., laptop computer) computing device that processes or stores confidential, personal, or sensitive data:
 - 1. Network-based firewall and/or personal firewall
 - 2. Continuously updated anti-virus software
 - 3. Patch-management process including installation of all operating system/software vendor security patches
- B. Utilize a commercial encryption solution that has received FIPS 140-2 validation to encrypt all confidential, personal, or sensitive data stored on portable electronic media (including, but not limited to, CDs and thumb drives) and on portable computing devices (including, but not limited to, laptop computers and PDAs).

The Contractor shall not transmit confidential, personal, or sensitive data via e-mail or other Internet transport protocol over a public network unless the data is encrypted by a solution that has been validated as conforming to the Advanced Encryption Standard (AES) Algorithm by the National Institute of Standards and Technology (NIST).

- C. *Mitigation of Harmful Effects.* To mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use or disclosure of PHI by Contractor or its subcontractors in violation of the requirements of this Agreement.
- D. *Reporting of Improper Disclosures.* To report to DMH within twenty-four (24) hours during a work week, of discovery by Contractor that PHI has been used or disclosed other than as provided for by this Agreement.
- E. *Agents and Subcontractors of the Contractor.* To ensure that any agent, including a subcontractor to which the Contractor provides PHI received from, or created or received by the Contractor on behalf of DMH, shall comply with the same restrictions and conditions that apply through this Agreement to the Contractor with respect to such information.
- F. *Internal Practices.* To make Contractor's internal practices, books and records relating to the use and disclose of PHI received from DMH, or created or received by the Contractor on behalf of DMH, available to DMH or to the Secretary of the U.S. Department of Health and Human Services in a time and manner designated by DMH or by the Secretary, for purposes of determining DMH's compliance with the HIPAA regulations.
- G. *Notification of Electronic Breach or Improper Disclosure.* During the term of this Agreement, Contractor shall notify DMH immediately upon discovery of any breach of Medi-Cal PHI and/or data, where the information and/or data is reasonably believed to have been acquired by an unauthorized person. Immediate notification shall be made to the DMH Information Security Officer, within two business days of discovery, at (916) 651-6776. Contractor shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations. Contractor shall investigate such breach and provide a written report of the investigation to the DMH Information Security Officer, postmarked within thirty (30) working days of the discovery of the breach to the address below:

**Information Security Officer
Office of HIPAA Compliance
California Department of Mental Health
1600 9th Street, Room 150
Sacramento, CA 95814**

- H. *Employee Training and Discipline.* To train and use reasonable measures to ensure compliance with the requirements of this Agreement by employees who assist in the performance of functions or activities on behalf of DMH under this Agreement and use or disclose PHI; and discipline such employees who intentionally violate any provisions of this Agreement, including by termination of employment.
4. Audits, Inspection and Enforcement.

From time to time, DMH may inspect the facilities, systems, books and records of Contractor to monitor compliance with this Agreement. Contractor shall promptly remedy any violation of any provision of this Agreement and shall certify the same to the DMH Information Security Officer in writing. The fact that DMH inspects, or fails to inspect, or has the right to inspect, Contractor's facilities, systems and procedures does not relieve Contractor of its responsibilities to comply with this Agreement, nor does DMH's:

- A. Failure to detect or

- B. Detection, but failure to notify Contractor or require Contractor's remediation of any unsatisfactory practices constitutes acceptance of such practice or a waiver of DMH's enforcement rights under this Agreement.

5. Termination.

- A. *Termination for Cause.* Upon DMH's knowledge of a material breach of this Agreement by Contractor, DMH shall either:

1. Provide an opportunity for Contractor to cure the breach or end the violation and terminate this Agreement if Contractor does not cure the breach or end the violation within the time specified by DMH.
2. Immediately terminate this Agreement if Contractor has breached a material term of this Agreement and cure is not possible; or
3. If neither cure nor termination is feasible, the DMH Information Security Officer shall report the violation to the Secretary of the U.S. Department of Health and Human Services.

- B. *Judicial or Administrative Proceedings.* DMH may terminate this Agreement, effective immediately, if (i) Contractor is found guilty in a civil or criminal proceeding for a violation of the HIPAA Privacy or Security Rule or (ii) a finding or stipulation that the Contractor has violated a privacy or security standard or requirement of HIPAA, or other security or privacy laws is made in an administrative or civil proceeding in which the Contractor is a party.

1. *Effect of Termination.* Upon termination or expiration of this Agreement for any reason, Contractor shall return or destroy all PHI received from DMH (or created or received by Contractor on behalf of DMH) that Contractor still maintains in any form, and shall retain no copies of such PHI or, if return or destruction is not feasible, it shall continue to extend the protections of this Agreement to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Contractor.

6. Miscellaneous Provisions.

- A. *Disclaimer.* DMH makes no warranty or representation that compliance by Contractor with this Agreement, HIPAA or the HIPAA regulations will be adequate or satisfactory for Contractor's own purposes or that any information in the Contractor's possession or control, or transmitted or received by the Contractor, is or will be secure from unauthorized use or disclosure. Contractor is solely responsible for all decisions made by Contractor regarding the safeguarding of PHI.
- B. *Amendment.* The parties acknowledge that Federal and State laws relating to electronic data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HIPAA regulations and other applicable laws relating to the security or privacy of PHI. Upon DMH's request, Contractor agrees to promptly enter into an amendment providing assurances regarding the safeguarding of PHI that DMH in its sole discretion deems sufficient to satisfy the standards and requirements of HIPAA and the HIPAA regulations.

- C. *Assistance in Litigation or Administrative Proceedings.* Contractor shall make itself, and use its best efforts to make any subcontractors, employees or agents assisting Contractor in the performance of its obligations under this Agreement, available to DMH at no cost to DMH to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against DMH, its directors, officers or employees for claimed violation of HIPAA, the HIPAA regulations or other laws relating to security and privacy based upon actions or inactions of the Contractor and/or its subcontractor, employee, or agent, except where Contractor or its subcontractor, employee, or agent is a named adverse party.
- D. *No Third-Party Beneficiaries.* Nothing expressed or implied in the terms and conditions of this Agreement is intended to confer, nor shall anything herein confer, upon any person other than DMH or Contractor and their respective successors or assignees, any rights remedies, obligations or liabilities whatsoever.
- E. *Interpretation.* The terms and conditions in this Agreement shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of this Agreement shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.
- F. *Regulatory References.* A reference in the terms and conditions of this Agreement to a section in the HIPAA regulations means the section as in effect or as amended.
- G. *Survival.* The respective rights and obligations of Contractor under Section 6.C of this Agreement shall survive the termination or expiration of this Agreement.
- H. *No Waiver of Obligations.* No change, waiver or discharge of any liability or obligation hereunder on any one or more occasions shall be deemed a waiver of performance of any continuing or other obligation, or shall prohibit enforcement of any obligation, on any other occasion.

B. Confidentiality of Data and Documents

1. Except as otherwise required by law, the Contractor shall not disclose data or documents or disseminate the contents of the final or any preliminary report without express permission of the Department.
1. Permission to disclose information or documents on one occasion or at public hearings held by the Department relating to the same shall not authorize the Contractor to further disclose such information or documents on any other occasion, except as otherwise required by law.
2. The Contractor shall not comment publicly to the Press or any other media regarding the data or documents generated, collected, or produced in connection with this Agreement, or the Department's actions on the same, except to the Department's staff, the Contractor's own personnel involved in the performance of this Agreement, at a public hearing, or in response to questions from a legislative committee.
3. If requested by the Department, the Contractor shall require each of its employees or officers who will be involved in the performance of this Agreement to agree to the above terms in a form to be approved by the Department and shall supply the Department with evidence thereof.
4. Each subcontract shall contain the foregoing provisions related to the confidentiality of data and nondisclosure of the same.

5. After any data or documents submitted has become a part of the public records of the State, the Contractor may, if it wishes to do so, at its own expense and upon approval by the Department, publish or utilize the same but shall include the following legend:

LEGAL NOTICE

This report was prepared as an account of work sponsored by DMH, but does not necessarily represent the views of the Department or any of its employees except to the extent, if any, that it has formally been approved by the Department. For information regarding any such action, communicate directly with the Department at P.O. Box 952050, Sacramento, California, 94252-2050. Neither DMH, nor the State of California, nor any officer or employee thereof, nor any of its contractors or subcontractors, makes any warranty, express or implied, or assumes any legal liability whatsoever for the contents of this document. Nor does any party represent that use of the data contained herein would not infringe upon privately owned rights without obtaining permission or authorization from any party who has any rights in connection with the data.

VII. PROVISIONS RELATING TO DATA

- A. "Data" as used in this Agreement means recorded information, regardless of form or characteristics, of a scientific or technical nature. It may, for example, document research, experimental, developmental or engineering work; or be usable or be used to define a design or process; or support a premise or conclusion asserted in any deliverable document called for by this Agreement. The data may be graphic or pictorial delineations in media, such as drawings or photographs, charts, tables, mathematical modes, collections or extrapolations of data or information, etc. It may be in machine form, as punched cards, magnetic tape, computer printouts, or may be retained in computer memory.
- B. "Proprietary data" is such data as the Contractor has identified in a satisfactory manner as being under the Contractor's control prior to commencement of performance of this Agreement and which has been reasonably demonstrated as being of a proprietary force and effect at the time this Agreement is commenced.
- C. "Generated data" is that data that a Contractor has collected, collated, recorded, deduced, read out or postulated for utilization in the performance of this Agreement. Any electronic data processing program, model or software system developed or substantially modified by the Contractor in the performance of this Agreement at State expense, together with complete documentation thereof, shall be treated in the same manner as generated data.
- D. "Deliverable data" is that data which under terms of this Agreement is required to be delivered to the Department. Such data shall be the property of the Department.
- E. "Generated data" shall be the property of the Department unless and only to the extent that it is specifically provided otherwise herein or by agreement of DMH and the Contractor.
- F. The title to the Contractor's proprietary data shall remain in the Contractor's possession throughout the term of this Agreement and thereafter. As to generated data which is reserved to the Contractor by express terms of this Agreement and as to any preexisting or proprietary data which has been utilized to support any premise, postulate or conclusion referred to or expressed in any deliverable hereunder, the Contractor shall preserve the same in a form which may be introduced in evidence in a court of competent jurisdiction at the Contractor's own expense for a period of not less than three years after receipt by the State of the final report or termination of this Agreement and any and all amendments hereto, or for three years after the conclusion or resolution of any and all audits or litigation relevant to this Contract, whichever is later.

- G. Prior to the expiration of such time, and before changing the form of or destroying any such data, the Contractor shall notify the Department of any such contemplated action; and the Department may, within 30 (thirty) days after said notification, determine whether it desires said data to be further preserved and, if the Department so elects, the expense of further preservation of said data shall be paid for by the Department. The Contractor agrees that the Department shall have unrestricted reasonable access to the same during said three-year period and throughout the time during which said data is preserved in accordance with this Agreement, and the Contractor agrees to use best efforts to furnish competent witnesses or to identify such competent witnesses to testify in any court of law regarding said data.

VIII. CHANGES IN TIME FOR PERFORMANCE OF TASKS

The time for performance of the tasks and items within the budget, but not the total Agreement price, may be changed with the prior written approval of the Department. However, the date for completion of performance and the total Agreement price, as well as all other terms not specifically accepted may be altered only by formal amendment of this Agreement.

IX. PATIENTS' RIGHTS

The parties to this Agreement shall comply with all applicable laws and regulations relating to patients' rights.

X. WAIVER

No waiver of any breach of this Agreement shall be held to be a waiver of any other or subsequent breach. All remedies afforded in this Agreement shall be taken and construed as cumulative; that is, in addition to every other remedy provided therein or by law. The failure of the Department to enforce at any time the provisions of this Agreement, or to require at any time performance by the Contractor of any of the provisions, shall in no way be construed to be a waiver of such provisions not to affect the validity of this Agreement or the right of the Department to enforce said provisions.

XI. CONTRACT IS COMPLETE

Other than as specified herein, no document or communication passing between the parties hereto shall be deemed a part of this Agreement.

XII. CAPTIONS

The clause headings appearing in this Agreement have been inserted for the purpose of convenience and ready reference. They do no purport to and shall not be deemed to define, limit or extend the scope or intent of the clauses to which they pertain.

XIII. PUBLIC HEARINGS

If public hearings on the subject matter dealt with in this Agreement are held within one year from the contract expiration date, the Contractor will make available to testify the personnel assigned to this Agreement at the hourly rates specified in the Contractor's proposed budget.

XIV. FORCE MAJEURE

Neither the State nor the Contractor shall be deemed to be in default in the performance of the terms of this Agreement if either party is prevented from performing the terms of this Agreement by causes beyond its control, including and without being limited to: acts of God, interference, rulings or decisions by municipal, Federal, State or other governmental agencies, boards or commissions; any laws and/or regulations of such municipal, State, Federal, or other governmental bodies; or any catastrophe resulting from flood, fire, explosion, or other causes beyond the control of the defaulting party. If any of the stated contingencies occur, the party delayed by force majeure shall as soon as reasonably possible give the other parties written notice of the cause of delay. The party delayed by force majeure shall use reasonable diligence to correct the cause of the delay, if correctable, and if the condition that caused the delay is corrected, the party delayed shall immediately give the other parties written notice thereof and shall resume performance under this Agreement.

XV. PERMITS AND LICENSES

The Contractor shall procure and keep in full force and effect during the term of this Agreement all permits, registrations and licenses necessary to accomplish the work specified in this Agreement, and give all notices necessary and incident to the lawful prosecution of the work.

The Contractor shall keep informed of, observe, comply with, and cause all of its agents and employees to observe and comply with all prevailing Federal, State, and local laws, and rules and regulations made pursuant to said Federal, State, and local laws, which in any way affect the conduct of the work of this Agreement. If any conflict arises between provisions of the plans and specifications and any such law above referred to, then the Contractor shall immediately notify the Department in writing.

XVI. LITIGATION

The Department, promptly after receiving notice thereof, shall notify the Contractor in writing of the commencement of any claim, suit, or action against the Department or its officers or employees for which the contractor must provide indemnification under this Agreement. The failure of the Department to give such notice, information, authorization or assistance shall not relieve the Contractor of its indemnification obligations. The Contractor shall promptly notify the Department of any claim or action against it which affects, or may affect, this Agreement, the terms and conditions hereunder, or the Department, and shall take such action with respect to said claim or action which is consistent with the terms of this Agreement and the interest of the Department.

XVII. SEVERABILITY

If any provision of this Agreement is held invalid by a court of competent jurisdiction, such invalidity shall not affect any other provision of this Agreement and the remainder of this Agreement shall remain in full force and effect. Therefore, the provisions of this Agreement are and shall be deemed to be severable.

XVIII. PUBLIC CONTRACT CODE

The Contractor is advised that provisions of Public Contract Code Sections 10355 through 10382 pertaining to the duties, obligations and rights of a consultant service contractor are applicable to this Agreement.

XIX. WAIVER OF DEFAULT

Waiver of any default will not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Agreement will not be deemed to be a waiver of any other or subsequent breach, and will not be construed to be a modification of this Agreement.

XX. CONFLICT OF INTEREST CERTIFICATION

In accordance with State laws and Departmental policy, no employees (including contractors) shall participate in incompatible activities which are in conflict with their job duties. In addition, State law requires employees whose positions are designated in the Department's Conflict of Interest Code to file statements of economic interest. Employees whose positions have been designated will be notified by the department if a statement is required.

In signing this contract, I certify that I have read and understand the following:

GOVERNMENT CODE 19990: A state officer or employee shall not engage in any employment, activity, or enterprise, which is clearly inconsistent, incompatible, in conflict with, or inimical to his or her duties as a state officer or employee.

Each appointing power shall determine, subject to approval of the Department, those activities that, for employees under its jurisdiction, are inconsistent, incompatible or in conflict with their duties as state officers or employees. Activities and enterprises deemed to fall in these categories shall include, but not be limited to all of the following:

1. Using the prestige or influence of the State or the appointing authority for the private gain or advantage of the officer or employee, or the private gain of another.
2. Using, or having access to, confidential information available by virtue of state employment for private gain or advantage or providing confidential information to persons to whom issuance of this information has not been authorized.
3. Receiving or accepting money or any other consideration from anyone other than the State for the performance of his or her duties as a state officer or employee.
4. Performance of an act in other than his or her capacity as a state officer or employee knowing that the act may later be subject, directly or indirectly to the control, inspection, review, audit, or enforcement by the officer or employee.
5. Receiving or accepting, directly or indirectly, any gift, including money, or any service, gratuity, favor, entertainment, hospitality, loan, or any other thing of value from anyone who is doing or is seeking to do business of any kind with the officer's or employee's appointing authority or whose activities are regulated or controlled by the appointing authority under circumstances from which it reasonably could be substantiated that the gift was intended to influence the officer or employee in his or her official duties or was intended as a reward for any official actions performed by the officer or employee.
6. Subject to any other laws, rules, or regulations as pertain thereto, not devoting his or her full time, attention, and efforts to his or her state office or employment during his or her hours of duty as a state officer or employee.

ATTACHMENT A-1: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

<p>County: Stanislaus</p>	<p>Fiscal Year: 2005-2006</p>	<p>Program Work Plan Name: Westside Stanislaus Homeless Outreach Program</p>
<p>Program Work Plan #: FSP-01</p>		<p>Estimated Start Date: January 2006</p>
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This will be an expansion to the existing Stanislaus Homeless Outreach Program (SHOP) program by 40 members, increasing the number of consumers that can be served at one time, from 140 to 180. This expansion will primarily be providing culturally and linguistically appropriate services to locally unserved and underserved racially and ethnically diverse consumers. Over three years, program capacity will exceed the number served annually due to admissions and discharges. This program will provide integrated, intensive community services and supports, with 24 hour a day, 7 day a week availability, utilizing a team approach with consumers and family members as team members. The program will utilize the "housing and employment first" approach, with a recovery and client and family centered focus. This service team will be a part of the larger Adult System of Care (ASOC), which includes additional housing resources, respite care, and wellness recovery services. Recovery oriented services are available to all clients who receive services in the ASOC. Collaboration with and outreach to the local underserved communities will be a critical part of this program, as well as collaboration with other agencies including, but not limited to, the Salvation Army, Golden Valley Health Clinics (a Federally Qualified Health Clinic), and the Modesto Police Department. Eight to ten consumers served by this program expansion will be individuals referred by Golden Valley Health Clinics. Golden Valley Health Clinics serves a high percentage of Latino individuals with co-occurring serious mental health/physical health problems.</p> <p>Goals of the program will be a reduction in homelessness, a reduction in incarceration, a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, and an increase in employment and social community supports.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The priority population will be individuals with serious mental illness who are homeless or at risk of being homeless and/or have co-occurring alcohol and other drug problems and/or physical health problems. The population identified for this service are among the unserved and underserved who live on the Westside of Modesto, South Modesto, and whose race or ethnicity is Latino, African American, Native American or Southeast Asian (Asian/Pacific Islander).</p>	

Describe strategies to be used. Funding Types requested (check all that apply), Age Groups to be served.(check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated service agency, which provides or brokers all needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive community services and supports team, providing services to consumers where they live, 24 hours a day, 7 days a week; includes consumers and family members as team members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supportive housing; temporary and permanent supportive housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate services to reach underserved populations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Racial and ethnic specific outreach to eliminate disparities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Vocational Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Development of housing options	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach services to persons who are homeless	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHMENT A-2: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Juvenile Justice Full Service Partnership Program
Program Work Plan # FSP-02		Estimated Start Date: January 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Stanislaus County Behavioral Health and Recovery Services (BHRS) has been working collaboratively and successfully with the Stanislaus County Probation Department since the early 1990's. This Full Service Partnership Program (FSP) adds a new component and significantly expands the already successful Juvenile Justice Mental Health Program.</p> <p>The program will provide 24 hour a day, 7 day a week crisis response services and on-site intensive mental health services in the Juvenile Justice Mental Health Program to a new group of 25 high-risk youth (primarily ages 13 to 19) and their families. Over three years program capacity, will exceed the number served annually due to admissions and discharges. All of the targeted youth have a diagnosis of a serious emotional disturbance and are on formal or informal probation. The high-risk youth targeted for this FSP have historically been "hard to engage" and have not responded to traditional levels of mental health services. As a result, they tend to become more seriously ill, have more aggressive behavior and higher rates of incarceration and institutionalization. The FSP will be designed to do "whatever it takes" to engage with these seriously emotionally disturbed youth.</p> <p>Goals of the program: are to reduce recidivism, to reduce out-of-home placement, to reduce homelessness and to reduce involuntary hospitalization and institutionalization.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>There are many high-risk youth, with serious emotional disturbance, who become involved in the Juvenile Justice System and who continue to be seriously underserved. Many of these youth are from racially and ethnically diverse communities. Most of them are uninsured or underinsured. The majority of these youth live in families that are difficult to engage. Many of them come from closed family systems that are resistant to interaction with outside influences. Oftentimes, domestic violence is present in the family system, as well as gang involvement and multi-generational incarceration.</p> <p>This program will serve high-risk youth who have not responded to attempts at engagement in traditional levels of service and who come from the above-mentioned types of family environments. Due to the severity of the serious emotional disturbance, the levels of aggression involved in the crimes committed and continued recidivism; these youth are often made formal wards of the court and are at persistent risk of out-of-home placement.</p>	

Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Youth involvement in planning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culture and gender specific services in the community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and support in the community and at home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis services 24 hours a day, 7 days a week, mobile crisis response	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education for youth and families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-site services at Juvenile Probation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services located in racially and ethnically diverse communities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated services and supports with co-occurring services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values driven, evidence-based clinical services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive family partnership educational opportunities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent partnerships	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based collaboration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-3: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Senior Access and Resource Team
Program Work Plan #: FSP-03		Estimated Start Date: January 2006
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The proposed service Senior Access and Resource Team (SART) is a new full service partnership program based on the successful implementation and outcomes of the Older Adult Demonstration Project. Older Adult Demonstration Project was a three-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant through the State Department of Mental Health from 2001 to 2004. The Senior Access and Resource Team (SART) will include a Psychiatric Nurse and a Mental Health Clinician, a Program Coordinator, and two consumer and/or family member positions. SART is a Full Service Partnership (FSP) program, designed to "do whatever it takes" to enable individuals to attain their goals. Over three years, program capacity will exceed the number served annually due to admissions and discharges. Each individual with serious mental illness identified, as part of the initial full service population will be offered a partnership with SART and will develop an individualized services and support plan.</p> <p>SART will provide a comprehensive assessment process utilizing a standardized tool, the Geriatric Field Screening Protocol (GFSP). This tool allows for a standardized full biopsychosocial assessment, including identification of co-occurring disorders (both substance abuse and physical health problems). Included in the assessment is family involvement, so that the consumer and family can be given sufficient information to allow for informed choices regarding available services. All fully served consumers will have an assigned service coordinator from the team to ensure continuity, as well as to allow for a relationship to develop. The staff members will be readily available to the clients and family routinely, as well as on a 24 hour a day, 7 day a week basis by means of team coverage after regular hours.</p> <p>All staff will be culturally competent and be aware of community resources within a client's cultural, racial, or ethnic community. In order to begin to address community stakeholders' desire for a Senior Resource Center, the SART team will have an outreach and supportive resource component. This aspect of the FSP will involve employing consumers and family members to work in two resource specialist positions. These two resource specialists will provide outreach, engagement and supportive services for</p>	

	<p>individuals with serious mental illness who may not yet be receiving services from the FSP, but who need these services and who may be receiving services from an agency in their community, e.g., Family Resource Centers, Area Agency on Aging senior service offices, health clinics, etc. Many of these sites are located in ethnically diverse neighborhoods.</p> <p>Full service partners will have various choices around service availability, which may include some variation of the following: group therapy, individual therapy, peer counseling, medication services and linkage services. A special focus will be on assessment, service planning and the identification and treatment of consumers with co-occurring disorders. As the Demonstration Project identified, seniors often will benefit from focused interventions and may return to other existing support services in the community.</p> <p>Goals of the program will be a reduction in homelessness, a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, reduction in isolation, and an increase in community functioning and in social community supports.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The identified population will be 50 older adults (60 years and older) with serious mental illness (SMI) and functional impairments. This includes older adults with co-occurring substance abuse disorders and/ or other physical health conditions.</p> <p>These are individuals who are not currently being fully served and are experiencing a reduction in functioning level. They may be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care or are frequent users of emergency room services. If older adults are so underserved that they may be at risk of any of the above-mentioned categories, they would also qualify for this FSP. Transition age older adults (approximately age 55 through 59) may be included under the older adult programs when appropriate (i.e., at risk of any of the above-mentioned categories). Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics (a Federally Qualified Health Clinic), who serve a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.</p>

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated assessment teams will provide skilled geropsychiatric assessment and comprehensive services, to include group therapies (Cognitive Behavioral Therapy, psycho educational groups, and Process), case management services, linkages to other necessary services provide throughout the County	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Self directed care-planning processes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Mobile services to reach clients unable to access services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Access to Personal Service Coordinators 24 hours a day, 7 days a week	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Integrated physical and mental health services, including co-location in health care settings and primary care settings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Joint service planning in collaboration with other senior service providers- collaboration (Multi-Disciplinary Teams)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Education for clients, family and caregivers. Client/Family employees to be co-located with existing senior service providers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

ATTACHMENT A-4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Health/Mental Health High Risk Team
Program Work Plan #: FSP-04		Estimated Start Date: January 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>The Health/Mental Health High Risk Team will provide intensive, integrated services to 50 individuals who have both a serious mental illness and significant co-occurring health conditions, e.g., diabetes mellitus (DM), hypertension (HTN), that require ongoing, and often frequent and costly, treatment from primary care providers as well as cooperation from the individual to remain stable. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by the psychotropic medications prescribed to consumers will be the focus of this collaborative team approach. Whenever possible, evidence-based, disease management "protocols" will be used to support education with consumers and family members. Over three years, program capacity will exceed the number that the program is designed to serve annually due to admissions and discharges.</p> <p>This program will incorporate close collaboration with community public and private health entities. Focusing on the primary care settings as referral sources will also allow outreach to individuals from racially and ethnically diverse populations that are reluctant to seek services in traditional mental health settings. Ten consumers served by this program will be individuals referred by Golden Valley Health Clinics (a Federally Qualified Health Clinic), which serves a high percentage of Latino individuals with co-occurring serious mental health and physical health problems.</p> <p>Consumers will be linked to existing community support groups and will be assisted in developing peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both consumers and families will receive education regarding the management of both health and mental health issues, with a focus on reducing stigma, instilling hope, and reducing symptoms in both health and mental health areas to allow optimal functioning. Service to consumers being served in this program will include 24 hour a day, 7 day a week support, and a "what ever it takes" approach to service delivery.</p> <p>Goals of the program will be a reduction in hospitalization, a reduction in emergency room visits, a reduction in institutionalization, decrease in isolation, increase in ability to manage well being and independence. It is expected that the following goals will also be impacted for consumers receiving these services; decrease in homelessness, decrease in incarceration, increase in employment and social community supports.</p>	

<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>Both adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness are the populations identified for this team. The priority population will be individuals who are primarily uninsured as well as individuals from racial and ethnic communities who do not have access to well coordinated health services. Referrals to this program will come from primary caregivers and Golden Valley Health Centers. This is expected to impact significantly the ability to fully serve individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings. Although priority populations identified for the service are uninsured consumers, some individuals with Medi-Cal coverage may also be included.</p>
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Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated physical and mental health services, which includes co-location and/or collaboration with primary care clinics or other health care sites and providers to provide individualized, inter-disciplinary, coordinated services. Linkage to the full range of mental health services must be provided for clients served in these settings when needed. These services are particularly needed to serve individuals of racially and ethnically diverse populations and others who may be more responsive to services in health care settings and to reach individuals with co-occurring chronic or life-threatening medical conditions and individuals who are frequent users of hospital emergency rooms or inpatient care.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Intensive community services and supports teams capable of providing services to consumers where they live, 24 hours a day, 7 days a week including employing consumers and family members as team members.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Consumer self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
On-site services in primary care clinics or other health care sites to provide individualized, inter-disciplinary services coordinated with other health care providers. These services are particularly needed to reach people with co-occurring chronic or life-threatening medical conditions, people who are frequent users of hospital emergency rooms or inpatient care and others who may be more responsive to services in this setting. Linkage must be provided to the full range of services for these consumers.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				

On-site services or collaborative services with primary care health clinics and health care services to reduce barriers to access and increase integration of physical health care and mental health services; linkage of these clients to the full range of services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Culturally appropriate services to reach persons of racially and ethnically diverse cultures who may be better served and/or more responsive to services in specific culture-based settings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Self-help and client-run programs such as drop-in centers, club houses, anti-stigma campaigns, job training classes, advocacy programs, and peer education	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Peer-supportive services and client-run services including peer counseling programs to provide support and to increase client/member knowledge and their ability to use needed mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Racial and ethnic-specific outreach strategies to racially and ethnically diverse populations to eliminate disparities in care. Clients and families from the targeted communities will be engaged to design the strategies and messages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Education for clients and families or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Family support, education, and consultation services, parenting support and consultation services, self-help groups and mentoring for clients	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Education for primary care providers and other health care providers to increase coordination and integration of mental health and primary care, and other health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Integrated service teams and planning with social services agencies and other community providers to meet the complex needs of older adults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Transportation services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
Mobile services to reach older adults who cannot access clinics and other services due to physical disabilities, language barriers, mental disabilities or other factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Joint service planning with special services for seniors, i.e. Community self-help groups (e.g., Overeaters Anonymous, Hospice, cancer, asthma, pain, Parkinson's, Alzheimer's, Alanon, Alcoholics Anonymous, Narcotics Anonymous)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Community cultural practices - traditional practitioners, natural healing practices and ceremonies recognized by communities in place of or in addition to mainstream services

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
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ATTACHMENT A-5: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Integrated Forensic Team
Program Work Plan #: FSP-05		Estimated Start Date: January 2006
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This program will be an Integrated Forensic Team in partnership with the Stanislaus County Criminal Justice System that will serve 40 adult and transition-age young adult consumers. Over three years program capacity will exceed the 40 consumers that can be served at any one time due to admissions and discharges. An integrated, multi-disciplinary, full service team will staff this 24-hour a day, 7 days a week program. The program will partner with the existing Drug Court Program to make court-accountable case management services available to consumers with co-occurring disorders. The program will provide crisis response, peer support, alternatives to jail, re-entry support from State Hospital and/or State Prison, and housing and employment supports using engagement and "what ever it takes" treatment strategies learned from AB2034 programs and the Mentally Ill Offender Crime Reduction Program.</p> <p>Goals of the program are a reduction in homelessness, a reduction in incarceration and institutionalization, a reduction in the use of emergency room care, a reduction in the inability to work, a reduction in the inability to manage independence, a reduction in isolation and a reduction in involuntary care.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>The age group served by this program will be adults and transition age young adults (TAYA). The characteristics of the priority population to be served are adults or transition age young adults with serious mental illness, including those individuals with a co-occurring substance abuse disorder who are underserved and are either homeless, at risk of homelessness (such as persons coming out of jail), involved in the Criminal Justice System, frequent users of hospital and emergency room services or who are so underserved they are at risk of homelessness, criminal justice involvement and institutionalization.</p>	

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated services agencies which provide and/or broker all services that a client needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client self-directed care plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated substance abuse and mental health services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Integrated services with law enforcement, Probation and Courts for the purpose of crisis response, pre and post-booking services, alternatives to jail for those with serious mental illness and/or collaboration to establish Mental Health Courts for clients who have criminal justice charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive community services and supports teams capable of providing services to clients where they live, 24 hours a day, 7 days a week, including consumers or family members as team members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach services for persons who are homeless or at risk of homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-6: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

<p>County: Stanislaus</p>	<p>Fiscal Year: 2005-2006</p>	<p>Program Work Plan Name: Transition Age Young Adult Drop-In Center</p>
<p>Program Work Plan #: GSD-01</p>		<p>Estimated Start Date: January 2006</p>
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>A Drop-In Center for Transition Age Young Adults (TAYA) will serve as an expansion of Behavioral Health and Recovery Services (BHRS) existing AB2034 Transition Age Young Adults program to improve services and infrastructure for this full service program and to make other supports and services available to underserved consumers. The Drop-In Center will provide an array of community and agency resources (both on site and in the community) geared to support the young adult in the four different transition domains of employment, educational opportunities, living situation (housing), and community life. Thirdly, the center will have a membership driven "clubhouse" type model, which will include a Young Adult Advisory Council to take an active role in guiding and having an ownership of the drop-in center.</p> <p>Goals of the program are to serve 175 youth over three years and to provide a diverse cultural environment where transition age young adults can seek peer support and recovery-minded input from peers in recovery as well as staff at the drop-in center; to reduce isolation; increase the ability to manage independence; and increase linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, housing and employment opportunities.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The TAYA age group served by this program will be between the ages of 16 to 25. The on-site existing TAYA service team will continue to outreach to young adults of color through existing community agencies and organizations as partners to coordinate services. The characteristics of the population to be served are those transition age young adults with serious mental illness, including those young adults with a co-occurring substance abuse disorder who live in an impoverished, underserved, racially and ethnically diverse community. Some individuals who receive supports, services and referrals, may or may not be receiving mental health services from an existing program and are in need of social activities and referrals for housing, employment, alcohol and drug services and other supports. The drop-in center will also include 16 and 17 year olds who are currently receiving services within the Children's System of Care. Service efforts will account for them being minors and will include consultation with the Children's System of Care staff, as these young people begin the "transition" to young adulthood.</p>	

Describe strategies to be used. Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Development of self-help, peer support and youth run programs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seamless linkages with both Children's and Adult Systems of Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth run services including peer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth involvement in planning and service development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classes regarding what youth need to know for successful independent living	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recreation and social activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-7: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Community Response Team
Program Work Plan #: GSD-02		Estimated Start Date: January 2006
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This General System Development program is proposed in response to very strong stakeholder input requesting mobile crisis response in the community along with being able to see a mental health provider in a location outside of a traditional mental health office when services are needed. To that end, the Community Response Team will be developed between January and June 2006. This will be a broad system redesign effort, leveraging and enhancing resources in the existing Behavioral Health and Recovery Services (BHRS) Emergency Services program. A core emphasis will be on peer support, recovery and resiliency. The use of consumer and/or family volunteers and employees as well as peer self-help will be paired with the professional interventions needed in crisis situations. It is expected that this outreach program will serve at least 6,000 people over two years. This is a second year implementation program.</p> <p>A consumer "Warm Line" (warm line is supportive phone contact before "Hot Line" crisis levels are reached) resources and alternative temporary housing will be used when appropriate as alternatives to hospitalization.</p> <p>Goals of the program are to reduce hospitalization, reduce involuntary care, reduce incarceration, reduce institutionalization, decrease isolation, increase ability to manage independence, reduce frequent emergency medical care, reduce out-of-home placement increase social supports and community functioning.</p>	
<p>Priority Population:</p> <p><i>Describe the situational characteristics of the priority population</i></p>	<p>The primary focus of this new community response effort will be on acute and sub-acute situations for individuals with serious mental illness (SMI) and children and youth with serious emotional disturbances (SED) who are not currently enrolled in Full Service Partnership type teams. Emphasis and value will be placed on the provision of outreach, engagement in the recovery process, and crisis intervention. Outreach activities will focus on engaging the homeless population. Special emphasis will be directed toward reaching traditionally underserved populations such as Latino, African American, and Southeast Asian (Asian Pacific Islander) individuals and families as well as families who are dealing with an adult son/daughter with mental illness in their homes and in board and care homes.</p>	

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Cultural and gender-sensitive outreach at schools, primary care clinics, and communities and board and care facilities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Crisis intervention, 24 hours a day, 7 days a week, mobile, residential alternatives, peer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Service located in racially ethnically diverse communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated substance abuse and mental health assessments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated services with law enforcement, Probation and Courts for crisis response	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Self-help and client run services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
On-site collaborative service with primary health care services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate service and outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHMENT A-8: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Families Together
Program Work Plan #: GSD-04		Estimated Start Date: January 2006
<p>Description of Program: <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Families Together is an enhancement and expansion of the Family Partnership Center (FPC) utilizing General Systems Development funds. It is designed to improve and expand supports and services for youth with serious emotionally disturbance (SED) and their families and Kinicare Providers (family other than natural parents). It is expected that at least 210 youth and their families will be served in the first three years. FPC and Families Together will utilize a consumer driven service model. Services provided will include; advocacy, service coordination, family and individual respite, and wraparound services to a diverse population, and will employ culturally and linguistically diverse staff. The FPC will continue to utilize family involvement in service provision, policy development and leadership in an enhanced and expanded fashion through Families Together. This core strategy has been an active aspect of programming in the existing FPC for over eight years, with parents of youth with SED and kinship families (families other than natural parents) hired to provide a variety of services. The FPC expansion will allow further development of family designed services provided by family members in partnership with other child serving agencies throughout the community. In order to increase consumer and family member governance, this expanded program will use the existing FPC Advisory Board consisting of active parents in the program and will add the development of a Youth Advisory Council to allow for increased leadership by consumers in service development and provision.</p> <p>The FPC goals are to ensure increased consumer and family participation and involvement by expanding family partnership services and consumer and family involvement and governance through use of the FPC Advisory Board and Youth Advisory Council.</p>	
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>The priority population includes children and youth with serious emotional disturbances, ages birth to 18 years of age and their families, including Kinicare Providers. Youth and families served are identified as both underserved and/or unserved relative to the need for outreach into racially and ethnically diverse communities that are underrepresented or are families who are unaware of available services. BHRS is</p>	

developing a Drop-In Center for Transition Age Young Adults (TAYA) (GSD-01) that will specifically target the TAYA population; however, it is anticipated that the FPC and Families Together will serve some individuals in the TAYA age group, and their families.

Describe strategies to be used, Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Family Partnership Program Expansion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Involvement in Planning and Development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural and gender specific outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services and supports provided school, community, home	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education for youth and families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental mental health education with language access and culturally appropriate approaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Values-driven evidence based and promising clinical services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services integrated with overall service planning which support youth/family selected goals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive family partnership educational support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grief loss, family partnership support group	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT A-9: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year: 2005-2006	Program Work Plan Name: Consumer Employment and Empowerment Center
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Program Work Plan #: GSD-05	Estimated Start Date: January 2006
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Description of Program:
Describe how this program will help advance the goals of the Mental Health Services Act

This program will be a transformation and expansion of the existing Behavioral Health and Recovery Services (BHRS) program Common Ground, a consumer drop-in center that also houses employment and housing services. This Consumer Employment and Empowerment Center and meeting space will be for all consumer and family organizations and will be available for self-help groups and eventually will be staffed by consumers. Part of the expectation for a contract organization that will be engaged to develop and manage this program is that the Center will be at least 50% consumer-operated by year three, through the identification of consumer and family leadership and mentoring of these leaders. Employment services will be an enhancement of existing services that are now available and will be targeted to adults and older adults with serious mental illness. The focus will be on assisting individuals with personal development goals related to volunteerism, supported employment settings and BHRS-supported positions, and competitive employment options with equal pay and benefits. A strong recovery and strength-based approach will be used consistently in all Center activities. Staff (paid and volunteer) will be trained in cultural competency, including client culture, gender, and sexual orientation issues, and efforts will be made to ensure that all groups are welcomed at the Center. By Year Three, at least one additional site will be operational. It is anticipated that the additional site will be targeted toward an underserved community in Stanislaus County. Additionally, as part of MHSA administrative expenses, the appointment of a Manager for Consumer and Family Affairs and the establishment of a Consumer and Family Steering Committee will occur related to this project. The Center will be a central activity site for a major cultural shift planned for Stanislaus County Behavioral Health and Recovery Services, toward consumer and family participation and empowerment. Using the actions discussed the center will serve 1,150 consumers over the first three years of operation.

In summary, goals of the program are to provide a center where consumers can develop a diverse cultural environment and where mental health consumers can seek peer support and recovery-minded input from peers in recovery. Goals also include a reduction in isolation; an increase in the ability to manage independence; an increase in linkages to

services related to treatment of serious mental illness and co-occurring substance abuse problems; and an increase in housing and opportunities for employment and other meaningful activities.

Priority Population:
Describe the situational characteristics of the priority population

The priority population will be adults and older adults and transition age young adults with serious mental illness, their families, and consumer and family organizations. Persons of all genders, sexual orientations, races and ethnicities will be served. Threshold language capability (Spanish) will be emphasized as well as increased access to traditionally underserved populations and racially and ethnically diverse communities. When an additional site is opened by Year Three, it will be targeted toward an underserved community in Stanislaus County. Consumers residing in board and care homes are eligible and encouraged to participate fully in the Center.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Self-help and client run drop-in center, employment, advocacy and peer education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supportive employment, volunteerism, and competitive employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support and education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support services, client run services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recreation and social activities for youth, adults and older adults	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer facilitated education about illness and recovery for consumers and their families	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHMENT A-10: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus County	Fiscal Year: 2005-2006	Program Work Plan Name: Outreach and Engagement Services
Program Work Plan #: OE-1		Estimated Start Date: January 2006
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Community Outreach and Engagement Services will provide outreach and engagement to individuals with serious mental illness (SMI) and serious emotional disturbance (SED) in partnership with racially and ethnically diverse community-based service organizations. Initially, Behavioral Health and Recovery Services (BHRS) will contract with community-based organizations serving the priority populations to assist individuals in accessing mental health services through the facilitation of referrals to appropriate services. Focusing on community-based organizations to provide outreach, engagement and advocacy services will allow the engagement of individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health settings This workplan is in direct response to input received during the community stakeholder process.</p> <p>During the first year, BHRS will establish contractual relationships with community-based organizations to develop outreach and engagement services. Year two will include a needs assessment, followed by the development of service provision strategies and the beginning of service delivery. At the end of the three-year contract period, the organizations selected will develop the capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious mental illness and serious emotional disturbance.</p> <p>Goals include the elimination of racial and ethnic disparities in the access to services and an increase in the amount and timeliness of appropriate services for racially and ethnically diverse individuals with serious mental illness and serious emotional disturbances. Services will be culturally competent and client and family focused. Services will promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals they serve. It is expected that at least 2,000 people will be served in three years.</p> <p>Immediate goals of the program are to reduce disparities in services provided to individuals residing in racially and ethnically diverse communities, reduce homelessness, reduce hospitalizations, reduce incarcerations, reduce out-of-home placement, reduce</p>	

	emergency room visits, reduce stigma, increase collaboration and significantly increase the level of engagement in racially and ethnically diverse communities. The overarching goal is to develop ethnically oriented mental health services within Stanislaus County.
Priority Population: <i>Describe the situational characteristics of the priority population</i>	Identified populations are children with serious emotional disturbance and their families, transition age youth (TAY) with serious emotional disturbance or serious mental illness, and adults and older adults with serious mental illness. Some individuals are homeless, many are uninsured. The identified population will be unserved, underserved or inappropriately served individuals in racially and ethnically diverse communities with serious mental illness (SMI) and serious emotional disorders (SED) who are reluctant or unable to access mental health services as these services have been traditionally provided. In some cases, individuals have had unsuccessful service experiences due to an inability of the current Mental Health system to understand and value the need to adapt the service delivery process to the histories, traditions, beliefs, languages and values of racially and ethnically diverse groups. Services will focus on reducing the stigma perceived by these individuals to traditional services. African American, Latino, and Southeast Asian (Asian Pacific Islander) consumers and families, throughout the County, will be priority population for this outreach and engagement program.

Describe strategies to be used. Funding Types requested (check all that apply). Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Family Partnership Programs which are operated by family members and include strategies to engage racially and ethnically diverse families, and include services and activities such as training, information and referral, newsletter or information dissemination, support groups, individual advocacy and support, web-based information, outreach, administrative activities and program oversight	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural and gender-sensitive outreach and services at schools, primary care clinics, and community programs in racially and ethnically diverse communities, which proactively reach children who may have emotional and/or behavioral disorders and which can provide easy and immediate access to mental health services when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hiring and training peers for peer-to-peer outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Parental and mental health education, with language access and culturally appropriate approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross-agency and cross-discipline training. Staff working with transition age youth who are trained in the developmental and cultural needs of transition age youth, in community resources, and in operationalizing a wellness philosophy including the concepts of both recovery and resiliency. Transition age youth should be part of the pool of hired and trained staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partnerships with ethnic-specific community providers and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Culturally appropriate services to reach persons of racially and ethnically diverse cultures who may be better served and/or more responsive to services in specific culture-based settings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated services with ethnic-specific community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Racial and ethnic-specific outreach to racially and ethnically diverse populations to eliminate disparities in care. Clients and families from targeted communities are engaged to design the strategies and messages	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach to older adults who are homeless, or in their homes, through community services providers and through other community sites that are the natural gathering places for older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ATTACHMENT A-11: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY

County: Stanislaus	Fiscal Year:	Program Work Plan Name: Garden Gate Crisis Outreach Program
Program Work Plan #: OE-02	Estimated Start Date: July 2007	
<p>Description of Program:</p> <p><i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>This Outreach and Engagement funded expansion project will increase the number of beds by four to a total of nine and add an intermediate stay component to an established respite housing resource, Garden Gate Respite Center. It is expected that this housing program will serve at least 511 people over three years.</p> <p>The existing Garden Gate Respite Center was developed as an AB2034 program to provide short-term stays for individuals with serious mental illness who are homeless or at-risk of becoming homeless. The Center currently has five beds that are utilized by other AB2034 programs, law enforcement, homeless outreach programs and other programs that serve individuals with serious mental illness. In addition to providing short-term respite services, the Center is a link for engagement for "hard to reach" individuals and provides access to housing resources.</p> <p>The Respite Center is located at the same site as the 16-unit transitional supportive housing complex, thus enabling Behavioral Health and Recovery Services (BHRS) to provide three levels of temporary housing, i.e., three to five day respite housing; five to 20 day extended respite housing; and six months to two years of temporary supportive housing. These resources will be managed as a continuum and will be co-located with BHRS housing specialists. The site will ultimately develop into a one-stop housing resource for individuals with serious mental illness who are homeless or at risk of being homeless. The Respite Center will serve as a point of contact for other AB2034 and MHSAs programs to outreach to consumers that are homeless and not yet engaged. Crisis intervention and services for medically at-risk individuals will be linked to the Center. The Respite Center is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved. This program is a collaborative effort between STANCO (Stanislaus County Affordable Housing Corporation), a housing developer, Turning Point Community Programs (which has an excellent history of hiring consumers) and Stanislaus County Behavioral Health and Recovery Services.</p> <p>Goals of the project include a reduction in homelessness, a reduction in frequent hospitalizations, a reduction in frequent emergency room visits, a reduction in isolation and institutionalization, and the promotion of recovery and wellness.</p>	

Priority Population: <i>Describe the situational characteristics of the priority population</i>	The Respite Center's primary targeted populations are transition age young adults, adults and older adults with serious mental illness who are homeless or at risk of becoming homeless, at risk of psychiatric hospitalization or institutionalization, medically ill high risk, law enforcement involved, hard to engage, racially and ethnically underserved, and/or individuals with co-occurring disorders. The target population includes men and women and members of racially, ethnically and culturally diverse communities.
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Describe strategies to be used. Funding Types requested (check all that apply), Age Groups to be served (check all that apply)	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
Supportive housing, temporary supportive housing and permanent supportive housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Integrated services with law enforcement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Culturally appropriate services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach services to persons who are homeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education for clients on independent living skills and supportive education	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Client advocacy on criminal justice issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Housing options: safe haven, temporary housing, respite housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>