THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY  
DEPT: Behavioral Health And Recovery Services  
CEO Concurs with Recommendation YES [ ]  NO [ ] (Information Attached)  
AGENDA DATE September 30, 2014  
4/5 Vote Required YES [ ]  NO [ ]  

SUBJECT: 
Approval to Adopt the Fiscal Year 2014-2015 Mental Health Services Act Plan Update Increasing the Budget and Position Allocations; and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission  

STAFF RECOMMENDATIONS:  
2. Authorize the Behavioral Health Director to submit the Fiscal Year 2014-2015 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).  
3. Amend the Salary and Position Allocation Resolution to reflect the recommended changes outlined in the Staffing Impact section, effective the first pay period following the Board of Supervisor's approval.  

(Continued on Page 2)  

FISCAL IMPACT:  
This agenda item requests approval to increase appropriations and estimated revenue in the Behavioral Health and Recovery Services (BHRS) and Mental Health Services Act (MHSA) budget units in the amount of approximately $5,623,000 for expanded MHSA services not previously included in the Fiscal Year 2014-2015 Final Budget in the following areas: Community Services and Supports $2,952,000, Prevention and Early Intervention $585,000, Innovation $1,300,000, and Capital Facilities $786,000.  

(Continued on Page 2)  

BOARD ACTION AS FOLLOWS:  
No. 2014-511  

On motion of Supervisor Withrow __________________________, Seconded by Supervisor Chiesa __________________________, and approved by the following vote.  
Ayes: Supervisors: O'Brien, Chiesa, Withrow, Monteith, and Chairman De Martini  
Noes: Supervisors: None  
Excused or Absent: Supervisors: None  
Abstaining: Supervisor: None  

1) [ ] Approved as recommended  
2) [ ] Denied  
3) [ ] Approved as amended  
4) [ ] Other:  
MOTION:  

[Signature]  

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk  
File No.
Approval to Adopt the Fiscal year 2014-2015 Mental Health Services Act Plan Update
Increasing the Budget and Position Allocations; and Approval to Authorize the
Behavioral Health Director to Submit the Plan Update to Mental Health Services
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STAFF RECOMMENDATIONS: (Continued)

4. Approve contracts listed in Attachment 1 where cumulative compensation paid
   exceeds $100,000 or greater since July 1, 2012, and authorize the Behavioral
   Health Director or her Designee to sign the related contracts and future amendments
   up to $75,000 as detailed in Attachment 1.

5. Authorize the General Services Agency (GSA) Purchasing Division and the Chief
   Executive Office (CEO) Capital Projects Division to issue Request for Proposals
   (RFPs) on behalf of Behavioral Health and Recovery Services for services
   discussed in this agenda item.

6. Direct the Auditor-Controller to adjust the Fiscal Year 2014-2015 appropriations and
   estimated revenue as detailed in the Budget Journal.

FISCAL IMPACT: (Continued)

The $786,000 will be transferred to the Crisis Stabilization Unit (CSU) Capital Projects
fund. This transfer will be added to the previously approved transfer of $158,000
approved by the Board of Supervisors on June 17, 2014 to bring the total MHSA funds
used for architectural design and construction to $944,000. These funds must be used
within three years of allocation or they revert back to the state for redistribution to other
counties.

Finally, the budget journal includes $1,106,000 in inter/intra fund transfers in the MHSA
budget to transfer $321,000 in funding to the Behavioral Health budget for the Warmline
expansion and $786,000 to the CSU Capital Project budget for construction costs.

As recommended, the Behavioral Health and Recovery Services budget for Fiscal Year
2014-2015 would provide funding in the amount of $1,826,530 for the agreements listed
in this agenda item. There is no impact to the County General Fund.

DISCUSSION:

In November 2004, California residents passed Proposition 63, the Mental Health
Services Act (MHSA). The law provides funding to counties to help transform the public
mental health system in the following areas:

- Community Services and Supports (CSS) to provide services to children, adults,
  transition age young adults, and seniors
- Prevention and Early Intervention
- Innovation Programs
- Capital Facilities and Technological Needs
- Workforce Education and Training
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Since the implementation of MHSA, the behavioral health care services in our
community have been significantly increased, and quantifiable outcomes attest to the
effectiveness of these services and projects. BHRS receives funding on an annual basis
through the MHSA. Funds are non-discretionary and may only be used for services and
activities specified in the Act. As noted above, these funds must be used within three
years of allocation or they revert back to the state for redistribution to other counties.

Prior to Fiscal year 2011-2012, counties received a specific MHSA allocation at the
beginning of the year based on tax collections from the previous two years. Starting in
Fiscal Year 2011-2012, the methodology was changed to reflect monthly allotments
based on actual collections, similar to State Realignment funding.

Through the years, additional MHSA funding has become available as a result of BHRS
program cost savings, increased MHSA revenues, delays in program startup, and other
factors. The community stakeholder planning process played a vital role in helping
BHRS with guiding priorities, strategies and funding decisions. On May 30, 2014, BHRS
convened a series of Representative Stakeholder Steering Committee (RSSC)
meetings to begin a planning process. The RSSC was tasked with prioritizing the
populations to be served and the strategies to be used in serving the populations.
These priorities guided BHRS staff in deciding how to allocate additional program
funding and services to consumers and others.

The augmented service levels will be accomplished through a combination of
expansions of both County and local contractor provided services as well as RFPs. As
an agency, the BHRS Leadership Team was tasked with ensuring that MHSA funding
resulting from program cost savings, increased MHSA revenues, and other factors was
allocated in a sustainable manner.

Four community stakeholder meetings were convened and all RSSC members present
endorsed the proposed funding plans to expand programs and issue Request for
Proposals (RFPs) for certain projects following priorities and strategies identified by the
RSSC.

All of the projects listed have results-driven goals patterned in a Theory of Change
(TOC) framework. The TOC is a roadmap to expected program outcomes.

Community Services and Supports (CSS):

On May 30, 2014, the Representative Stakeholder Steering Committee met to learn
about the community planning process and Community Services and Supports (CSS).
The discussion centered on expanding CSS programs in a strategic way to reach more
consumers and family members. The Theory of Change (TOC) framework was
introduced to community members. In addition, Requests for Proposals (RFP) were
planned for two of the CSS projects.
The RSSC unanimously approved funding proposals on July 18, 2014 for three years (Fiscal Years 2014-2015, 2015-2016, and 2016-2017) for the following. (See Attachment 1 for annual costs).

**CSS Expansions for Full Service Programs (FSP)**
- FSP-01 Josie’s Telecare Recovery Access Center (TRAC)
- FSP-01 Full Service Program Access and Supports
- FSP-02 Juvenile Justice (GSD Funds)
- FSP-07 Turning Point Integrated Services Agency (ISA)

**CSS Expansions for General Systems Development (GSD)**
- GSD-01 Josie’s Place
- GSD-02 Crisis Emergency Response Team (CERT)/Warmline
- GSD-04 Families Together
- GSD-05 Consumer Empowerment Center
- GSD-06 Crisis Stabilization Unit (CSU) - Operational Costs

**CSS Expansions for Outreach & Engagement (O&E)**
- O&E-02 Supportive Housing Services (Intensive Transitional Housing)
- O&E-02 Supportive Housing Services (Vine Street Emergency Housing)

**CSS Request For Proposals**
- O&E-02 Supportive Housing Services (Transitional Board and Care)
- O&E-03 Outreach and Engagement

**Prevention and Early Intervention (PEI):**

On June 13, 2014, MHSA stakeholders convened to examine PEI programs and incorporate the TOC framework. There was discussion to strategically expand PEI programs and augment services to reach more individuals. One Request for Proposal (RFP) is planned for this funding cycle. The RSSC unanimously approved funding proposals on July 18, 2014 for three years (Fiscal Years 2014-2015, 2015-2016, and 2016-2017) for the following. (See Attachment 1 for annual costs).

**PEI Expansions**
- Community Capacity Building Initiative
  - Promotores Community Mental Health Outreach
- Adverse Childhood Experience Interventions
  - Early Psychosis Intervention Services
- Health/Behavioral Health Integration
  - Decrease Client/Staff Ratios
  - Underserved Cultural and Ethnic Populations
- School Behavioral Health Integration
Approval to Adopt the Fiscal year 2014-2015 Mental Health Services Act Plan Update Increasing the Budget and Position Allocations; and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to Mental Health Services Oversight and Accountability Commission

- Nurtured Heart
- Creating Lasting Student Success (CLaSS)

PEI Request For Proposals
One Request for Proposal (RFP) is planned to address one or more of the following three areas of focus:

- Community Capacity Building Initiative/Community-Based Early Intervention Services
  Provide individual and group early intervention and treatment services to promote recovery-related functional outcomes for mental illness early in its emergence; may include services to parents, caregivers, and other family members of persons with onset of mental illness; provide outreach services in community settings.

- Adult Resiliency and Social Connectedness/Community Based Peer Support
  Provide peer support for individuals experiencing onset of severe mental illness (SMI); integrate peer support model into prevention, early intervention, treatment providers, and community-based settings; provide integrated peer support model linking individuals receiving services from PEI/treatment providers with community-based peer support; incorporate strategies including but not limited to, stigma reduction.

- School Behavioral Health Integration/Capacity Building and Training
  Provide training on early identification of student mental health issues including prevention and early intervention

**Innovation (INN):**

Innovation provides funding to evaluate the effectiveness of new approaches in mental health. Innovation projects contribute to learning about and addressing unmet need rather than having a primary focus on providing services. It’s an opportunity to “try out” new approaches that can inform current and future practices/approaches in communities.

**Innovation Request For Proposals**
On July 18, 2014, community stakeholders approved a funding proposal, guided by the INN priorities established by the RSSC, to issue one RFP for this Innovation component. The RFP must incorporate the Theory of Change Framework and will require proposers to select a mental health adaptive dilemma consistent with stakeholders’ priorities. Those prioritized adaptive dilemmas were as follows: improving parental competency and social support for fathers; improving the well-being of children, Transition Age Youth, and Transition Age Young Adults; and treatment options for people struggling with both substance abuse and mental illness. Proposers will also
Approval to Adopt the Fiscal year 2014-2015 Mental Health Services Act Plan Update Increasing the Budget and Position Allocations; and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to Mental Health Services Oversight and Accountability Commission

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specify the strategy they will employ and the results they expect to achieve to contribute to the development of new best practices in mental health.

Plans are to issue the RFP through the Stanislaus County GSA Purchasing Department and use county processes to determine approved proposal(s). Following the approval process at the County level, proposal(s) will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for its approval.

**Capital Facilities (CF):**

In the MHSA FY2014-2015 Annual Update and Three year Program and Expenditure Plan approved by community stakeholders and by the Board of Supervisors on June 17, 2014, the creation of a Crisis Stabilization Unit (CSU) represented the first Capital Facilities project to receive MHSA funding. A crisis stabilization unit is a critical need in Stanislaus County. A year-long strategic planning endeavor, involving BHRS, the County Chief Executive Office, the local safety net provider of acute inpatient psychiatric services, and consultants, was endorsed by the Board of Supervisors in November 2012. This strategic planning effort was focused on 24/7 secure mental health services as well as the services preceding and following the inpatient services. Three goals were identified: development of a new Psychiatric Health Facility, creation of a Discharge Team that would follow up with all discharges of County patients from the inpatient psychiatric hospital, and the development of a crisis stabilization unit. This process included input from a wide variety of stakeholders, including members of the MHSA Representative Stakeholder group. The first two goals have been implemented. The CSU is the last outstanding goal to be accomplished to provide the continuum of services.

The absence of a CSU has resulted in higher hospitalization rates. A temporary Crisis Intervention Program (CIP) was instituted in October 2013 and has shown promise in diverting individuals from hospitalization. A CSU would provide a higher, more intensive level of care, including the ability to provide medications, which the CIP cannot. The expectation is that a significant number of individuals in crisis would be appropriately diverted from hospitalization through a CSU.

Under guidelines for CF proposals set forth on March 18, 2008, architectural services are allowable pre-development costs. After discussions with community stakeholders indicating that this project would be accomplished in stages, they endorsed proposing the use of $158,000 of CF funding to begin architectural services for this project. An RFP for architectural services was subsequently issued on August 20, 2014, with proposals due September 24, 2014.

**Capital Facilities (CF) Proposed Expansion for Crisis Stabilization Unit (CSU)**

The second phase of the project, approved by stakeholders, on July 18, 2014, would provide for the construction in Fiscal Year 2014-2015 for the CSU. This expansion will
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cover the costs of construction of a Crisis Stabilization Unit (CSU) that was highlighted in the Fiscal Year 2014-2015 Annual Update and Three-Year Program and Expenditure Plan. The estimated additional costs related to this CF expansion are approximately $758,000, bringing the total CSU Construction costs to $944,000. Upon approval by the Board of Supervisors, plans are to issue an RFP through the CEO Capital Projects Division for the construction of the CSU.

POLICY ISSUE:

Approval of this agenda item supports the Board of Supervisors’ priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by contracting with community providers to deliver needed services at an appropriate level of care in a cost effective manner.

STAFFING IMPACT:

In order to support the expansion of the MHSA programs described above it is recommended to add twelve (12) positions to Behavioral Health and Recovery Services. It is also recommended to restore and transfer two (2) vacant unfunded positions from the Stanislaus Recovery Center budget, and transfer one (1) vacant funded position from the primary Behavioral Health and Recovery Services budget, to the Mental Health Services Act budget. These positions are permanent positions and are expected to be utilized for the life of the MHSA funding.

Four Clinical Services Technician II positions will be added to Families Together as part of Stanislaus County’s mental health system expansion. Families, in our community, are supported by providing groups, activities, outreach, engagement and mentorship. Many families are victims of trauma and have not successfully been engaged by traditional methods of treatment. Families have access to support that encourages the development of parenting skills, healthy boundaries, access to resources and building healthy relationships. Parent Partnership has been a long standing state wide advocacy group. Parents assisting other parents navigating complicated systems such as Mental Health, Education, Child Protective Services and Probation, is a best practice.

Three Clinical Services Technician II positions will be added to Juvenile Justice as part of Stanislaus County’s mental health system expansion. All of the youth served have a diagnosis of serious mental illness or a serious emotional disturbance. They’re either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. Strategies include 24/7 crisis response services where half of the services are provided outside of the office in nine cities throughout Stanislaus County. Creative methods are employed to engage youth and build trust. Youth leadership at Juvenile Justice has begun to develop since the hiring of a Youth Leadership Specialist. Youth have access to support that encourages
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the development of leadership skills. Youth in Mind, a state-wide mental health advocacy group recently chartered in Stanislaus County, is a collaboration of community youth leaders and youth leadership clients. It has become an important meeting avenue for clients in the local juvenile justice system. These three new positions will be an expansion of the current MHSA-FSP program.

Three Clinical Services Technician II positions will be added to Housing and Support Services Program to provide supportive transitional housing using a “housing first” approach serving individuals with severe mental illness. The proposed program will increase staff for an intensive program tailored to provide effective prevention and intervention strategies for those most at-risk and most in need as a means to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses.

Two vacant and unfunded Clinical Services Technician II positions will be restored and transferred from the Stanislaus Recovery Center budget to the Mental Health Services Act budget, to Josie’s Place as part of Stanislaus County’s mental health system expansion. All of the Transition Aged Youth (TAY) served have a diagnosis of serious mental illness or a serious emotional disturbance. Transition Aged Youth as defined by MHSA, are 16-25 years of age. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. All of our members/clients exhibit symptoms that impact their overall quality of life and ability to achieve recovery goals related to independent living, successful supportive relationships including but not limited to partners, children and family of origin. The transition aged youth of the program are potentially impacted by housing, employment, legal system, and alcohol other drug (AOD) issues that impact overall quality of life for individual and their families.

One vacant and funded Behavioral Health Specialist II position will be transferred from the primary Behavioral Health and Recovery Services budget to the Mental Health Services Act budget, to the Housing & Support Services program to provide case management services to individuals and their families. This position interacts productively within a multidisciplinary team to provide holistic case management services. According to department standards and policies, prepares daily records, summarizes progress of treatment for clients and keeps these records current and provides a variety of highly skilled mental health services to a varied caseload of clients. Advocates for and assists clients in accessing and receiving services, interviews clients to screen, and determines their service needs, including evaluating risk factors and participates in diagnostic and evaluative staff conferences for cooperative planning and treatment;

One Administrative Clerk II position will be added to the Families Togethers program. This position is the first contact with clients and families to ensure client’s needs are directed to the appropriate resource promptly, effectively and to ensure efficient use of
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client's time. The position provides support to 22 direct line staff and 150 open clients at any given time. This support consist of; filing, data entry, therapy session scheduling, medication services scheduling, group schedules, ensuring referral information is readily available to clients and their families.

One Administrative Clerk III position will be added to the Housing & Support Services program to support Consumer and Family members, management, direct line staff open to the Housing team and increase the programs capacity to enter pertinent data for funding from MHSA. The position will support one Housing/Employment Manager, one Housing Coordinator, 14 direct line staff, and 150 plus open clients at any given time.

The detail of the staffing requests is included in the following table. It is requested that the Salary and Position Allocation Report be amended the first pay period after Board of Supervisor approval.

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<th>Fund</th>
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CONTACT PERSON:

Madelyn Schlaepfer, Ph.D. Behavioral Health Director    Telephone 525-6205
2014-2015 Mental Health Services Act Plan Update
Funding Proposals approved by the Representative Stakeholder Steering Committee

<table>
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<tr>
<th>Community Services &amp; Support (CSS) - Expansions</th>
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<th>FY2015/16</th>
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**CSS FY 14-15 – Requests for Proposals**

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*Successful RFP bidder will receive $95,000 per year up to 3 years
**Successful RFP bidder will receive $140,000 per year up to 3 years
2014-2015 Mental Health Services Act Plan Update
Funding Proposals approved by the Representative Stakeholder Steering Committee

<table>
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<th>PEI Project Expansions (per year)</th>
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<td>Community Capacity-Building Initiative</td>
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<td>• Promotores/Community Mental Health Outreach</td>
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<td>• Early Psychosis Intervention Services</td>
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<td>Health/Behavioral Health Integration</td>
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PEI - Requests for Proposal

| Community Capacity-Building Initiative |       |
| • Community Early Intervention Services |       |
| Adult Resiliency and Social Connectedness |       |
| • Community-Based Peer Support Development | $250,000 per year |
| School Behavioral Health Integration   |       |
| • Capacity Building & Training         |       |

Capital Facilities Project

| FY2014/15 |

INN - Request for Proposal

| Estimated $4.3 Million |
| FY 14-15, FY 15-16 |

Selected proposals from the Innovation RFP will need local and MHSOAC approval prior to award.
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Totals: 6,728,993 7,672,993

Explanation: Adjust MHSA budgeted expenses and revenue to reflect changes in the Mental Health Services Act Plan Update

FY 2014-15

Requesting Department

CEO

Date

Prepared by

Supervisor's Approval

Keyed by

Prepared By

Approved By

Date

Date

Date

Date

Date

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Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Plan Update FY 2014-15

Community Services & Supports (CSS)
Prevention and Early Intervention (PEI)
Innovation (INN)
Capital Facilities (CF)

September 2014
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Capital Facilities Overview .................................................................................................. 35
MHSA Funding Summary .................................................................................................... 40
COUNTY CERTIFICATION

County: Stanislaus

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<td>Name: Dan Rosas</td>
</tr>
<tr>
<td>Telephone Number: 209-525-6225</td>
<td>Telephone Number: 209-525-5324</td>
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<td>E-mail: <a href="mailto:drosas@stanbhrs.org">drosas@stanbhrs.org</a></td>
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Mailing Address:

800 Scenic Drive
Modesto, CA 95350

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

This plan update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY2014-2015 plan update was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

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

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and annual updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the annual plan update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

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

All documents in the attached Plan Update FY 2014-15 are true and correct.

Madelyn Schlaepfer, Ph.D., CEAP
Mental Health Director/Designee (PRINT)  Signature  Date
Message from the Director

Behavioral Health and Recovery Services (BHRS) is pleased to share this Plan Update as we continue our mission to transform mental health services in Stanislaus County. This document serves as a follow up to the Annual Update FY 2014-15 and Three-Year Program and Expenditure Plan that was submitted to the Mental Health Services Oversight & Accountability Commission on June 24, 2014.

The Plan Update was developed to include program expansions and the release of Requests for Proposals (RFP) for the following MHSA components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN).

This is an exciting time for our agency. Due to BHRS program cost savings, increases in MHSA revenues, and other factors, more funding has become available to serve consumers in our community.

With vital input from community stakeholders and an emphasis on client driven and family focused services, this Plan Update is a second blueprint of our recovery driven work to help transform the lives of those living with mental illness.

Sincerely,

Madelyn Schlaepfer, Ph.D, CEAP
COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

Who Participated?

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Plan Update. As in the past, BHRS continues to engage stakeholder input for the purpose of creating transparency, facilitating an understanding of progress and accomplishments, and promoting a dialogue about present and future opportunities.

While all community members are welcome to participate in MHSA planning processes, there is a Representative Stakeholder Steering Committee (RSSC) charged with providing important input about funding priorities. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year.

Developing a Plan Update

Preparations to develop a Plan Update began following the submission of Stanislaus County’s 2014-15 Annual Update and Three-Year Year Program and Expenditure Plan on June 24, 2014 to the Mental Health Services Oversight and Accountability Commission (MHSOAC). Given that there remained some one-time MHSA funding that must be expended by the end of June 2015, the 2014-15 Annual Update included project funding involved with one-time expenditures and start-up costs.

With more funding still available, the result of BHRS program cost savings, increased MHSA revenues, and other factors, four stakeholder planning meetings were held to consider community priorities and sustainable program funding ideas. This Plan Update is the result of that planning process. It includes the issuing of Requests for Proposals (RFPs) for mental health services and program expansions in Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN).

While the planning process for the Plan Update was a standing agenda item on weekly BHRS Senior Team Leader meetings, the ultimate endorsement of the proposed plans resided with the RSSC. A Gradients of Agreement\(^1\) approach was used to determine whether or not there was sufficient agreement among members to move forward. All members present endorsed the proposed priority funding plans to expand programs and issue RFPs for certain projects.

Community Stakeholders and Activities

The MHSA Representative Stakeholder Steering Committee (RSSC) was vital to this process. It provided guidance and input on MHSA related planning matters. It was comprised of all required local and diverse stakeholders from various sectors and communities in Stanislaus County. BHRS community partners and consumers also played important roles on the committee.

The following meetings and activities were held as part of the community stakeholder process:

**May 30, 2014** – Community Services and Support (CSS) priority target populations were highlighted during the meeting as stakeholders were introduced to the MHSA Theory of Change (TOC) framework. The TOC defines all building blocks required to bring about a given long-term goal. For MHSA programs, it serves as a road map to review CSS expected outcomes. To illustrate the concept, stakeholders were provided with TOC templates for the CSS component. BHRS staff shared with the group CSS ideas to address community needs.

BHRS is embracing the TOC framework to help focus on results including services, activities and strategies, all of which relate to proposed program expansions and new programs.

The chart below highlights MHSA Long Term Results for Wellness, Recovery, and Resilience for Identified Populations. The BHRS programs from FY 2012-13 are listed under the five MHSA components.

\(^1\) Community at Work developed the initial version of the Gradients of Agreement. Luminescence Consulting has refined this tool and BHRS uses it to facilitate deliberative processes.
June 13, 2014 – RSSC convened a second time to review MHSA TOC for Prevention and Early Intervention (PEI) and Innovation (INN). TOC templates were distributed to the group. BHRS shared one idea to expand the PEI Community Capacity Building Promotores and Community Health Worker program. Stakeholders shared their ideas for CSS funded projects in the open forum and were asked to bring their ideas about PEI and Innovation at the next meeting.

June 20, 2014 – A third RSSC meeting was convened as stakeholders shared their ideas for PEI and Innovation funding. The role of stakeholders was also reviewed as community members participated in a group activity to prioritize target populations and strategies for CSS, PEI, and INN. Community members attending the meeting consulted with stakeholders during the exercise to highlight their priorities. Stakeholders then cast their votes, establishing the priority target populations and strategies.

July 18, 2014 - The fourth RSSC meeting on July 18 brought consensus from the RSSC on BHRS program/funding priorities. Based on input and feedback from stakeholders in the previous meeting regarding priority target populations and strategies, the BHRS Senior Leadership Team presented funding recommendations for the three MHSA components. A Gradients of Agreement approach was used to determine whether or not there was sufficient agreement among stakeholders to move forward with the priority funding plans. All stakeholders present endorsed the proposed plans.

The RSSC approved the following CSS projects and funding amounts for expansions. Two projects are proposed Request for Proposals (RFPs.) The next graphic highlights four PEI projects proposed for expansion and three for the RFP process. An RFP is also proposed for Innovation.
<table>
<thead>
<tr>
<th>Community Services &amp; Support (CSS)</th>
<th>FY2014/15</th>
<th>FY2015/16</th>
<th>FY2016/17</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSP-01 Josie’s TRAC</td>
<td>$139,000</td>
<td>$145,000</td>
<td>$149,000</td>
<td>$433,000</td>
</tr>
<tr>
<td>FSP-01 FSP Access and Supports</td>
<td>$128,000</td>
<td>$133,000</td>
<td>$138,000</td>
<td>$399,000</td>
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<tr>
<td>FSP-02 Juvenile Justice (GSD Funds)</td>
<td>$226,000</td>
<td>$235,000</td>
<td>$243,000</td>
<td>$704,000</td>
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<tr>
<td>FSP-07 Turning Point ISA</td>
<td>$628,000</td>
<td>$652,000</td>
<td>$675,000</td>
<td>$1,955,000</td>
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<tr>
<td>GSD-01 Josie’s Place</td>
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<td>$131,000</td>
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<td>GSD-02 CERT/Wamline</td>
<td>$321,000</td>
<td>$321,000</td>
<td>$321,000</td>
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<td>GSD-04 Families Together</td>
<td>$358,000</td>
<td>$358,000</td>
<td>$358,000</td>
<td>$1,074,000</td>
</tr>
<tr>
<td>GSD-05 Consumer Empowerment Center (CART)</td>
<td>$58,000</td>
<td>$58,000</td>
<td>$58,000</td>
<td>$174,000</td>
</tr>
<tr>
<td>GSD-06 CSU - Operational Costs</td>
<td>$-</td>
<td>$1,164,000</td>
<td>$1,280,000</td>
<td>$2,444,000</td>
</tr>
<tr>
<td>O&amp;E-02 Supportive Housing Services (Vine Street Emergency Housing)</td>
<td>$65,000</td>
<td>$65,000</td>
<td>$65,000</td>
<td>$195,000</td>
</tr>
<tr>
<td>O&amp;E-02 Supportive Housing Services (Intensive Transitional Housing)</td>
<td>$364,000</td>
<td>$364,000</td>
<td>$364,000</td>
<td>$1,092,000</td>
</tr>
<tr>
<td>O&amp;E-02 Supportive Housing Services (Transitional Board and Care)</td>
<td>$95,000</td>
<td>$95,000</td>
<td>$95,000</td>
<td>$285,000</td>
</tr>
<tr>
<td>O&amp;E-03 Outreach and Engagement</td>
<td>$140,000</td>
<td>$140,000</td>
<td>$140,000</td>
<td>$420,000</td>
</tr>
<tr>
<td><strong>Total CSS Funding</strong></td>
<td>$2,653,000</td>
<td>$3,861,000</td>
<td>$4,017,000</td>
<td>$10,531,000</td>
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</table>

**CSS FY 14-15 – Request for Proposals**

<table>
<thead>
<tr>
<th>Project</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>O&amp;E-02 Supportive Housing Services (Transitional Board and Care) *</td>
<td>$95,000</td>
</tr>
<tr>
<td>O&amp;E-03 Outreach and Engagement **</td>
<td>$140,000</td>
</tr>
<tr>
<td><strong>Total CSS Funding for Requests for Proposals</strong></td>
<td><strong>$235,000</strong></td>
</tr>
</tbody>
</table>

*Successful RFP bidder will receive $95,000 per year up to 3 years
**Successful RFP bidder will receive $140,000 per year up to 3 years

**PEI Project Expansions (per year)**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Capacity-Building Initiative</td>
<td>$185,000</td>
</tr>
<tr>
<td>• Promotores/Community Mental Health Outreach</td>
<td></td>
</tr>
<tr>
<td>Adverse Childhood Experience Interventions</td>
<td>$125,000</td>
</tr>
<tr>
<td>• Early Psychosis Intervention Services</td>
<td></td>
</tr>
<tr>
<td>Health/Behavioral Health Integration</td>
<td>$125,000</td>
</tr>
<tr>
<td>• Decrease clients/staff ratios</td>
<td></td>
</tr>
<tr>
<td>• Underserved Cultural &amp; Ethnic Populations</td>
<td>$150,000</td>
</tr>
<tr>
<td>School Behavioral Health Integration</td>
<td>$150,000</td>
</tr>
<tr>
<td>• Nurtured Heart</td>
<td></td>
</tr>
<tr>
<td>• CLaSS</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expansions</strong></td>
<td><strong>$735,000</strong></td>
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</tbody>
</table>
### PEI - Request for Proposals

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Capacity-Building Initiative</td>
<td>• Community Early Intervention Services</td>
</tr>
<tr>
<td>Adult Resiliency and Social Connectedness</td>
<td>• Community-Based Peer Support Development</td>
</tr>
<tr>
<td>School Behavioral Health Integration</td>
<td>• Capacity Building &amp; Training</td>
</tr>
<tr>
<td>$250,000 per year</td>
<td></td>
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</table>

### Capital Facilities (CF) Project

<table>
<thead>
<tr>
<th>Project</th>
<th>Year</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Stabilization Unit (CSU) - Design &amp; Construction</td>
<td>FY2014/15</td>
<td>$944,000</td>
</tr>
</tbody>
</table>

### INN- Request for Proposals

<table>
<thead>
<tr>
<th>Proposal Details</th>
<th>Estimated Cost</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selected proposals from the Innovation RFP will need local and MHSOAC approval prior to award.</td>
<td>$1.3 Million</td>
<td>FY 14-15  FY 15-16</td>
</tr>
</tbody>
</table>
Local Review Process

This Plan Update was posted for 30-day public review and comment on August 14, 2014 - September 12, 2014. The public review notification and access to copies of the Plan Update were made available through the following methods:

✓ An electronic copy was posted on the County’s MHSA website: www.stanislausmhsa.com
✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the county
✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this report
✓ The Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Substance Abuse Programs as well as other stakeholders were sent the notice informing them of the start of the 30-day review, and how to obtain a copy of the Plan Update
✓ Public notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The notice included a link to the plan online at www.stanislausmhsa.com and a phone number to request a hard copy of the document.
✓ An announcement was posted in the BHRS Cultural Competency Newsletter

Additional opportunities to learn and participate were offered through an informational outreach meeting. The meeting on the Plan Update was held August 19, 2014 from 1-2 pm in the Redwood Conference Room at the BHRS campus located at 800 Scenic Drive in Modesto.

Substantive Comments and Response:

No comments about the Plan Update FY 2014-2015 were received during the 30-day public review and comment period.

• • • • •
Community Services & Supports (CSS) Overview

Community Services & Supports (CSS) help transform lives by providing mental health services to individuals of all ages in Stanislaus County. It was the first component of MHSA to be funded in 2005. Implementation began in FY 2006-07.

CSS makes up 80% of county MHSA funding. It provides funds for direct services to people with severe mental illness and children with serious emotional problems. MHSA mandates that the majority of CSS funds must be used to provide intensive services to consumers in Full Service Partnerships (FSP).

This intensive approach has been shown to foster sustained improvement for consumers while attaining cost savings such as reduction in hospitalizations, incarceration, and emergency room visits for the behavioral health system and other community services. Two other levels of service complete the system of care approach. General System Development (GSD) programs were established to serve many by increasing the system's capacity to provide services to consumers and families throughout the system. Outreach & Engagement (O&E) programs were established to reach diverse underserved communities that are not able to access services when needed.

Stanislaus County currently has nine CSS programs including four FSP programs, four GSD programs, and one O&E program. Each program has a unique approach that incorporates MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family-driven services, and an integrated service experience for clients and their families.

Full Service Partnership funded programs provide integrated services to the most unserved and underserved and that are at high risk of homelessness, incarceration, hospitalization and out-of-home placement. Strategies are considered a “wraparound” approach to engaging service recipients as partners in their own self-care, treatment, and recovery. Program results include reductions in incarceration, homelessness, psychiatric hospitalizations, and emergency room visits.

Full Service Partnership Programs
- FSP-01 – Stanislaus Homeless Outreach Program (SHOP)
- FSP-02 – Juvenile Justice (JJ)
- FSP-05 – Integrated Forensic Team (IFT)
- FSP-06 – High Risk Health & Senior Access (HRHSA)

General System Development funded programs were established to increase capacity to provide crisis services, peer/family supports, and drop-in centers for individuals with mental illness and serious emotional disturbances. These programs are focused on reducing stigma, encouraging and increasing self-care, recovery and wellness, and accessing community resources. The goal is to increase overall well-being and decrease the need for more intensive and extensive services.

General System Development Programs
- GSD-01 – Josie’s Place Transitional Age Young Adult Drop-in Center
- GSD-02 – Community Emergency Response Team/Warm Line
- GSD-04 – Families Together at the Family Partnership Center
- GSD-05 – Consumer Empowerment Center

Outreach & Engagement funded programs focus on special activities needed to reach diverse underserved communities. Strategies include community outreach by diverse community-based organizations. Crisis-oriented respite housing is also provided to help consumers avoid unnecessary incarceration, provide short-term housing, and linkages to services.

Outreach & Engagement Programs in Stanislaus County:
- O&E-02 – Supportive Housing Services
The Community Services and Support component plays an important role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations. Below is the CSS component for FY2012-2013 displayed in the Theory of Change Framework, which was presented during the stakeholder process:

Proposed CSS Expansions/Issuing of RFPs for FY 2014-15

On May 30, 2014, BHRS convened a series of Representative Stakeholder Steering Committee (RSSC) meetings to begin a planning process to prioritize populations and strategies to provide additional program funding and services to consumers and others. As an agency, the BHRS Leadership Team was tasked to spend MHSA funding resulting from program cost savings, increased MHSA revenues, and other factors in a sustainable manner.

This Plan Update proposes to strategically expand CSS programs and augment services to reach more consumers in Stanislaus County. Two Requests for Proposals (RFP) are planned for two CSS projects.

The RSSC approved priority funding for Three-Years for the following expansions:

CSS Expansions

FSP-01 Josie’s TRAC - $433,000
FSP-01 FSP Access and Supports - $399,000
FSP-02 Juvenile Justice (GSD Funds) - $704,000
FSP-07 Turning Point ISA - $1,955,000
GSD-01 Josie’s Place - $393,000
GSD-02 CERT/Warmline - $963,000
GSD-04 Families Together - $1,074,000
GSD-05 Consumer Empowerment Center/Community Activities and Rehabilitation Transportation (CART) - $174,000
GSD-06 CSU Operational Costs - $2,444,000
O&E-02 Supportive Housing Services (Intensive Transitional Housing) – $1,092,000
O&E-02 Supportive Housing Services (Vine Street Emergency Housing) - $195,000
CSS RFPs

O&E-02 Supportive Housing Services (Transitional Board and Care) - $285,000
O&E-03 Outreach and Engagement - $420,000

The following represents these CSS expansions and RFPs within the CSS Theory of Change framework, delineating FSP, GSD, and O&E strategies. Narrative details are provided after the framework.
MHSA Long-Term Result: Wellness, Recovery, & Resilience for Identified Populations

CSS Results:
Elimination of disparity in access
Improvement of mental health outcomes for racial/ethnic populations and other underserved and underserved populations

GSD Results:
- Decreased Stigma
- Increased self-care
- Increased access to community resources
- Decreased need for extensive and expensive services

GSD Strategy

Targeted Population:
Youth, SED, Juvenile Justice

Proposed Programs/Activities

- Create member-driven center for youth
- Outreach to youth in educational, probation, and community settings
- IT youth to support youth work in community

Targeted Population:
TAYA SMI

Proposed Programs

- Create drop-in center hours and positions
- Peer support groups
- Evening/weekend support

Targeted Population:
Adult SMI in Crisis

Proposed Programs/Activities

- Staffing to help individuals and their families connect with vital community support systems and treatment
- Provide transportation to decrease wait times in hospital EDs
- Connect individuals with timely support and treatment

Targeted Population:
SED Children & Parents

Proposed Programs

- Positions to support families in the community
- Expansion to support families in child welfare and probation systems

MHSA Long-Term Result:
Wellness, Recovery, & Resilience for Identified Populations

O&E Results:
Diverse and underserved communities are reached

O&E Strategy

Targeted Population:
TAYA, Adult and Older Adult Homeless SMI

Proposed Programs/Activities

- Intensive Transitional Housing enhancements to expand
- Engaged through interventions
- Connect individuals to community and treatment support

Targeted Population:
Homeless individuals with SMI;
Access to crisis home for reintegration

Proposed Programs

- Transitional Board and Care
- Supports PSP-07

Targeted Population:
TAYA, Adult and Older Adult Homeless SMI

Proposed Programs/Activities

- Vine Street Emergency Housing
- Supports all SFPs for TAYA, Adults and Older Adults

Targeted Population:
Unserved and underserved TAYA, Adult, and Older adults

Proposed Programs

- Expansion of outreach and engagement to unserved and underserved populations
Stanislaus Homeless Outreach Program (SHOP) provides services to transitional aged young adults (TAYA), adults, and older adults who have co-occurring issues of mental health and substance abuse. It offers three levels of care: 1) Full Service Partnership (FSP), 2) Intensive Support Services, and 3) Wellness/Recovery.

This approach allows individuals to enter the program at an appropriate level of service for their need and then move to a less or greater level of care as needed. The goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

The FSP level of care has 3 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), and 3) Josie’s Telecare Recovery Access Center (Josie’s TRAC). Full service partnership strategies include integrated, intensive community services and supports with 24/7 availability with a known service provider. SHOP utilizes a “housing first” approach with recovery and client- and family-centered focus that inspires hope.

Funded by General System Development funds (GSD), the Intensive Support Services level of care has one track: Fast TRAC. The Wellness/Recovery level of care also has one track called the Wellness TRAC. Group supports led by clinical service staff are offered to individuals, as are peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach.

**Three-Year Proposed Program Expansion/ Josie’s TRAC: $433,000**

The number of individuals served will be expanded with additional emphasis on capacity and outreach efforts. The proposed expansion will strengthen services in the different levels of care and support service recipients to connect with community supports and exit services when appropriate.

The proposed program expansion is illustrated in the following list and chart:

- Provide additional staffing for specialized outreach and engagement to underserved cultural populations and increase access and community based supports
- Add one clinician to provide integrated intensive community services and supports

**Three-Year Proposed Program Expansion/FSP Access and Supports: $399,000**

This FSP expansion is a specific FSP level outreach and engagement strategy targeting underserved and unserved at risk populations. The Access and Supports (AS) team will consist of a mental health clinician and a community health outreach worker (Promotora). Both will demonstrate cultural and linguistic competence and be embedded within the Telecare Partnership Track (TPT) Full Service Partnership (FSP) program.

Clients engaged by the AS team will be opened to a tracking unit and have direct access and referrals to the TPT and all levels of care. The AS team will closely collaborate with the Stanislaus County Promotores Network, ethnic/cultural mental health service providers, and integrated health/behavioral health partners. The team will also prioritize services to the network of partners.

**Target Population:**
- Underserved/unserved at-risk populations
- Latino, Spanish speaking at-risk populations

**Services will include the following:**
- Intensive outreach and engagement to Spanish speaking populations
- Community based clinical assessment and screenings
- Responsive assessment scheduling for target population
- Culturally appropriate consumer and family supports development
- Service coordination and linkages to community based peer and family support
### FSP- 01 - Targeted number of individuals to be served in the program in FY 2014-15:

<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th>Previous # of Individuals FSP</th>
<th>Expanded # of Individuals FSP</th>
<th>Total # of Individuals FSP</th>
<th>Previous # of Individuals GSD</th>
<th>Expanded # of Individuals GSD</th>
<th>Total # of Individuals GSD</th>
<th># of Individuals O&amp;E</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Youth (0-15 yrs)*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TAYA (16-25 yrs)</td>
<td>56</td>
<td>12</td>
<td>68</td>
<td>Open target</td>
<td>Open target</td>
<td>Open target**</td>
<td>TMD**</td>
</tr>
<tr>
<td>Adults (26-59 yrs)</td>
<td>96</td>
<td>0</td>
<td>96</td>
<td>Open target</td>
<td>Open target</td>
<td>Open target**</td>
<td>TMD**</td>
</tr>
<tr>
<td>Older Adults (60+ yrs)</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>Open target</td>
<td>Open target</td>
<td>Open target**</td>
<td>TMD**</td>
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<tr>
<td>Total</td>
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<td>12</td>
<td>176</td>
<td>130</td>
<td>0</td>
<td>130</td>
<td>TBD</td>
</tr>
</tbody>
</table>

*This program does not serve children and youth (0-15 yrs)  
**New O&E services (No previous number of individuals)
Juvenile Justice FSP is part of Stanislaus County’s Juvenile Justice/Mental Health system. All of the youth served in the program have a diagnosis of a serious mental illness or a serious emotional disturbance. They’re either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment for a variety of reasons.

Strategies include 24/7 crisis response services, in which half of the services are provided outside of the office to youth in the nine cities throughout the County. Creative methods are employed to engage youth that involve consistent access to a known provider to build trust with these high-risk youth.

Parent support groups are offered to families who wish to receive support in navigating the juvenile justice system or support in improving parenting skills. Bilingual/bicultural staff provides outreach services to families and youth from underserved diverse cultures.

**Three-Year Proposed Program Expansion (GSD Funds): $704,000**

The expansion would provide the following:

- Create a member driven center for youth
- Provide youth outreach in education, probation, and community settings
- Provide three full time staff members to support and work with youth in the community

### FSP-02 - Targeted number of individuals to be served in FY 2014-15:

<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th># of Individuals FSP*</th>
<th># of Individuals GSD**</th>
<th># of Individuals O&amp;E***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Youth (0-15 yrs)</td>
<td>13</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>TAYA (16-25 yrs)</td>
<td>12</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Adults (26-59 yrs)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Older Adults (60+ yrs)</td>
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<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>75</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

*There are no changes to the targeted number of FSP individuals to be served

**New GSD services (No previous number of individuals)

***No O&E services or funds in this FSP
The Integrated Services Agency (ISA) works closely with individuals on conservatorship and persons with high hospitalization rates to help them successfully reintegrate back into the community. The program provides intensive case management to adults with serious psychiatric disabilities who are Medi-Cal eligible.

The primary focus is on relationship building with service recipients and how to better assist them on the path to wellness and recovery. This is a new Full Service Partnership (FSP) that includes a continuum of care, crisis intervention, and wraparound funds.

**Three-Year Proposed Program Expansion: $1,955,000**

The creation of this new FSP will offer the following:

- Provide services 24 hours a day, seven days a week to provide Full Service Partnership (FSP) level services to clients
- Work collaboratively with Doctor's Behavioral Health Center, the Psychiatric Health Facility (PHF), the Public Guardian's Office, and the Community Emergency Response Team (CERT) and Warm Line to ensure client immediate needs are met
- Reduce client/staff ratios
- Provide support services including wraparound funds to help with clients immediate and temporary needs such as food, clothing, and shelter
- Outcomes will include reductions in length of stay for clients in Institutions for Mental Disease (IMD) settings

<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th># of Individuals FSP*</th>
<th># of Individuals GSD**</th>
<th># of Individuals O&amp;E**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Youth (0-15 yrs)***</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TAYA (16-25 yrs)</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adults (26-59 yrs)</td>
<td>125</td>
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<td>0</td>
</tr>
<tr>
<td>Older Adults (60+ yrs)</td>
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<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>150</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*New GSD services (No previous number of individuals)

**No General System Development/Outreach & Engagement services or funds in this FSP

***This program does not serve children and youth (0-15 yrs)
Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults (TAYA) with mental illness. Outreach to and participation from Gay, Lesbian, Bi-sexual, Transsexual and Questioning (LGBTQ) youth are included in the cultural sensitivity of services provided.

The center has two service teams: Josie’s Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie’s TRAC operated by Telecare Recovery Access Center. The teams provide case management, therapy, and psychiatric services in English, Spanish, Laotian, and Thai languages. The following peer support groups are offered: Aggression Reduction Therapy, gender specific peer support, and an active LGBTQ support group.

In addition, the center is also home to the Stanislaus County Transitional Aged Young Adult Partnership (STAY), a key collaborative that brings together BHRS, Community Service Agency, Probation, Health Service Agency and other key community providers working with transitional aged young adults. The goal is to strengthen collaborative efforts and resources for young adults with mental illness.

The Young Adult Advisory Council (YAAC), a consumer based council, provides leadership opportunities for youth to get involved in daily activities. For FY14-15, there are no proposed changes in the population to be served and strategies to be used.

Estimated number of individuals projected to be served in FY14-15 is 250. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

Three-Year Proposed Program Expansion: $393,000

This proposed expansion will provide an increase in access to the drop-in center for an underserved population. It expands center hours so it can be open in the evening and on weekends, expanding capacity. These are often times when “clubhouse” type options are especially needed by the TAYA population. It will include funding for peer support and youth groups. In addition, two full time staff members will be hired as part of the expansion.

<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th># of Individuals</th>
<th>Previous # of Individuals</th>
<th>Expanded # of Individuals</th>
<th>Total # of Individuals</th>
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<tbody>
<tr>
<td></td>
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<td>GSD</td>
<td>GSD</td>
<td>GSD</td>
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*No Full Service Partnership/Outreach and Engagement services in this GSD
CSS- Community Emergency Response Team (CERT) & Warm Line - GSD-02
Operated by Behavioral Health and Recovery Services in the Adult System of Care and by contract with Turning Point Community Programs

Referred to as the “Community Emergency Response Team (CERT) Warmline”, the BHRS operated CERT combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. Collaboration is central to the success of emergency mental health assessment and referral and occurs on a daily basis with families, consumers, law enforcement, and medical hospital emergency room personnel. Referrals and community-based services and supports are available for individuals who need ongoing agency-based mental health services or hospitalization.

The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and patrol officers from the Modesto Police Department.

The consumer-operated “Warm Line”, administered through a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow-up services. The program serves children, transitional age young adults, adults, and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI).

Each Warm Line team member has his or her own lived experience as a consumer of mental health services and/or a family member of a person with lived experience to draw upon in supporting others. Staff members offer support and carry the message of hope that recovery is possible to every contact they make. Emphasis is placed on hope, peer support, recovery, and resiliency.

Three-Year Proposed Program Expansion: $963,000

This service is a set of non-clinical activities that engage, educate, and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services including prevention, diagnosis, timely treatment, recovery management, and follow-up.

The proposed expansion will increase capacity to better serve individuals in the following ways:

- Coordinate physician visits and other medical appointments
- Coordinate care and facilitate communication with health care providers such as screening clinics, diagnosis centers, tech labs, and allied health services
- Arrange or provide transportation to and from medical appointments
- Access and maintain insurance coverage
- Assist individuals, families, and caregivers in completing medical, financial and other forms necessary for health care access and services
- Provide education about medical conditions and recovery strategies and motivate and educate individuals and their family/caregivers about the importance of preventive services
- Facilitate communication with health care providers
- Maintain telephone contact between patients and health care
- Identify and address barriers to health care for disparate populations
- Arrange for translation services where necessary
- Assist with medication financing and management
- Coordinate childcare, elder care, and respite services when necessary
- Provide emotional support to alleviate fears and barriers to accessing quality health care
<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th># of Individuals FSP*</th>
<th>Previous # of Individuals GSD</th>
<th>Expanded # of Individuals GSD</th>
<th>Total # of Individuals GSD</th>
<th># of Individuals O&amp;E*</th>
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*No Full Service Partnership/Outreach and Engagement services in this GSD*
CSS- Families Together (FT) - GSD- 04
Operated by Behavioral Health and Recovery Services; a collaboration of Consumer & Family Affairs System of Care and Children’s System of Care

Families Together (FT) is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a one-stop-shop experience.

Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the needs of diverse families. Services include peer group support and assistance with navigating mental health, juvenile justice, and child welfare systems.

The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Support groups are offered including a men's group that continues to grow.

The Family Partnership Mental Health team provides mental health and psychiatric services, and linkages to the other programs at the center.

**Three-Year Proposed Program Expansion: $1,074,000**

This expansion seeks to enhance the program in the following ways:

- Enhance parent partners capacity in order to expand support to families in Child Welfare and Probation Systems
- Expand support to families in Child Welfare and Probation Systems by having parent partners engage with families entering each identified system
- Provide support to families engaged in Katie A Child and Family Teams (CFT)
- Hire four staff members for the program

### GSD-04 - Targeted number of individuals to be served in the program in FY 2014-15:

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<th>Age of Individuals</th>
<th># of Individuals FSP*</th>
<th>Previous # of Individuals GSD</th>
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<th># of Individuals O&amp;E*</th>
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*No Full Service Partnership/Outreach and Engagement services in this GSD*
The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. The CEC is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create important linkages to mental health and substance abuse treatment services.

The staff assists members with obtaining community resources and linkages to housing, employment, and education. The team also provides peer support and self-sufficiency tools designed to enhance personal empowerment.

Turning Point also offers a transportation service called Community Activities and Rehabilitation Transportation (CART) to clients of Behavioral Health and Recovery Services (BHRS) and family members. This program helps consumers participate in social and stakeholder activities, process improvement committee meetings, and overall consumer-driven services.

**Three-Year Proposed Program Expansion: $174,000**

The expansion would provide the following services:

- Vital transportation needs to decrease wait times in hospital emergency departments
- Connect individuals with timely support and treatment
- CART driver will share lived experiences to engage clients in recovery and resiliency concepts

### GSD-05 - Targeted number of individuals to be served in the program in FY 2014-15:

<table>
<thead>
<tr>
<th>Age of Individuals</th>
<th># of Individuals FSP*</th>
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<th>Expanded # of Individuals GSD</th>
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*No Full Service Partnership/Outreach and Engagement services in this GSD
Behavioral Health and Recovery Services (BHRS) provides an array of support services to individuals living independently. Supportive housing provides a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges - individuals and families with low incomes and serious, persistent issues that include mental illness, substance use, and other disabling conditions. They may also be homeless or at risk of homelessness.

**Three-Year Proposed Program Expansion: $1,092,000**

- **Intensive Supportive Transitional Housing**
  This BHRS program provides supportive transitional housing using a “housing first” approach serving individuals with severe mental illness. The proposed program will increase staff for an intensive program tailored to provide effective prevention and intervention strategies for those most at-risk and most in need as a means to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses. Staff will be increased by adding one (1) Behavioral Health Specialist, two (2) Clinical Services Technicians, and 0.5 Administrative Clerk.

  The “housing first” approach provides housing to participants without requiring participation in mental health and substance use disorder treatment. However, treatment is continually offered and provided when participants consent.

  Among the proposed services:
  - Time-unlimited services provided from a recovery and resiliency perspective
  - Vocational training
  - Housing support and stability services
  - Medication management
  - Benefits assistance
  - Intensive case management
  - Integrated mental health and substance abuse treatment
  - 24-hour crisis services

**Three-Year Proposed Program Expansion: $195,000**

- **Vine Street Emergency Housing**
  BHRS has identified a need to increase the Emergency Housing inventory for individuals who are in the process of obtaining services, housing, AOD inpatient treatment, and entitlement benefits. As they wait for assessments or bed availability, it is a challenge to keep people safe and engaged due to their homelessness. With this Emergency Housing, individuals will be able to stay up to 28 days while they’re waiting to connect to services. The expanded funding will cover rent of the facility, repairs due to any property damage, and one (1) Clinical Services Technician.

**Three-Year Housing Program/Request for Proposal: $285,000**

- **Transitional Board and Care**
  In the housing continuum, there is a wide span between a locked institutional setting and the basic board & care level of care. Transitional Board & Care is designed to bridge the gap between the two by providing a low client to staff ratio to address individual residential needs.

  It provides structured programming which assists residents in improving functional abilities in the following areas: basic self-care including meals, medication monitoring, monitoring health and hygiene, interpersonal communication and conflict resolution, social and recreational skills, etc.
O&E -02 - Targeted number of individuals to be served in the program in FY 2014-15:

<table>
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<tr>
<th>Age of Individuals</th>
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<th># of Individuals GSD*</th>
<th>Previous # of Individuals O&amp;E</th>
<th>Expanded # of Individuals O&amp;E***</th>
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<td>96</td>
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*No Full Service Partnership/General System Development services or funds in this O&E
**This program does not serve children and youth (0-15 yrs)
***This column reflects the combined number of individuals using one or more of the housing expansions.
CSS-Outreach and Engagement - O&E 03

This Request for Proposal (RFP) will provide outreach and engagement services to underserved and unserved populations at risk for mental health issues. The services will reach, identify, and engage at-risk racially and ethnically underserved individuals who do not seek services in traditional mental health settings. Rural communities and families of those from at-risk populations will also be served through this program.

Three-Year Proposed Program/Request for Proposal: $420,000

The creation of this O&E will provide the following services:

- Intensive outreach and engagement
- Behavioral health education utilizing culturally appropriate strategies
- Behavioral health access information dissemination utilizing best practice approaches
- Community based behavioral health screenings and referrals
- Culturally appropriate consumer and family peer supports development
- Service coordination and linkages to community based peer and family support
- Behavioral health training
- Behavioral health (BHRS and partners) training promotion and marketing

### O&E-03 - Targeted number of individuals to be served in the program in FY 2014-15:

<table>
<thead>
<tr>
<th>Age of Individuals</th>
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<th># of Individuals GSD*</th>
<th># of Individuals O&amp;E</th>
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<tbody>
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*No Full Service Partnership/General System Development services or funds in this O&E
Prevention and Early Intervention Overview

PEI programs are transformational in the way they influence restructuring of the mental health system to embrace a “help first” paradigm in partnership with the community. The aim is to promote prevention and early intervention. It’s the second largest component, 20%, of Stanislaus County MHSA funding.

The programs are created to prevent mental illness from becoming severe and disabling by recognizing the early signs and improving access to services and programs. With the help of diverse groups and neighborhood based organizations, residents learn how to support each other. This strengthens the capacity of communities to increase protective factors and reduce the stigma and discrimination of mental illness.

Stanislaus County has 8 PEI projects that include 18 programs. Many have more than one contracted agency to implement the program in communities across Stanislaus County. Each program has a unique approach that incorporates community-based interactions with service recipients that strive to include MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family driven services, and an integrated service experience. The projects are as follows: Community Capacity Building, Emotional Wellness Education/Community Support, Adverse Childhood Experience Interventions, Child/Youth Resiliency and Development, Adult Resiliency and Social Connectedness, Older Adult Resiliency and Social Connectedness, Health/Behavioral Health Integration, and School/Behavioral Health Integration.

The Prevention and Early Intervention component plays an important role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations. Below is the PEI component for FY2012-2013 displayed in the Theory of Change Framework, which was presented during the stakeholder process:

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Note: Since there is an overlap of strategies within programs, the total program sum does not equal 18.
Proposed PEI Expansions for FY 2014-15

This Plan Update proposes to strategically expand PEI programs and augment services to reach more consumers in Stanislaus County. One Request for Proposal (RFP) is being planned for this funding cycle.

The RSSC approved priority funding for Three-Years for the following expansions:

**PEI Expansions**

**Community Capacity Building Initiative - $185,000**
- Promotores Community Mental Health Outreach

**Adverse Childhood Experience Interventions - $125,000**
- Early Psychosis Intervention Services

**Health/Behavioral Health Integration - $275,000**
- Decrease Client/Staff Ratios
- Underserved Cultural and Ethnic Populations

**School Behavioral Health Integration - $150,000**
- Nurtured Heart
- CLaSS

The PEI expansions within the PEI Theory of Change framework and program narratives are found on the following pages.
PEI – Community Capacity Building

This project takes the term “community driven” to a new level. With the focus on underserved cultural populations, the Community Capacity Building Initiative (CCBI) aims to increase a community’s capacity to address existing needs and disparities in mental health care and well-being and to develop and strengthen protective factors.

Utilizing Asset-Based Community Development strategies, the project focuses on leadership development, organizational capacity, and community capacity building. CCBI supports the Promotores/Community Health Worker model by employing and training behavioral health workers to address mental health disparities and increase protective factors in their own neighborhoods. They act as liaisons with BHRS and lead well-being, risk reduction focused projects.

Three-Year Proposed Program Expansion: $555,000

- **Promotores and Community Health Workers (P/CHW) Program**
  Promotores and Community Health Workers play a critical role in developing opportunities for community members to gather, belong, and exercise their leadership to improve their personal well-being and that of their community. They plan and support community-led interventions that sustain well-being, reduce the “mental illness” stigma, and connect isolated individuals to a community of support. The interventions reduce the risk of serious illness in the future, as social isolation is often linked to a variety of negative outcomes.

Promotores and community health workers serve as true agents of change to create neighborhoods that promote wellness to reduce risk factors. Since they live in the communities they serve, they have a self interest in the results of community well-being projects.

This expansion would consist of expanding the current 0.5 FTE to 1.0 FTE in order to sustain current successful program results and deepen the level of community relationships and supports. Services and activities include the ongoing identification, recruitment of Latino/underserved populations exhibiting the onset of serious mental health issues within rural ethnic/cultural underserved and at-risk populations within Stanislaus County.
Programs under this project address the community need for expanding responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and the involvement of Juvenile Justice. Services are provided to at-risk children and youth, trauma exposed youth and their families, and persons experiencing the early onset of serious mental disorders.

Three-Year Proposed Program Expansion: $375,000

- Early Psychosis Intervention: LIFE Path
  LIFE Path is a program designed to provide early intervention services to 14 – 25 year-olds who have experienced initial symptoms of psychosis. The program provides intensive treatment for consumers, families, caregivers, and significant support persons. The services are tailored to meet the unique needs of each participant and may include screening and assessment, diagnosis, individual and family counseling, and crisis and relapse prevention. A primary goal is to support consumers in discovering their life path potential by decreasing the disabling effects from untreated psychosis.

The current contract provider, Sierra Vista Child and Family Services, is the only agency that specializes in this area. The current PEI expansion will allow the program to hire one additional staff member, an occupational therapist (OT), to improve service delivery to its clients and the ability to increase the number of individuals served by 100%. Currently, existing staff are providing some occupational therapy. Adding an OT will allow existing staff to serve more individuals with the shift of occupational therapy to a staff person with specialized training in this area.
This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues.

The GVHC sites are in Newman, Patterson, Turlock, and West Turlock.

**Three-Year Proposed Program Expansion: $375,000**

This expansion will allow GVHC to provide additional mental health clinicians (also known as behavioral health providers) in clinics that are understaffed. The expansion will help increase access and decrease staff to client ratios when compared to the current traditional primary care provider (PCP) model. The current ratio is from 1:10, and the expansion is to decrease staff to client ratio to 1:3. This underserved population will have increased access and decreased prolonged suffering from mental illness. It will also allow practitioners to fully integrate Health/Behavioral Health services within the local underserved rural communities of Stanislaus County.

**Three-Year Proposed Program Expansion: $450,000**

This expansion will allow GVHC to serve underserved cultural and ethnic populations in the homeless community in Stanislaus County. It would expand behavioral health services for the homeless and those at-risk for homelessness at the “Corner of Hope” medical service center in Modesto. It would provide low cost, no cost services and increase access to the underserved homeless sub-population experiencing the onset of severe mental illness and/or severe emotionally disturbance.

The expansion will focus on stigma reduction, direct early intervention services, and increased timely access.
This early intervention project serves at-risk children, youth, educational professionals, and parents. The focus is on preventing school failure and other psychosocial problems resulting from early onset of mental illness, trauma and family stress. The project consists of multifaceted activities including embedding a mental health clinician within a school setting to provide behavioral health consultation, substance abuse problem identification, referrals, and support for educational professionals and parents. The selective prevention program also provides mental health screenings and early interventions for students with behavioral and emotional problems.

This project is based on elements from a variety of successful program models including school-based mental health consultation, student assistance programs, classroom-based mental health education and intervention programs, and in-service programs for school professionals.

**Three-Year Proposed Program Expansion: $450,000**

- **Student Assistance and School-based Consultation Program:** BHRS has partnered with two community based organizations to implement this program in area school districts.

  - **Nurtured Heart Approach (NHA)**
    The program by the Center for Human Services (CHS) is designed to change the school culture and engage the positive to strengthen the inner wealth of its students. The goal is to build the capacity of schools to enhance the emotional resiliency of their students through the school-wide implementation of NHA. The program unites students, teachers, and parents in their efforts to build a more positive school community.

    The proposed expansion will provide the following:
    - Add one school to the program – Don Pedro Elementary in the Ceres Unified School District and serve 1,085 students
    - Expand staff support from 2.0 FTE to 3.0 FTE
    - A total of 1,000 contact hours of student services including intake assessments and individual/group sessions
    - Highlight NHA in classroom presentations and parent trainings
    - One on one support to students and the school community

- **Creating Lasting Student Success (CLA$S)**
  Sierra Vista Child and Family Services (SVCFS) runs the program in Modesto City Schools. CLA$S is a prevention and early intervention model that strives to see students succeed at home, at school, and in the community. It’s built upon strength-based and evidenced-based practices that have proven results. CLA$S seeks to work with children who are considered “at risk” for behavioral issues that lead to problems at school and in the home. CLA$S consultants are trained to work with children, their families and teachers by helping them develop action plans that everyone can follow. The focus is helping children succeed.

  The proposed expansion will provide the following:
  - Provide services to the following schools: John Muir, Shackelford, and El Vista Elementary Schools
  - Provide ongoing technical assistance to former school sites - Burbank, Robertson Road, and Kirschen Elementary Schools
  - Add one additional consultant to the program
  - Serve 1,500 students through individual, classroom and school wide activities
  - A total of 500 contact hours of student services including intake assessments and individual/group counseling
  - A total of 1,150 hours of mental health consultation including study team meetings, teacher or parent consultations, classroom presentations or observations or parent education sessions
  - A total of 135 hours of parent education
  - A total of 70 strength-based student activities including but not limited to self-awareness, self-management, social awareness, relationship skills, and responsible decision making
Under this Plan Update, a PEI RFP would be issued to reach more consumers in Stanislaus County, improve quality, and provide additional services.

**PEI RFP – Estimated Funding Amount: $250,000**

One Request for Proposal (RFP) is being planned to address one or more of the following three areas of focus:

- **Community Capacity Building Initiative/Community-Based Early Intervention Services**
  Provide individual and group early intervention and treatment services to promote recovery related functional outcomes for mental illness early in its emergence; may include services to parents, caregivers, and other family members of person with onset of mental illness; provide outreach series in community settings.

- **Adult Resiliency and Social Connectedness/Community Based Peer Support**
  Provide peer support for individuals experiencing onset of severe mental illness (SMI); integrate peer model between prevention, early intervention, and treatment providers and community based settings; provide integrated peer support model linking individuals receiving services from PEI treatment providers with community based peer support; incorporate strategies including stigma reduction.

- **School Behavioral Health Integration/Capacity Building and Training**
  Provide training on early identification of student mental health issues including prevention and early intervention.

The Plan Update expansions within the PEI Theory of Change framework are found on the following pages.
MHSA Long-Term Result:
Wellness, Recovery, & Resilience for Identified Populations

Prevention & Early Intervention Results:
Reduced stigma & discrimination – increased timely access to underserved & underserved populations – decreased negative outcomes that may result from untreated mental illness (suicides, incarcerations, school failure or dropouts, unemployment, homelessness, removal of children from their homes and prolonged suffering)

Indicated Prevention Results:
- Individuals exhibiting onset of SMI/SED or with MH issues and their families are:
  - Engaged
  - Supported
  - Screened/referred

Early Intervention Results:
- Individuals exhibiting onset of SMI/SED or with MH issues and their families are provided services in a timely and culturally competent manner

Strategies
Promotion of Mental Health
- Outreach & engagement
- Community support
- Screening & Referral
- Brief Counseling Intervention

Proposed Services/Activities
Targeted Populations:
- Underserved and underserved populations exhibiting onset of SMI
- Underserved and underserved populations with MH issues
- Families of individuals with onset of SMI/SED or with MH issues

- Outreach and engagement in community settings
- Individual and group services, including treatment or other interventions that address and promote recovery-related functional outcomes for mental illness early in its emergence

Community Capacity Building
Community-Based Early Intervention Services - RFP
MHSA Long-Term Result: Wellness, Recovery, & Resilience for Identified Populations

Prevention & Early Intervention Results:
Reduced stigma & discrimination — increased timely access to underserved & underserved populations — Decreased negative outcomes that may result from untreated mental illness (suicides, incarcerations, school failure, dropout, unemployment, homelessness, removal of children from their homes and prolonged suffering)

Indicated Prevention Results: Individuals exhibiting onset of SMI/SED or with MH issues and their families are:
Engaged
Supported
Screened/referred

Outreach & engagement
Community support
Community capacity building
Peer Support

Proposed Services/Activities
Targeted Population:
- Unerved and underserved populations exhibiting onset of SMI
- Unerved and underserved populations with MH issues
- Families of individuals with onset of SMI/SED or with MH issues

- Peer support services for individuals experiencing onset of SMI
- Integration of peer models between prevention, early intervention, and treatment providers and peer support
- Linking individuals receiving services from providers/treatment with community-based peer support

Proposed Program
Adult Resiliency and Social Connectedness Community-Based Peer Support – RFP

MHSA Long-Term Result: Wellness, Recovery, & Resilience for Identified Populations

Prevention & Early Intervention Results:
Reduced stigma & discrimination — increased timely access to underserved & underserved populations — Decreased negative outcomes that may result from untreated mental illness (suicides, incarcerations, school failure and dropouts, unemployment, homelessness, removal of children from their homes and prolonged suffering)

Selective Prevention Results:
- Increased knowledge about mental health
- Mental illness (SMI/SED) and its risks
- Individuals at risk for SMI/SED are engaged & supported
- Reduced risk factors for SMI/SED
- Developed/Enhanced protective factors

Strategies
Mental health training & education
Outreach & engagement
Community capacity building

Proposed Services/Activities
Targeted Population:
- School staff and providers working with children/youth at risk for serious emotional disturbance

Provide training for school staff/providers for:
- Early identification of student mental health issues
- Prevention and early intervention resources

Proposed Program
School Behavioral Health Integration Capacity Building and Training - RFP
Innovation Overview

The main goal of MHSA innovation projects is to learn from a new practice and see if it increases access and/or improves community services or collaboration to help transform communities. It provides funds and evaluates new approaches in mental health. An Innovation project contributes to learning about and addressing unmet need rather than having a primary focus on providing services.

It’s an opportunity to “try out” new approaches that can inform current and future practices/approaches in communities. Like all MHSA components, Innovation projects must be guided by MHSA values:

- Community collaboration - Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, and practitioners not traditionally defined as mental health
- Cultural competence - Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes
- Client/family driven mental health system - Includes ongoing involvement of clients and family members, including but not limited to roles in implementation, staffing, evaluation and dissemination
- Wellness, recovery, and resiliency focus - Prevent mental health problems, increase resilience and/or promote health recovery
- Integrated service experiences for clients and family - Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

Innovation Results:
An innovative project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges (Section 9, Part 3.2, 5830c). In other words, Innovation projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The result we hope to achieve is the development of new best practices in mental health by

- Increasing interagency & community collaboration for mental health services or supports
- Increasing quality of mental health services
- Increasing access to underserved populations
- Increasing access to mental health services

Innovation Strategies:
Innovation projects may employ one of the following strategies to contribute to learning.

- Introduces new mental health practices/approaches that have never been done before
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contests or settings.
- Innovation projects may impact individuals, families, neighborhoods and communities.
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contests or settings.

The Innovation component plays a unique role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations. Innovation helps develop new best practices that can lead to the desired results. On the following page, the Innovation component is displayed in the Theory of Change Framework:
Proposed RFP FY 2014-15: Estimated Funding Available
1.3 Million FY 2014-15, FY 2015-16

On July 18, 2014, community stakeholders approved a priorities funding plan to issue one RFP for the Innovation component. The RFP will incorporate the Theory of Change Framework to ask proposers to select a mental health adaptive dilemma consistent with stakeholders’ priorities. The top prioritized adaptive dilemmas were as follows: improving parental competency and social support for fathers, improving the well-being of children, TAY, and TAYA, and treatment options for people struggling with both substance abuse and mental illness. Proposers will also specify the strategy they will employ and the results they expect to achieve to contribute to the development of new best practices in mental health.

Plans are to issue the RFP through the Stanislaus County Purchasing Department and use county processes to determine approved proposals. Following the approval process at the county level, proposals will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for state approval.
Capital Facilities Overview

Crisis Stabilization Unit (CSU) Design and Construction and Operational Costs

Capital Facilities (CF) Proposed Expansion

This expansion would continue the design and construction of a Crisis Stabilization Unit (CSU) that was highlighted in the 2014 Annual Update and Three-Year Program and Expenditure Plan. That plan, approved by stakeholders, provided $158,000 of Capital Facilities funding to begin the architectural design of the project.

The costs related to the CSU expansion in this Plan Update are as follows:

**Proposed Project Funding/Design and Construction: $944,000**

Below is the detailed background and description of the Capital Facilities project and costs associated with it.

**County:** Stanislaus

**Project Number/Name:** Crisis Stabilization Unit

**Project Address:** 1904 Richland Avenue, Ceres, CA 95307

**Date:** 7/25/14

<table>
<thead>
<tr>
<th>Type of Building (Check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☐ New Construction</td>
</tr>
<tr>
<td>☐ Acquired with Renovation</td>
</tr>
<tr>
<td>☑ Acquired without Renovation</td>
</tr>
<tr>
<td>☐ Existing Facility</td>
</tr>
<tr>
<td>☐ County owned</td>
</tr>
<tr>
<td>☐ Privately owned</td>
</tr>
<tr>
<td>☐ Leasing (Rent) to Own Building</td>
</tr>
<tr>
<td>☐ Restrictive Setting</td>
</tr>
<tr>
<td>☐ Land only</td>
</tr>
</tbody>
</table>

**NEW PROJECTS ONLY**

1. Describe the type of building(s). Include (as applicable):
   - Prior use and ownership.
   - Scope of renovation.
   - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
   - When renovation is for administrative services, describe how the offices augment/support the County’s ability to provide programs/services.
   - If facility is privately owned, describe the method used for protecting the County’s capital interest in the renovation and use of the property.

The building was one of several buildings on the property purchased in 2000 by Stanislaus County. This particular building has been used as a residential substance use disorder (SUD) treatment facility. Over the years, funding cuts have resulted in the need for less residential space in the building for SUD services. This project proposes to use one wing of the facility for a new Crisis Stabilization Unit (CSU). All renovations for the proposed project will consist of those needed for operation of the program. Currently, the wing proposed for renovation consists mainly of bedrooms and some office space. The renovation will involve enlargement of some of the spaces to create a welcoming environment for consumers, who are brought or come to the facility in crisis and their families and/or significant others, interview rooms, office space for clinical staff and for peer support.
staff, a side exit from the building, and a pathway to the adjacent Psychiatric Health Facility. A crisis stabilization unit is a critical need in Stanislaus County. A year-long strategic planning endeavor, involving Behavioral Health & Recovery Services, the County Chief Executive's Office, the local safety net provider of acute inpatient psychiatric services, and consultants, was endorsed by the Stanislaus County Board of Supervisors in November 2012. This strategic planning effort was focused on 24/7 secure mental health services as well as the services preceding and following these services. Three goals were identified, i.e., development of a new Psychiatric Health Facility, creation of a Discharge Team that would follow up with all discharges of County patients from the inpatient psychiatric hospital, and the development of a crisis stabilization unit. This process included input from a wide variety of stakeholders, including members of our MHSA Representative Stakeholder group. The first two goals have been implemented. The CSU is the last outstanding goal to be accomplished.

Stanislaus County does not have a CSU as part of the continuum of services. We know that the absence of such a program has resulted in higher hospitalization rates. A temporary Crisis Intervention Program (CIP), instituted in October 2013, has shown promise in diverting individuals from hospitalization. A CSU would provide a higher, more intensive level of care, including the ability to provide medications, which the CIP cannot. Thus, our expectation is that a significant number of our customers in crisis would be diverted from hospitalization.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

The proposed CSU will have clinical and psychiatric services available in the unit. To begin with, the CSU will accommodate four adults at any one time with the potential for expansion in the future. The CSU will provide up to 23 hours of crisis stabilization services for adults, aged 18 and older. Currently, the CIP provides services to as many as six (6) clients per day. It is expected that the CSU would serve at least that number if not more, given the ability to provide psychiatric services. Also, the CSU will be able to provide group interventions as necessary. Separately from the CSU, the County’s Community Emergency Response Team (CERT) and a peer-staffed Warm Line as well as peer navigators will be co-located in the space. Thus, the building becomes a one-stop crisis service with follow-up services as needed. CERT provides most of the County’s crisis assessment services. Having a CSU co-located will allow them to utilize a “warm hand off” to a CSU, ensuring that interventions are seamless. Should the CSU interventions be unsuccessful, CERT is readily available to arrange hospitalization. The Warm Line is a telephone assistance program that provides non-crisis peer support, referrals and follow-up contacts. Both of these programs are MHSA funded. Newly approved MHSA funding will be adding peer navigator support to the County’s continuum of services. The peer navigators will be able to provide more follow-up as well as early intervention in other locations in the county.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The project will be located on the campus of the county-owned Stanislaus Recovery Center. This campus is located on 11 acres in Ceres, California. It has public transportation to the site. Though there are neighborhoods adjacent to the site, there are walls around the treatment sites that prevent visual and physical access to the site. There are several permanent buildings on the site. In addition to the residential facility, of which one wing is proposed for this project, there is a new Psychiatric Health Facility adjacent to the proposed CSU, an office building for SUD staff and SUD outpatient treatment rooms, and, at the other side of the property, a building that houses staff for the County’s Prevention and Early Intervention and SUD Prevention programs. In addition, there are several modular buildings on the site. One currently adjacent to the proposed CSU houses the CERT staff, the Warm Line staff and the CIP staff. Once the remodeling is complete, CERT and the Warm Line will be relocated to the newly remodeled building and the CIP for adults will be discontinued. This modular will then be repurposed as a CIP for minors. The other modular buildings on the site are proposed for an expansion of SUD services.
4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)

The project will be used exclusively to provide MHSA programs/services and supports.

5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.

The County has budgeted ongoing maintenance costs, which are prorated among all of the programs on the Stanislaus Recovery Center campus. All maintenance work will be performed by the current contractor that the County Behavioral Health & Recovery Services (BHRS) uses for these services. CERT and the Warm Line are currently budgeted as MHSA Community Services and Supports – General System Development programs. These two programs are of long-standing duration. They were put in place in FY2005/2006 as part of the initial MHSA planning. Both are essential to BHRS mission. Recent MHSA planning has added funding for peer navigators. Operational costs of the CSU will be part of the MHSA budget targeted to begin in FY2015/2016.

6. If proposing Leasing (Rent) to Own Building provide a justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.

N/A

7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.

N/A

8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. & Inst. Code §5847, subd. (b)(5).)

N/A

9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.

This is the first Capital Facilities (CF) project that Stanislaus County has proposed. In the most recent MHSA Annual Update and Three-Year Program and Expenditure Plan, the concept of a Crisis Stabilization Unit was proposed to the Representative Stakeholder Steering Committee. There was agreement for the development of a CSU. At that time, the extent of the funding for a new CF project was not known. Thus, only the funding for the architectural design portion of the project was articulated and brought to the Board of Supervisors on June 17, 2014. The remainder of the funding for the remodeling/construction phase of a county-owned building was part of a second stakeholder process that began on May 30, 2014 and ended on July 18, 2014. The RSSC unanimously agreed to endorse funding for the rest of this CF project as well as operational costs of the CSU post-construction.
Provide an estimated annual program budget, utilizing the following line items.

### EXISTING PROJECTS ONLY

1. Provide a summary of the originally approved CF project.
   
   N/A

2. Explain why the initial funding was insufficient to complete the project.
   
   N/A

3. Explain how the additional funds will be used.
   
   N/A

### NEW/EXISTING PROJECT BUDGET

#### A. EXPENDITURES

<table>
<thead>
<tr>
<th>Type of Expenditure</th>
<th>County Mental Health Department</th>
<th>Other Governmental Agencies</th>
<th>Community Mental Health Contract Providers/CBO's</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-Development Costs</td>
<td>$158,000</td>
<td></td>
<td></td>
<td>$158,000</td>
</tr>
<tr>
<td>2. Building/Land Acquisition</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>3. Renovation</td>
<td>$786,000</td>
<td></td>
<td></td>
<td>$786,000</td>
</tr>
<tr>
<td>4. Construction</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>5. Repair/Replacement Reserve</td>
<td>$0</td>
<td></td>
<td></td>
<td>$0</td>
</tr>
<tr>
<td>6. Other Expenditures</td>
<td>$453,000</td>
<td></td>
<td></td>
<td>$453,000</td>
</tr>
</tbody>
</table>

**Total Proposed Expenditures**

<table>
<thead>
<tr>
<th>Total Proposed Expenditures</th>
<th>$1,397,000</th>
</tr>
</thead>
</table>

#### B. REVENUES

1. New Revenues

   a. Medi-Cal (FFP only) $0 $0
   b. State General Funds    $0 $0
   c. Other Revenues        $453,000 $453,000

**Total Revenues**

<table>
<thead>
<tr>
<th>Total Revenues</th>
<th>$453,000</th>
</tr>
</thead>
</table>

#### C. TOTAL FUNDING REQUESTED

<table>
<thead>
<tr>
<th>Total Funding Requested</th>
<th>$944,000</th>
</tr>
</thead>
</table>
### D. Budget Narrative

1. **Provide a detailed budget narrative explaining the proposed program expenditures for each line item.** Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.

<table>
<thead>
<tr>
<th>Pre-development costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>The County will appropriate $158,000 for pre-development costs of professional architecture and engineering services for the CSU. Additionally, the County will provide oversight of the capital facilities project which requires the allocation of expenditures for construction administration, printing, supplies and general administrative costs through the design phase.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Building/land acquisition</th>
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</thead>
<tbody>
<tr>
<td>The CSU will be located on the campus of the county-owned Stanislaus Recovery Center. A renovation of an existing wing of a residential facility, with no new costs of building or land acquisition.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Renovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The County will renovate an existing wing of a residential facility. This renovation will include the selective demolition of walls and interior finishes to provide a suitable environment for the services of the CSU. The costs include the construction related costs of the renovation, on-site improvements for law enforcement and public access, signage and graphics, data and communications, security systems include surveillance systems, emergency power and fire suppression systems. The County will undergo a competitive procurement for the CSU project as required in the California public contract code in addition to providing construction administration services. The County will provide construction management services, legal services, supplies and other services as part of the project. The estimated cost of the renovation using MHSA funding is $944,000.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>A new emergency electrical generator system will be installed at the Stanislaus County Recovery Center campus site and the CSU will be served by emergency power. The County will fund the proportionate share of this work, not directly linked to the CSU, in the amount of $292,000 paid by the County Mental Health Department from funds dedicated for capital acquisitions that provide mental health services. The Furniture, Fixtures and Equipment in the amount of $161,000 necessary to furnish the CSU will be funded from funds dedicated for capital acquisition that provide mental health services.</td>
</tr>
</tbody>
</table>
### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

#### Funding Summary 8-1-14 with Minimal WET & CFTN transfers

**County:** Stanislaus  
**Date:** 8/6/14

<table>
<thead>
<tr>
<th>MHS Funding</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Services and Supports</strong></td>
<td></td>
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<td><strong>Prevention and Early Intervention</strong></td>
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<td><strong>Innovation</strong></td>
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<td><strong>Worldforce Education and Training</strong></td>
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<tr>
<td><strong>Capital Facilities and Technological Needs</strong></td>
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<tr>
<td><strong>Prudent Reserve</strong></td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
</tbody>
</table>

#### A. Estimated FY 2014/15 Funding

1. **Estimated Unspent Funds from Prior Fiscal Years**  
   - $13,184,365  
   - $5,227,901  
   - $2,762,879  
   - $526,586  
   - $1,939,957  
   - **$23,641,688**

2. **Estimated New FY2014/15 Funding**  
   - $14,346,876  
   - $5,386,719  
   - $943,873  
   - **$18,877,468**

3. **Transfer in FY2014/15**  
   - $(1,343,420)  
   - **0**

4. **Access Local Prudent Reserve in FY2014/15**  
   - **0**

5. **Estimated Available Funding for FY2014/15**  
   - $26,187,821  
   - $8,814,620  
   - $3,706,752  
   - $726,586  
   - $3,083,377  
   - **$42,519,156**

#### B. Estimated FY2014/15 MHS Expenditures

- **$14,644,807**  
  - $5,160,610  
  - $2,569,801  
  - $500,157  
  - $2,305,981  
  - **$25,181,356**

#### C. Estimated FY2015/16 Funding

1. **Estimated Unspent Funds from Prior Fiscal Years**  
   - $11,543,014  
   - $3,654,030  
   - $1,136,951  
   - $226,429  
   - $777,396  
   - **$17,337,800**

2. **Estimated New FY2015/16 Funding**  
   - $12,300,000  
   - $3,100,000  
   - $810,000  
   - **$16,210,000**

3. **Transfer in FY2015/16**  
   - $(498,000)  
   - **0**

4. **Access Local Prudent Reserve in FY2015/16**  
   - **0**

5. **Estimated Available Funding for FY2015/16**  
   - $23,345,014  
   - $6,754,010  
   - $1,946,951  
   - $319,429  
   - $1,182,396  
   - **$33,547,800**

#### D. Estimated FY2015/16 Expenditures

- **$15,927,617**  
  - $4,885,967  
  - $1,063,074  
  - $307,095  
  - $1,180,745  
  - **$23,364,498**

#### E. Estimated FY2016/17 Funding

1. **Estimated Unspent Funds from Prior Fiscal Years**  
   - $7,417,397  
   - $1,868,043  
   - $883,877  
   - $12,334  
   - $1,651  
   - **$10,183,302**

2. **Estimated New FY2016/17 Funding**  
   - $12,300,000  
   - $3,100,000  
   - $810,000  
   - **$16,210,000**

3. **Transfer in FY2016/17**  
   - $(1,515,000)  
   - $(315,000)  
   - $1,200,000  
   - **0**

4. **Access Local Prudent Reserve in FY2016/17**  
   - **0**

5. **Estimated Available Funding for FY2016/17**  
   - $18,202,397  
   - $4,968,043  
   - $1,693,877  
   - $327,334  
   - $1,201,651  
   - **$26,293,302**

#### F. Estimated FY2016/17 Expenditures

- **$16,325,424**  
  - $4,924,255  
  - $155,439  
  - $314,033  
  - $1,199,507  
  - **$22,918,658**

#### G. Estimated FY2016/17 Unspent Fund Balance

- **$1,876,973**  
  - **43,788**  
  - **1,538,438**  
  - **13,301**  
  - **2,144**  
  - **3,474,644**

#### H. Estimated Local Prudent Reserve Balance

1. **Estimated Local Prudent Reserve Balance on June 30, 2014**  
   - **500,000**

2. **Contributions to the Local Prudent Reserve in FY 2014/15**  
   - **0**

3. **Distributions from the Local Prudent Reserve in FY 2014/15**  
   - **0**

4. **Estimated Local Prudent Reserve Balance on June 30, 2015**  
   - **500,000**

5. **Contributions to the Local Prudent Reserve in FY 2015/16**  
   - **0**

6. **Distributions from the Local Prudent Reserve in FY 2015/16**  
   - **0**

7. **Estimated Local Prudent Reserve Balance on June 30, 2016**  
   - **500,000**

8. **Contributions to the Local Prudent Reserve in FY 2016/17**  
   - **0**

9. **Distributions from the Local Prudent Reserve in FY 2016/17**  
   - **0**

10. **Estimated Local Prudent Reserve Balance on June 30, 2017**  
    - **500,000**

---

*a/ Pursuant to Welfare and Institutions Code Section 5902(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.*
## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
### Community Services and Supports (CSS) Component Worksheet

<table>
<thead>
<tr>
<th>County</th>
<th>Date</th>
<th>Fiscal Year 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>A</td>
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<tr>
<td></td>
<td>Estimated Total Mental Health Expenditures</td>
<td>Estimated CSS Funding</td>
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<tr>
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<td>436,448</td>
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<td>981,881</td>
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<td>4. FSP-06 High Risk Health &amp; Senior Access</td>
<td>2,222,237</td>
<td>1,655,332</td>
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<td>5. FSP-07 Josie's TRAC</td>
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<td>139,000</td>
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<tr>
<td>6. FSP-02 Access and Support</td>
<td>360,000</td>
<td>128,000</td>
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<tr>
<td>7. FSP-07 Turning Point-ISA</td>
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<td>628,000</td>
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<td><strong>Non-FSP Programs</strong></td>
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<td>1,062,750</td>
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<td>235,926</td>
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<td>271,170</td>
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<td>174,561</td>
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<td>497,085</td>
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<td>364,000</td>
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<td>13. GSD-01 Josie's Place</td>
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<td>14. GSD-02 CERT/Warmline</td>
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<td>15. GSD-04 Families Together</td>
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<td>35,000</td>
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<td>16. GSD-05 Consumer Empowerment Center</td>
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<tr>
<td>17. FSP-02 Juvenile Justice</td>
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<td>226,000</td>
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<td>18. O&amp;E-02 Unerved Undererved Adults</td>
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<td>140,000</td>
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<td>19. O&amp;E-02 Supportive Housing Services (Vine St)</td>
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<tr>
<td>20. O&amp;E-02 Supportive Housing Services (Trans B&amp;C)</td>
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<td>95,000</td>
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### CSS Administration

1,649,594 | 1,561,894 | 87,700 |

### CSS MHSA Housing Program Assigned Funds

0

### Total CSS Program Estimated Expenditures

18,599,876 | 14,644,807 | 1,203,600 | 111,065 | 0 | 640,404 |

### FSP Programs as Percent of Total

59.4%
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<th>FSP Programs</th>
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<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
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<td>99,362</td>
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<td>1,020,895</td>
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<td>1,725,410</td>
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<td><strong>Non-FSP Programs</strong></td>
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<td>45,847</td>
<td>143,339</td>
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<td>3. O&amp;E-02 Employment - Garden Gate Respite</td>
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<td>261,525</td>
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<td>85,423</td>
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<td>4. GSD-01 Transition Age Young Adult Drop-in Center</td>
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<td>899,483</td>
<td>196,500</td>
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<td>59,533</td>
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<td>9,925</td>
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<tr>
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<tr>
<td>17. GSD-05 Consumer Empowerment Center</td>
<td>58,000</td>
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<tr>
<td>18. FSP-02 Juvenile Justice</td>
<td>292,000</td>
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<td>57,000</td>
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<tr>
<td>19. O&amp;E-02 Unservd/Underserved Adults</td>
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<tr>
<td>20. O&amp;E-02 Supportive Housing Services (Vine St)</td>
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<td>65,000</td>
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<td></td>
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<tr>
<td>21. O&amp;E-02 Supportive Housing Services (Trans B&amp;C)</td>
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<td><strong>FSP Programs as Percent of Total</strong></td>
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## Fiscal Year 2016/17

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<td>1,068,804</td>
<td>45,847</td>
<td>143,339</td>
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<td>3. O&amp;I-02 Employment - Garden Gate Respite</td>
<td>421,766</td>
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<td>85,423</td>
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<td>4. GSD-01 Transition Age Young Adult Drop in Center</td>
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<td>8. Crisis Stabilization Unit</td>
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<td>14. GSD-01 Josie’s Place</td>
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<td>15. GSD-02 CERT/ Warmline</td>
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<td>17. GSD-05 Consumer Empowerment Center</td>
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<tr>
<td>21. O&amp;I-02-Supportive Housing Services (Trans B&amp;C)</td>
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**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan**

**Prevention and Early Intervention (PEI) Component Worksheet**

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<tr>
<th>County: Stanislaus</th>
<th>Date: 8/6/14</th>
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### Fiscal Year 2014/15

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<th>Estimated Total Mental Health Expenditures</th>
<th>B</th>
<th>Estimated PEI Funding</th>
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<th>Estimated Medi-Cal FFP</th>
<th>D</th>
<th>Estimated 1991 Realignment</th>
<th>E</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>F</th>
<th>Estimated Other Funding</th>
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<tr>
<td>2. Pg 2-Community Awareness &amp; Support</td>
<td>269,913</td>
<td>269,913</td>
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</tr>
<tr>
<td>3. Pg 4-Child &amp; Youth Resiliency</td>
<td>148,455</td>
<td>148,455</td>
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<td>6. Promotes and Community Health Outreach</td>
<td>185,000</td>
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<tr>
<td>7. Health/BHI Integration</td>
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### Fiscal Year 2015/16

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**PEI Administration**

| PEI Program Estimated Expenditures | 753,541 | 703,641 | 0 | 0 | 49,900 | | |

**Estimated PEI Program Expenditures**

| FY 2014-15 | 5,281,078 | 5,160,610 | 42,388 | 0 | 0 | 78,080 |
| FY 2015-16 | 5,006,435 | 4,885,867 | 42,388 | 0 | 0 | 78,080 | |

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**Page 44**
<table>
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<td>14. Pj 6-Older Adult Resiliency and Social</td>
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<td>15. Pj 7-Health/Be had oral Health Integration</td>
<td>312,000</td>
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<td>16. Pj 8-School/Be had oral Health Integration</td>
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## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

### Innovations (INN) Component Worksheet

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<th>County: Stanislaus</th>
<th>Date: 8/8/14</th>
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#### Fiscal Year 2014/15

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<tr>
<th>INN Programs</th>
<th>A: Estimated Total Mental Health Expenditures</th>
<th>B: Estimated INN Funding</th>
<th>C: Estimated Medi-Cal FFP</th>
<th>D: Estimated 1991 Realignment</th>
<th>E: Estimated Behavioral Health Subaccount</th>
<th>F: Estimated Other Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INN 02 - Art for Freedom-Peer Recovery Act Project</td>
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<td>2. INN 03 - Beth &amp; Joanna/Friends in Recovery</td>
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<td>3. INN 07 - Families in the Park - WMSKCC</td>
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<td>4. INN 11 - Collective Wisdom Transformation</td>
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<tr>
<td>5. INN 12 - Garden GateAlternate Respite</td>
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<td>550,150</td>
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<td>6. Innovation RFPs will be forthcoming</td>
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**INN Administration**

Total INN Program Estimated Expenditures: $2,598,401

#### Fiscal Year 2015/16

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<th>B: Estimated INN Funding</th>
<th>C: Estimated Medi-Cal FFP</th>
<th>D: Estimated 1991 Realignment</th>
<th>E: Estimated Behavioral Health Subaccount</th>
<th>F: Estimated Other Funding</th>
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</thead>
<tbody>
<tr>
<td>1. INN 11 - Collective Wisdom Transformation</td>
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<td>360,000</td>
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<td>2. INN 12 - Garden Gate Alternate Respite</td>
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**INN Administration**

Total INN Program Estimated Expenditures: $1,091,674

#### Fiscal Year 2016/17

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Total INN Program Estimated Expenditures: $184,039

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Page 46
### FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

**Workforce, Education and Training (WET) Component Worksheet**

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#### Fiscal Year 2014/15

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<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
<th>Estimated Other Funding</th>
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<td>6,335</td>
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#### Fiscal Year 2015/16

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<th>Estimated WET Funding</th>
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<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
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#### Fiscal Year 2016/17

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<th>Estimated 1991 Realignment</th>
<th>Estimated Behavioral Health Subaccount</th>
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<tbody>
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## FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

### Capital Facilities/Technological Needs (CFTN) Component Worksheet

#### Fiscal Year 2014/15

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<td><strong>CFTN Programs - Technological Needs Projects</strong></td>
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<td>11. SU-01 Electronic Health Record</td>
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#### Fiscal Year 2015/16

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<th>F</th>
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<tbody>
<tr>
<td><strong>CFTN Programs - Capital Facilities Projects</strong></td>
<td></td>
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<td><strong>CFTN Programs - Technological Needs Projects</strong></td>
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<td>12. SU-02 Consumer Family Access</td>
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<td>13. SU-03 EH Data Warehouse</td>
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<td>14. SU-04 Document Imaging</td>
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<td><strong>Total CFTN Program Estimated Expenditures</strong></td>
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<td>1,199,507</td>
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For more information about BHRS/MHSA funded programs, please visit our website at http://www.stanislausmhsa.com/
Behavioral Health and Recovery Services

Mental Health Services Act
Three-Year Program and Expenditure Plan Update FY2014-2015

Stanislaus County Board of Supervisors
September 30, 2014
“There is no greater power than a community discovering what they care about.”

Margaret Wheatley
Background

• In November 2004, the Mental Health Services Act (MHSA) was passed

  o Provides funding to *transform* the public mental health system

  o Funds have been allocated for:
    • Community Services and Supports
    • Prevention and Early Intervention
    • Workforce Education and Training
    • Capital Facilities and Technological Needs, and
    • Innovation
Background

• MHSA funds came with very specific regulations regarding how the funds could be used

• Each component has specific percentages of the total allocation
MHSA Funding 101

CSS or "Systems of Care" 80%

PEI 20%

Up to 20% of CSS annually can be used for one or more: WET, CFTN, PR

Sustainable level
- CSS- $12 M
- PEI- $3 M
Background

• MHSA funds must be expended within three (3) years of allocation or they revert back to the state for redistribution

• On June 17, 2014, the MHSA Annual Update for FY2014-2015 and Three-Year Program and Expenditure Plan was approved by the Board of Supervisors
Background

• Planning for the Annual Update was focused on expending funds that would be reverting after June 30, 2015.

• Any changes in MHSA funding outside of the Annual Update require a Plan Update.
Background

• When tax revenues increase or decrease, strategic expansions or reductions are considered with stakeholder input.

• In Fiscal Year 2013-2014, increases in MHSA funds did occur.
Background

• In addition, program cost savings and delays in program startup in previous years created additional unallocated funds

• Thus, the need for additional stakeholder involved planning and a Plan Update
Local Stakeholder Process

• All MHSA Plan Updates require stakeholder review and input

• Stanislaus County continues to have an inclusive stakeholder process with:
  o Committed stakeholders
  o A transparent process
Local Stakeholder Process

• 159 individuals attended the meetings:
  o 100 county and community partners
  o 45 Representative Stakeholder Steering Committee (RSSC) members
  o 14 BHRS staff members

• RSSC members are voting members
Local Stakeholder Process

- Other individuals and groups were welcome to attend as well and provide input to their RSSC members
Fiscal Year 2014 - 2015 MHSA Plan Update

• Four meetings were held:
  o May 30, 2014
  o June 13, 2014
  o June 20, 2014 and,
  o July 18, 2014
Fiscal Year 2014 - 2015 MHSA Plan Update

• Planning was guided by the **Theory of Change (TOC)** that:
  o is a causal framework of HOW and WHY a change process will occur
  o focuses **first** on the desired results/outcomes
  o identifies strategies/interventions/activities that are based on desired results
Fiscal Year 2014 - 2015 MHSA Plan Update

• Planning was guided by the Theory of Change that:
  o specifies assumptions and rationales for the identification of the strategies based on research, experience, etc.
  o uses built-in measurements to monitor and evaluate success or need for change every step of the way
Fiscal Year 2014 - 2015 MHSA Plan Update

• Planning was guided by the Theory of Change that:
  o visually displays complex social change efforts and results
MHSA Long-Term Result:
Wellness, Recovery, & Resilience for Identified Populations

CSS Results:
Elimination of disparity in access
Improvement of mental health outcomes for racial/ethnic populations and other unserved and underserved populations

FSP Results:
• Decreased incarcerations
• Decreased psychiatric hospitalizations
• Decreased medical hospitalizations
• Decreased homelessness
• Increased employment

GSD Results:
• Decreased Stigma
• Increased self-care
• Increased access to community resources
• Decreased need for extensive and expensive services

O&E Results:
Diverse and underserved communities are reached

FSP
Targeted Population
Services/Activities
Programs

GSD
Targeted Population
Services/Activities
Programs

O&E
Targeted Population
Services/Activities
Programs

FSP-01 (Four FSP LOCs)
FSP-02 (One FSP LOC)
FSP-05 (One FSP LOC)
FSP-06 (One FSP LOC)

GSD-01
GSD-02
GSD-04
GSD-05

O&E-02

Fast TRAC & Wellness (FSP-01)
ISS & Wellness (FSP-05)
ISS & Wellness (FSP-06)
Fiscal Year 2014 - 2015 MHSA Plan Update

- The RSSC was tasked with prioritizing the populations to be served and the strategies to be used in serving the populations.

- The priorities guided decision-making about how to allocate the available funding.
Fiscal Year 2014 - 2015 MHSA Plan Update

• On July 18, 2014, the RSSC was presented with the options for funding based upon the priorities and strategies established in previous meetings.

• Using a Gradients of Agreement\(^1\) tool, the RSSC unanimously endorsed the plans.

\(^1\)Community at Work and Luminescence Consulting
<table>
<thead>
<tr>
<th>Gradients of Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endorse</td>
</tr>
<tr>
<td>I like it</td>
</tr>
</tbody>
</table>

**Behavioral Health and Recovery Services**
A Mental Health, Alcohol and Drug Service Organization
Fiscal Year 2014 - 2015 MHSA Plan Update

• The Plan Update includes augmented service levels that will be accomplished through a combination of expansions of county- and contractor-operated services and Requests for Proposals (RFPs)
Fiscal Year 2014 - 2015 MHSA Plan Update

• The Plan Update was posted for a 30-day review and comment period from August 14, 2014 through September 12, 2014

• During this review period, an additional opportunity to learn and participate was offered through an informal outreach meeting on August 19, 2014
Fiscal Year 2014 -2015 MHSA Plan Update

• No comments were received during the 30-day public comment period

• This Board of Supervisors meeting today will be an additional opportunity for public input
Fiscal Year 2014 - 2015 MHSA Plan Update

• An increase in expenditures for:
  o Community Services and Supports (CSS)
  o Prevention and Early Intervention (PEI)
  o Capital Facilities (CF) and,
  o Innovation (INN)

is proposed in this Fiscal Year 2014 - 2015 Plan Update
Fiscal Year 2014 - 2015 MHSA Plan Update

- Sustainability is essential

- Thus, the proposed augmented funding is projected out three years
Proposed CSS Expansions

Full Service Partnerships (FSPs)

Josie’s TRAC (FSP – 01)

• increase numbers served with additional staffing
• emphasis on outreach and engagement to underserved cultural populations
• strengthen connection with community supports
• exit services when appropriate
• add clinical expertise to provide intensive community services and supports
Proposed CSS Expansions

Access and Supports (FSP – 01)

- target underserved/unserved at-risk populations
- target Latino, Spanish-speaking at-risk populations
- intensive, community-based outreach and clinical assessments/screenings
- development of culturally appropriate consumer and family supports
- coordination and linkage to community-based peer and family support
Proposed CSS Expansions

Juvenile Justice (FSP – 02)

• creates a General Systems Development (GSD) in this FSP
• creates a member-driven center for youth
• provides youth outreach in education, probation, and community settings
• adds three full-time Clinical Services Technicians to increase support for youth in the community
Proposed CSS Expansions

Turning Point Integrated Service Agency
FSP – 07

• creates a 24/7, FSP level component to this current contractor’s services
• increases collaboration with other agencies and programs
• reduces client/staff ratios
• wraparound funds for client’s immediate needs
• reduces length of stay in locked facilities
Proposed CSS Expansions

General Systems Development
Josie’s Place Drop-In Center (GSD – 01)

• expands center hours to include evening and weekend hours thereby expanding capacity
• especially needed by the Transition Aged Young Adults
• funds peer support and youth groups
• adds two full-time Clinical Services Technicians
Proposed CSS Expansions

Community Emergency Response Team (CERT) & Warm Line (GSD - 02)

- increases non-clinical activities that engage, educate, and support individuals, their family members and caregivers
- increases successful connection with culturally relevant health services, including prevention, diagnosis, timely treatment, recovery management, and follow-up
Proposed CSS Expansions

Families Together (GSD – 04)

• enhances parent partners capacity to provide support to families in Child Welfare and Probation systems
• engages families as they are entering these systems
• provides support to families identified as a result of Katie A implementation
• adds four full time Clinical Services Technicians and one Administrative Clerk II to implement this expansion
Proposed CSS Expansions

Community Activities and Rehabilitation Transportation (CART) (GSD - 05)

• decreases wait time in hospital emergency rooms and intake areas by providing transportation to crisis intervention programs
• connects individuals with timely support and treatment
• drivers share their lived experience to engage individuals in recovery and resiliency concepts
Proposed CSS Expansions

Outreach and Engagement Services

Supportive Housing Services (O&E – 02)

• Intensive Supportive Transitional Housing
  o proactive “housing first” approach
  o provides effective prevention and intervention strategies
  o focuses on hard to engage populations, e.g., AB109
  o participants are not required to accept treatment, but it is continually offered with strong efforts to engage participants in treatment
Proposed CSS Expansions

Outreach and Engagement Services
Supportive Housing Services (O&E – 02)

• Intensive Supportive Transitional Housing
  o 24/7 crisis services
  o adds two Clinical Services Technicians, one Behavioral Health Specialist, and one Administrative Clerk III to accomplish this challenging effort
Proposed CSS Expansions

Outreach and Engagement Services

Supportive Housing Services (O&E - 02)

• Vine Street Emergency Housing
  o for individuals in the process of obtaining services
  o keeps individuals safe and engaged while services are being arranged
  o up to 28 day stays
  o funding covers rent, repairs and one Clinical Services Technician
Proposed CSS Requests for Proposals

Outreach and Engagement Services

Supportive Housing Services (O&E – 02)

• Transitional Board and Care
  o fills in the gap between locked institutional setting and basic board and care level
  o provides a low client to staff ratio to address each individuals unique residential needs
  o structure programming to increase functional abilities
Proposed CSS Requests for Proposals
Outreach and Engagement Services

• Proposes a new O&E service (O&E – 03)
  - intensive outreach and engagement services to underserved/unserved populations at risk for mental health issues
  - services will identify, reach, and engage at-risk racially and ethnically underserved individuals who do not seek services in traditional mental health settings
  - rural communities and families of those at-risk populations will also be targeted
Proposed PEI Expansions
Promotores and Community Health Workers Program

• provides opportunities for community members to gather, belong, and exercise their leadership
• improves personal well-being
• reduces the “mental illness” stigma
• connects isolated individuals to a community of support
Proposed PEI Expansions
Promotores and Community Health Workers Program

• reduces the risk of severe mental illness as social isolation is often linked to a variety of negative outcomes

• Promotores are true agents of change
  o by creating neighborhoods that promote wellness
  o by deepening the level of community relationships and supports
Proposed PEI Expansions

Early Psychosis Intervention Services: LIFE Path

• provides early intervention services to 14 – 25 year-olds experiencing initial symptoms of psychosis
• includes intensive treatment for consumers, families, caregivers, and significant support persons
• allows current contract agency to hire and occupational therapist
• will free up clinical staff to double the number of individuals served
Proposed PEI Expansions

Health/Behavioral Health Integration

- involves two separate expansions of services
- the first expands capacity at Golden Valley Health Centers (GVHC) to add mental health clinicians in clinics that are currently understaffed
- increases access
- decreases staff to patient ratio from 1:10 to 1:3
- fully integrates health/behavioral health services within underserved rural communities

Behavioral Health and Recovery Services
A Mental Health, Alcohol and Drug Service Organization
Proposed PEI Expansions

Health/Behavioral Health Integration

- the second expansion will be focused on GVHC’s “Corner of Hope” clinic
- expands behavioral health services to underserved cultural and ethnic populations in the homeless community and those at risk for homelessness in our county
- focuses on stigma reduction, direct early intervention services, and timely access
Proposed PEI Expansions
School/Behavioral Health Integration

Nurtured Heart Approach (NHA)
• focuses on changing the school culture
• builds capacity of schools to enhance emotional resiliency of their students
• unites students, teachers, and parents in building a more positive school community
Proposed PEI Expansions
School/Behavioral Health Integration
Creating Lasting Student Success (CLAySS)

- prevention and early intervention model targeting students at risk for behavioral issues
- focuses on seeing students succeed at home, at school, and in the community
- uses strength-based and evidence-based practices
- develops action plans that everyone – students, parents, and teachers can follow
Proposed PEI RFPs

One Request for Proposal is proposed to address one or more of the following three areas:

Community Capacity-Building Initiative
• focuses on community-based early intervention services promoting recovery-related functional outcomes

Adult Resiliency and Social Connectedness
• focuses on community-based peer support for individuals experiencing onset of severe mental illness
• includes strategies to reduce stigma
Proposed PEI RFPs

School Behavioral Health Integration

• focuses on training and early identification of student mental health issues
Proposed Innovation (INN) RFP

Innovation projects:

• provide opportunities to learn from a new practice that may be effective in a different field
• provides opportunities to see if the new practice increases access and/or improves community services/collaboration
• contributes to learning about addressing unmet needs rather than primarily focusing on providing services
• requires local and Oversight and Accountability Commission approval
Proposed Innovation (INN) RFP

Innovation projects must address an adaptive dilemma, prioritized by the RSSC, which may involve:

• improving parental competency and social support for fathers
• improving well-being of children, transition aged youth and young adults
• exploring treatment options for individuals with co-occurring mental health and substance use conditions
Proposed Capital Facilities Expansion

Proposed expansion is for the construction of a Crisis Stabilization Unit (CSU)

• Completes the third component of the 24/7 Secure Mental Health Services Strategic Plan approved by the Board of Supervisors in November 2012

• Design component was approved by the Board of Supervisors on June 17, 2014

• Operation of the CSU is expected to begin no later than July 1, 2015
Proposed Capital Facilities Expansion

Proposed expansion is for the construction of a Crisis Stabilization Unit (CSU)

• Operational costs will come out of the CSS component
• The operation of the CSU will become GSD – 06.
# Proposed CSS Funding Request

## Community Services & Support (CSS) - Expansions

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<tr>
<th></th>
<th>FY2014/15</th>
<th>FY2015/16</th>
<th>FY2016/17</th>
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<td>GSD-04 Families Together</td>
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<td>O&amp;E-03 Outreach and Engagement</td>
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<td><strong>$4,017,000</strong></td>
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# Proposed PEI Funding Request

## PEI Project Expansions and RFPs (per year)

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<th>Amount</th>
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<tbody>
<tr>
<td><strong>Community Capacity-Building Initiative</strong></td>
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<tr>
<td>Promotores/Community Mental Health Outreach</td>
<td>$185,000</td>
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<td><strong>Adverse Childhood Experience Interventions</strong></td>
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<td>Early Psychosis Intervention Services</td>
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<td><strong>Health/Behavioral Health Integration</strong></td>
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<td>Decrease clients/staff ratios</td>
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<td>Underserved Cultural &amp; Ethnic Populations</td>
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<td><strong>School Behavioral Health Integration</strong></td>
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<td>Nurtured Heart</td>
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<td>Creating Lasting Student Success (CLaSS)</td>
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<td><strong>Request for Proposals</strong></td>
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<td><strong>Total Funding Request</strong></td>
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**Behavioral Health and Recovery Services**

A Mental Health, Alcohol and Drug Service Organization
### Other Funding Requests

#### Capital Facilities

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<thead>
<tr>
<th>Capital Facilities Project</th>
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<tr>
<td>Crisis Stabilization Unit (CSU) - Design &amp; Construction</td>
<td>$944,000</td>
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#### Innovations

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<tr>
<th>INN- Request for Proposal</th>
<th>Estimated $1.3 Million</th>
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<tr>
<td>Selected proposals from the Innovation RFP will need local and MHSOAC approval prior to award.</td>
<td>FY 14-15 FY 15-16</td>
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### Staffing Impact

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<tr>
<th>Fund</th>
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<td>Clinical Services Technician II (Block Budgeted)</td>
<td>Add New Positions</td>
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<tr>
<td>Mental Health Services Act</td>
<td>1</td>
<td>New</td>
<td>Admin Clerk II</td>
<td>Add New Position</td>
</tr>
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<td>Mental Health Services Act</td>
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<td>New</td>
<td>Admin Clerk III</td>
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<td>#9971</td>
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<td>#6373</td>
<td>Behavioral Health Specialist II (Block Budgeted)</td>
<td>Transfer in from Behavioral Health and Recovery Services</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>15</strong></td>
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Recommendations


2. Authorize the Behavioral Health Director to submit the Fiscal Year 2012-2013 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
Recommendations

3. Amend the Salary and Position Allocation Resolution to reflect the recommended changes outlined in the Staffing Impact section, effective the first pay period following the Board of Supervisor’s approval.
4. Approve contracts listed in Attachment 1 where cumulative compensation paid exceeds $100,000 or greater since July 1, 2012, and authorize the Behavioral Health Director or her Designee to sign the related contracts and future amendments up to $75,000 as detailed in Attachment 1.
Recommendations

5. Authorize the General Services Agency (GSA) Purchasing Division and the Chief Executive Office (CEO) Capital Projects Division to issue Request for Proposals (RFPs) on behalf of Behavioral Health and Recovery services for services discussed in this agenda item.
Recommendations

Questions