

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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:8.3
AGENDA DATE: March 30, 2021

SUBJECT:

Consideration and Approval of the Behavioral Health and Recovery Services Strategic Plan, Including Deletion of 50 Vacant Positions and the Addition of 10 New Positions, Adjustments to Contracted Services, and Related Actions

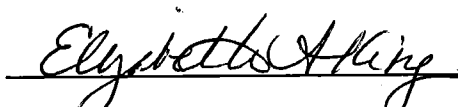
BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2021-0136

On motion of Supervisor Withrow _____, Seconded by Supervisor Grewal _____
and approved by the following vote,
Ayes: Supervisors: B. Condit, Withrow, Grewal, C. Condit and Chairman Chiesa _____
Noes: Supervisors: None _____
Excused or Absent: Supervisors: None _____
Abstaining: Supervisor: None _____

- 1) Approved as recommended
- 2) Denied
- 3) Approved as amended
- 4) Other:

MOTION:



ATTEST: ELIZABETH A. KING, Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:8.3
AGENDA DATE: March 30, 2021

CONSENT

CEO CONCURRENCE: YES

4/5 Vote Required: Yes

SUBJECT:

Consideration and Approval of the Behavioral Health and Recovery Services Strategic Plan, Including Deletion of 50 Vacant Positions and the Addition of 10 New Positions, Adjustments to Contracted Services, and Related Actions

STAFF RECOMMENDATION:

1. Accept the Behavioral Health and Recovery Services Strategic Plan that aligns program operations and services with sustainable funding to prioritize behavioral health treatment services to maximize the number of clients served and leverage federal and state funding, maintain compliance with network adequacy standards, and create efficiencies by standardizing team structures and consolidating administrative structures.
2. Authorize the Chief Executive Officer and Behavioral Health Director to execute staffing reassignments, make the necessary adjustments to contracted service levels, negotiate new agreements, and modify existing agreements as outlined in the Behavioral Health and Recovery Services Strategic Plan to support full implementation by July 1, 2021.
3. Amend the Salary and Position Allocation Resolution to reflect the recommendations included as part of the Behavioral Health and Recovery Services Strategic Plan, including the deletion of 50 vacant positions and the addition of 10 new positions, as outlined in the Staffing Impacts section of the agenda item and detailed in Attachment 2, to be effective the start date of the first full pay period beginning on or after April 3, 2021, unless otherwise noted.
4. Authorize the Behavioral Health Director to finalize the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2020-2021, 2021-2022, and 2022-2023 for Board consideration in May that aligns program services with sustainable funding.

DISCUSSION:

Behavioral Health and Recovery Services (BHRS) has a proud history of providing behavioral health services for the Stanislaus community. The Department administers the County's behavioral health services, providing integrated mental health services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also provides substance use disorder (SUD) services for adults and adolescents, supportive services, prevention and early intervention services, and serves as Stanislaus County's Public Guardian.

Fiscal Sustainability to Organizational Capacity Building

On November 24, 2020, the Board of Supervisors authorized BHRS to conduct stakeholder processes and gather community input to complete a program review, along with plans and recommendations that align program operations and services with sustainable funding (Resolution 2020-0631). As a result, recommendations are being presented to the Board of Supervisors in the form of the Behavioral Health and Recovery Services Strategic Plan, which outlines recommendations for the future of the Department and reflect the following planning priorities:

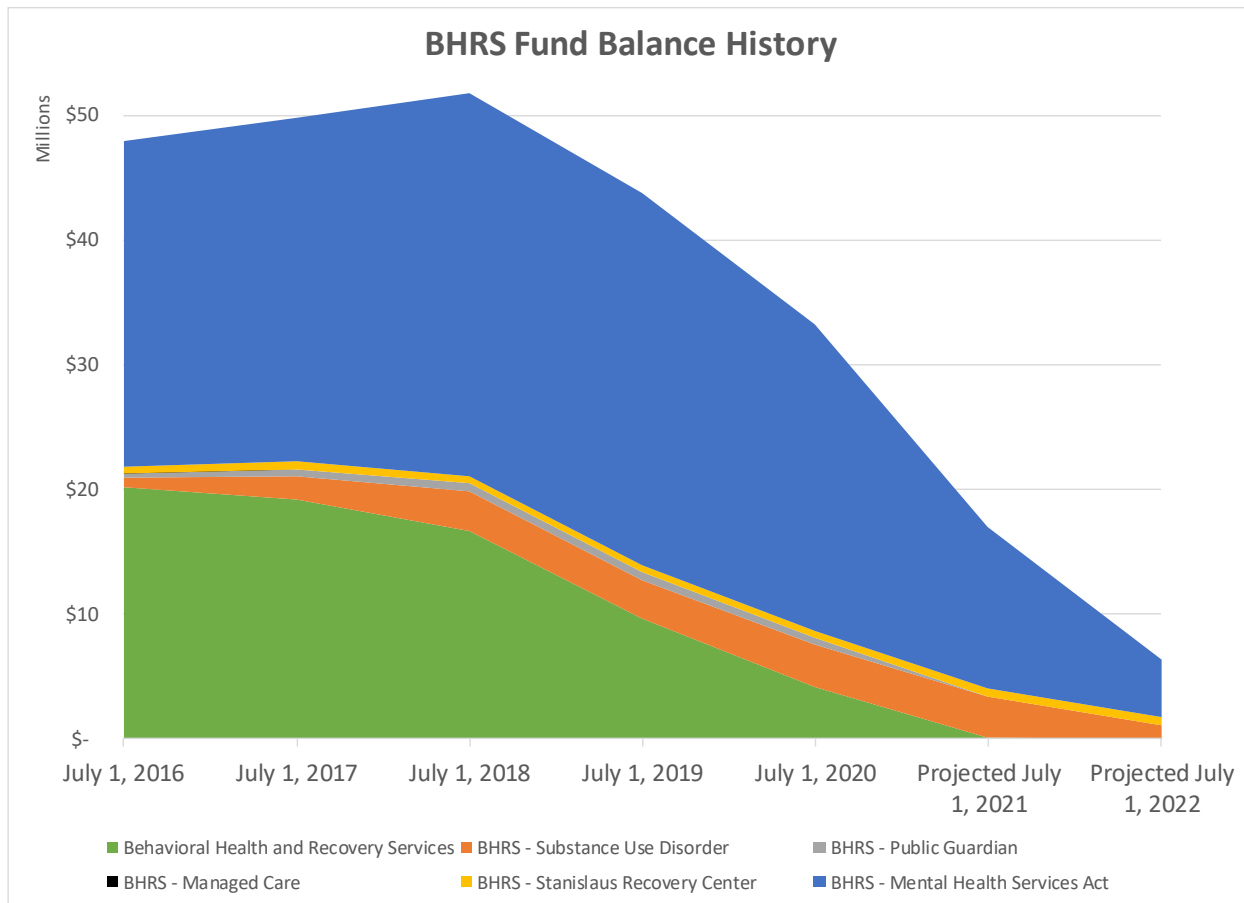
- Prioritize behavioral health treatment services as designated in the Core Treatment Model (CTM) to:
 - Maximize the number of clients served
 - Leverage federal/state funding
- Maintain compliance with federal/state network adequacy standards
- Create efficiencies by standardizing team structures and consolidating administrative structures
- Create a sustainable fiscal structure

This Strategic Plan outlines BHRS's behavioral health services, organizational restructure, and fiscal resources to fulfill the mandated behavioral health plan role in the community of Stanislaus County. Mental health and substance use and addiction are central to the community's dialogue in addressing issues such as homelessness, crime, and the long-term impacts of COVID-19 on mental health. As the behavioral health plan administrator, BHRS is recommending a restructure of operations and a redirection and reprioritization of resources to provide critical treatment services to those most in need.

The aim of these recommendations is to stabilize and transition BHRS's fiscal plan to operate within annual allocations, minimizing the use of fund balance for ongoing operations. The goal is also to emerge from the fiscal and COVID-19 pandemic crises focused on strengthening the Department's capability to provide behavioral health care to support the existing caseloads of clients and provide clarity on what resources will be needed to support the community's behavioral health needs into the future. This plan proposes to direct resources to a treatment team structure, which is designed to maximize the efficiencies of staff on each team and supported with an effective management, supportive services, and administrative structure. Resources such as shelter and housing for BHRS clients have been incorporated based on current need and where funding allows.

Widening Budget Deficit

For the past several years, operating costs to maintain current service levels have exceeded anticipated revenue, and BHRIS has relied upon the use of available fund balance to continue to maintain existing services, as seen in the table below. Mental Health and Mental Health Services Act (MHSA) programs cannot be sustained without implementing new strategies to bring expenditures in line with revenue. These strategies must also align resources to meet federal and state standards and mandates, address critical treatment needs in the community, and leverage federal Medi-Cal funding.

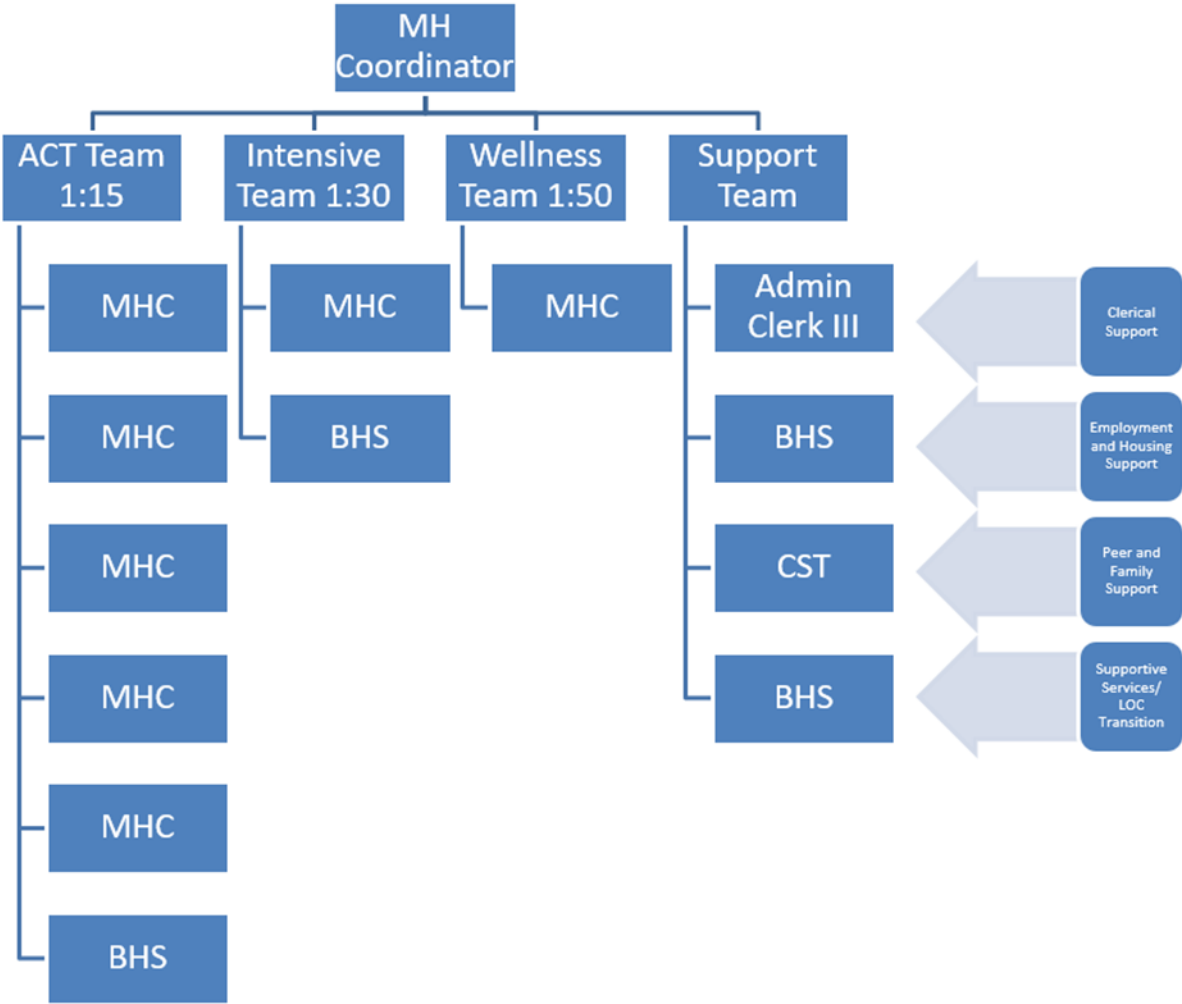


Development of the Core Treatment Model

BHRIS developed the Core Treatment Model (CTM) framework, which is central to the BHRIS strategy to strengthen treatment capabilities as well as navigate the pathway to fiscal sustainability. The CTM clearly describes the population BHRIS is mandated to serve and the expected outcomes as a result of treatment services. The CTM applies to both mental health and substance use disorders. By clearly identifying the mandated population, performance measures, and the treatment services that BHRIS must provide as the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), the Department aims to improve both the efficiency and effectiveness of services. The CTM was developed using the Results-Based Accountability Framework

(RBAF) and will integrate the treatment services specified to the MHP and DMC-ODS.

The Department is recommending establishing a standard CTM for mental health services. Services will be provided in Behavioral Health Services Teams (BHSTs) which will consist of 14-15 staff. Each team will have a consistent number of behavioral health providers and administrative support. The Department recognizes the need for flexibility in staffing to meet rapidly changing client needs/circumstances and the evolving labor market, consistent with past practice and benchmarked county comparisons. In some instances, the Department may underfill Mental Health Clinicians with Behavioral Health Specialists. This team model allows the Department to clearly define the number of treatment teams needed to serve current clients' behavioral health needs. For clients with higher treatment needs, the staff-to-client ratio will be lower to allow staff more time to provide extensive services per client. For clients with lower needs, the caseloads will be higher given that the clients need less-intensive services. The management of staff-to-client ratios and the level of support staff can provide is one of several factors in managing the quality of behavioral health treatment services. The Department has also developed draft clinical standards that will be further enhanced with staff and contract provider participation and is to be finalized along with the development of a learning and training plan.



The development of the CTM framework resulted in the Department’s recommendation for the number of treatment providers and teams, both County-run and contracted, needed to provide treatment services for the current client caseload. The Department is recommending a concurrent reorganization and integration of other programs funded by 1991/2011 Realignment and Mental Health Services Act (MHSA) Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovations funds to satisfy regulatory requirements, policy decisions, funding initiatives, and to create a sustainable fiscal structure.

Adult Levels of Care	Clients Served as of October 2020	2 Contractors	BHRS	Total Potential Clients Served	% Increase/ (Decrease) in Capacity to Serve Clients
Assertive Community Treatment	410	360	180	540	
Intensive	740	240	360	600	
Wellness	282	200	150	350	
Total Clients	1,432	800	690	1,490	4.1%

Child/Youth Levels of Care	Clients Served in FY 2019-2020	4 Contractors	BHRS	Total Potential Clients Served	% Increase/ (Decrease) in Capacity to Serve Clients
Assertive Community Treatment	102	120	175	295	
Intensive	1,136	630	480	1,110	
Total Clients	1,238	750	655	1,405	13.5%

The Department’s Strategic Plan recommendation is driven by the need to meet current caseloads and treatment needs with the resources available for maximum efficiency and effectiveness. This process also resulted in an identified funding gap for programs and services that provide a valuable service for the community but are not required to meet current mandated treatment needs. However, the Department realizes that many of these programs provide a valuable service to the community. As additional resources become available, the Department will assess caseload demands and the need to supplement core treatment team services with additional supportive or specialty services.

Design of New Behavioral Health System

Behavioral health services will be provided through various systems of care and divisions:

- Adult System of Care
- Children’s/Transitional Age Youth System of Care
- Substance Use Disorder System of Care
- Office of Public Guardian
- Supportive Services Division
- Crisis Services
- Administration

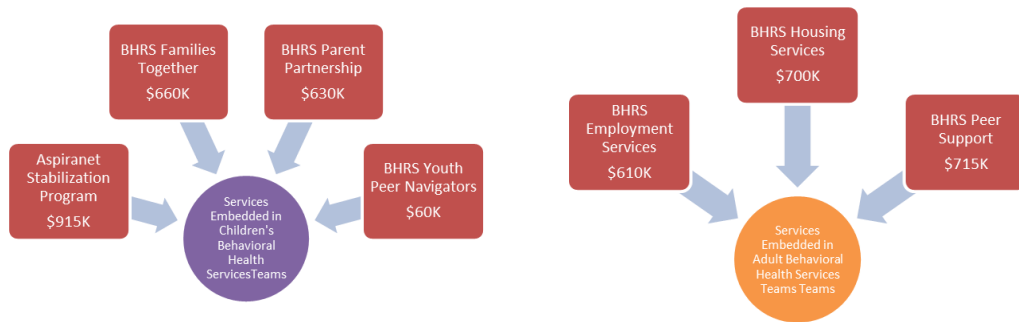
Additional detail about the new system can be found in the attached Strategic Plan.

Changes to Programs and Services

Programs that currently provide mental health services to adults, children and youth will be consolidated into 14 treatment teams, seven for adult and seven for children and youth, as shown in the following two graphics. Teams will be strategically located throughout the County to ensure accessibility to clients.



Medication services will be provided separately in two clinics, one for adult and one for children and youth. In addition to the program consolidations shown above, the supportive services provided by the programs in the red boxes in the following graphic were embedded into the Treatment Teams per the CTM.



BHRS is also recommending a substantive shift in Prevention and Early Intervention (PEI) funding towards supporting strategies and services that increase access to treatment services for children and providing treatment at the onset of a mental diagnosis. Recent changes enacted by Senate Bill (SB) 1004 (Chapter 843, Statutes of 2018), outline the following priorities for PEI:

- Childhood trauma prevention and early intervention at the origins of mental health needs
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention across the lifespan
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs
- Culturally competent and linguistically appropriate prevention and intervention services and strategies
- Strategies targeting the mental health needs of older adults

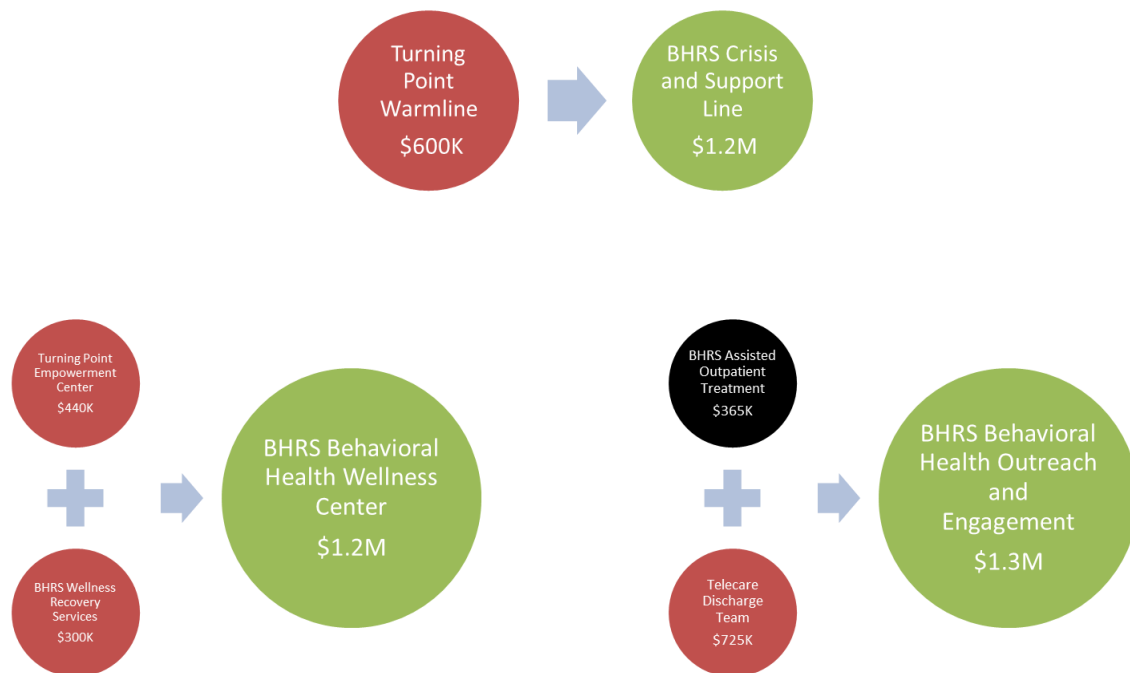
Per MHSR regulations, at least 51% of PEI funding must be dedicated to serving individuals 25 years or younger (California Code of Regulations, Title 9, § 3706 (b)). BHRS assessed the currently funded PEI programs as part of the Department's overall analysis of service levels needed to meet the current caseloads, limit the impacts of program changes, and align services to meet the funding requirement noted above.

In addition to the program consolidations, several specialized, supportive, prevention and early intervention contracted services are recommended to be discontinued effective June 30, 2021:

- Aspiranet Children's Crisis Intervention Program
- Aspiranet Continuum of Care Reform and Child and Family Team Program Services
- Aspiranet Stabilization Program
- BHRS Contribution to Community Services Agency – Emergency Shelter and Homeless and Housing Division
- Center for Human Services Resiliency and Prevention Program
- Central Star Pathways to Well-Being
- Debra Johnson Child/Adult Sexual Abuse Brief Intervention Counseling
- El Concilio Brief Intervention Counseling
- Golden Valley Health Centers Health/Behavioral health Integration
- International Rescue Committee Afghan Path Towards Wellness

- Sierra Vista Child and Family Services Brief Intervention Counseling
- Telecare Crisis Stabilization Unit
- Telecare Discharge Team
- Turning Point Adult Community Living Project
- Turning Point Empowerment Center
- Turning Point On-Site Peer Support and Warm Line/Peer Navigator Services

With the discontinuation of some of the services discussed above, the Department will be creating three new programs operated by BHRS, as shown below.



Some of these programs and services have been/are recommended to be funded with Mental Health Services Act (MHSA) revenue. To expend new funds, BHRS must prepare its MHSA Three-Year Program and Expenditure Plan for Fiscal Year 2020-2021, 2021-2022, and 2022-2023 and Annual Update and convene the Representative Stakeholder Steering Committee (RSSC) to further inform the Department on the MHSA Plan. BHRS will return to the Board of Supervisors in May to request approval of the MHSA Plan.

Implementation of the Core Treatment Model

BHRS will reorganize the current County and contracted treatment programs into the new treatment structure. This will include the reassignment of County staff to new teams and require negotiations with the current contracted services providers to execute new agreements or amendments to existing agreements. The Department will work with the existing contract providers to restructure current programs and staffing structure to align with the CTM, ensuring the continuity of services. For both County and contracted

treatment teams, BHRS will increase the capability to develop and provide regular reporting on program performance measures.

Organizational Restructure

Over the coming months, BHRS will begin to reassign staff in support of the Strategic Plan and CTM, and work with contracted partners to negotiate and execute new contracts so that the new structure and services are in place on July 1, 2021. The process for determining relocation assignments will be based on business need. Additionally, the Department will assess the administrative support needed for the upcoming implementation of California Advancing and Innovating Medi-Cal (CalAIM) and State Budget and Federal Aid opportunities. It is expected that there will be State funding available to support Department capacity-building efforts in Fiscal Year 2021-2022.

Long-Range Fiscal Sustainability Plan

The BHRS Strategic Plan is expected to be fully implemented by July 1, 2021. In the fall of 2021, the Department plans to begin internal work on a long-range fiscal sustainability plan that will:

- Create a balanced budget, wherein the amount of expenditures is equal to or less than the sum of revenue and other available funding sources with the following guiding principles:
 - Align Department operations and services with sustainable funding
 - Prioritize mandated core behavioral health services to meet compliance and access requirements
 - Maximize the leveraging of state and federal Medi-Cal funding
 - Develop a strong, sustainable workforce by taking a conservative approach to adjusting staffing levels and assessing the appropriate classifications and skillsets needed for optimal departmental operations and the provision of behavioral health services to the community
 - Identify any additional operational efficiencies or opportunities to partner with organizations better able to provide unique services
- Begin planning for implementation of California Advancing and Innovating Medi-Cal (CalAIM) and assess any potential fiscal impacts
- Develop a BHRS fund balance policy, designed to provide the Department with sufficient working capital to maintain operations and provide a comfortable margin of safety with which to address emergencies and unexpected declines in revenue without having to reduce behavioral health services in the community
- Work collaboratively with the Chief Executive Office and the General Services Agency Capital Projects Division to develop a plan to identify needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements

POLICY ISSUE:

Stanislaus County Code Section 3.20.010 governs the basic salary and compensation schedule for all County employees. The requested changes to the Salary and Position Allocation must be adopted by the Board of Supervisors through ordinance or resolution.

FISCAL IMPACT:

The chart below depicts the draft 2021-2022 Proposed Budget, with the changes identified in this briefing document, alongside Fiscal Year 2019-2020 actuals and the 2020-2021 Midyear Budget. Of particular note, are the projected reductions in costs, staffing, and General Fund support under a strategically aligned model.

Budget in Brief	FY 2019-2020	FY 2020-2021	FY 2021-2022
	Actuals	Midyear Budget	Proposed Budget
Total Revenue	\$124,902,796	\$127,773,260	\$133,919,867
Use of Fund Balance/Retained Earnings	\$10,463,846	\$16,292,122	\$10,595,332
Gross Costs	\$137,347,566	\$150,366,501	\$148,953,289
General Fund Contribution	\$1,980,924	\$6,301,119	\$4,438,090
% Funded by General Fund	1.4%	4.2%	3.0%
Total Allocated Positions	489	487	447

As shown in the table above, BHRS anticipates an overall increase in revenue of \$6.1 million and a decrease in cost of \$1.4 million from Fiscal Year 2020-2021. The Department plans to use approximately \$10.6 million in fund balance to sustain as many services for the community as possible.

Behavioral Health and Recovery Services			
	FY 2020-2021	FY 2021-2022	
	Midyear Budget	Proposed Budget	Change
Salaries and Benefits	\$ 50,477,346	\$ 59,572,360	\$ 9,095,014
Services and Supplies	88,910,268	78,112,112	(10,798,156)
Other Charges	10,113,767	10,886,317	772,550
Fixed Assets			
Building and Improvements	130,000	182,500	52,500
Equipment	629,195	-	(629,195)
Other Financing Uses	1,511,000	200,000	(1,311,000)
Equity	-	-	-
Intrafund	(1,405,075)	-	1,405,075
Contingencies	-	-	-
Gross Costs	\$ 150,366,501	\$ 148,953,289	\$ (1,413,212)

As can be seen in the table above, BHRS has estimated an overall increase in Salaries and Benefits of \$9.1 million. The projected increase in Salaries and Benefits in Fiscal Year 2021-2022 is inclusive of the reliance upon anticipated salary savings of approximately \$9.2 million from holding 61 positions vacant to balance the 2020-2021 Adopted Final Budget. Had the cost of these positions been included in the current fiscal year, Salaries and Benefits would have been roughly \$59.7 million and the adjustments in the 2021-2022 Proposed Budget would have shown a slight decrease in projected costs, as would be expected with the net elimination of 40 positions. The projected decrease in Services and Supplies of \$10.8 million in Fiscal Year 2021-2022

is a result of the recommendation to discontinue contracted programs and services outlined earlier, effective June 30, 2021. These changes resulted in an overall estimated decrease in the use of fund balance of \$5.7 million and a \$1.9 million reduction in the reliance upon County General Fund.

Legal Budget Unit	Mandated Service	FY 2019-2020 Actual	FY 2020-2021 Midyear Budget	FY 2021-2022 Proposed Budget
Behavioral Health and Recovery Services	1991 Realignment Maintenance of Effort	\$ 647,182	\$ 647,182	\$ 647,182
Behavioral Health and Recovery Services	Mental Health Services in Juvenile Hall	\$ 178,177	\$ 178,177	\$ 178,177
Behavioral Health and Recovery Services	One-Time "Glide Path" Support	\$ -	\$ 3,506,035	\$ 65,581
Public Guardian	Estate Management and Conservatorship Investigations	\$ 1,155,565	\$ 1,969,725	\$ 2,309,748
Public Guardian	Placement Administration	\$ -	\$ -	\$ 1,237,402
Total BHRS		\$ 1,980,924	\$ 6,301,119	\$ 4,438,090
General Fund Contribution as a Percentage of BHRS Total Budget		1.4%	4.2%	3.0%

As seen in the table above, the Board of Supervisors authorized \$3.5 million General Fund Contribution as of the Fiscal Year 2020-2021 Midyear Budget as one-time revenue stabilization funds to address projected shortfalls in Realignment revenue from economic impacts due to the COVID-19 pandemic. An additional \$814,160 in ongoing General Fund Contribution was authorized to support conservatorship investigations as a function of Public Guardian.

Under the strategic plan and starting in Fiscal Year 2021-2022, BHRS is requesting additional ongoing General Fund Contribution to support the new Public Guardian Care Coordination Team, who will arrange care for individuals placed on Lanterman-Petris Short (LPS) conservatorship. Prior to this recommendation, this function had been provided by staff within the Department's treatment teams. The creation of the new team will free up treatment slots and have the added benefit of consolidating the coordination of care into one functional unit. As can be seen in the staffing impact section below, BHRS is requesting the addition of six new positions for the team, five block-budgeted Deputy Public Guardian II positions and one Accounting Technician. The Department is also requesting funding for two additional positions, one Mental Health Coordinator and one Administrative Clerk II, already included in BHRS's position allocation. Approximately \$1.2 million in additional General Fund will be necessary going forward to support increased obligations under programs like Public Guardian.

Total General Fund Contribution for Fiscal Year 2021-2022 is estimated at \$4.4 million, representing 3% of BHRS's total budget, which demonstrates the Department's ability to leverage state and federal funding with local matching funds. BHRS is in the process of finalizing the MHSA Three-Year Expenditure Plan and Annual Update and the 2021-2022 Proposed Budget request. The Fiscal Year 2021-2022 Proposed Budget will be presented to the Board of Supervisors in June.

BOARD OF SUPERVISORS' PRIORITY:

Approval of the recommended actions supports the Board of Supervisors' priorities *Supporting Community Health* and *Delivering Efficient Public Services and Community Infrastructure* by allocating fiscal resources efficiently through effective analysis and ongoing focus on meeting the services needs and public policy direction for the community.

STAFFING IMPACT:

The table below identifies staffing impacts associated with the adjustments under the Strategic Plan. Prior to implementation, the Department froze 61 vacant positions to balance operational costs in Fiscal Year 2020-2021. Under the strategic plan, it is recommended to delete 50 vacant positions and add 10 new positions for a net decrease of 40 positions, resulting in a Department allocation of 447 positions.

BHRIS Staffing Impacts				
FY				
2020-2021		Strategic Plan		
Classification	Frozen	Delete	New	Net Adjustments
Account Clerk III	2	3	0	-3
Accountant II	1	0	0	0
Accounting Technician	0	0	1	1
Administrative Clerk II	2	5	0	-5
Administrative Clerk III	2	4	0	-4
Behavioral Health Advocate	1	2	0	-2
Behavioral Health Coordinator	1	0	0	0
Behavioral Health Specialist II	6	14	0	-14
Clinical Services Technician II	3	10	0	-10
Confidential Assistant V	0	0	1	1
Deputy Public Guardian II	0	0	5	5
Manager II	0	1	0	-1
Manager III	0	1	0	-1
Medical Records Coordinator	3	0	0	0
Mental Health Clinician II	28	0	0	0
Mental Health Coordinator	0	1	0	-1
Psychiatric Nurse II	1	0	2	2
Psychiatrist	5	5	0	-5
Senior Psychiatric Nurse Practitioner	1	0	0	0
Software Developer II	1	1	0	-1
Software Developer/Analyst III	0	0	1	1
Staff Services Analyst	2	0	0	0
Staff Services Technician	1	1	0	-1
Stock/Delivery Clerk II	1	2	0	-2
Subtotal	61	50	10	-40
Balance of Authorized Positions	426			
Total Allocated Positions	487			447

The 10 new position allocations recommended to be added are specified as follows:

- (1) Accounting Technician - Will support the new Public Guardian Care Coordination Team and ensure collection of revenue (SSI, representative payee, and estate funds) and compliance with court accounting and reporting mandates.
- (1) Confidential Assistant V - Will support the BHRIS Director and complete special projects and ongoing assignments with a high degree of independence.



Presented By:

Ruben Imperial

The Road to Fiscal Sustainability
and Organizational Capacity
Building

BEHAVIORAL HEALTH AND RECOVERY SERVICES STRATEGIC PLAN

March 30, 2021



Table of Contents

The Road to Fiscal Sustainability and Organizational Capacity Building.....	0
Overview and Strategic Plan Development.....	4
Behavioral Health and Recovery Services Overview	4
Widening Budget Deficit and Increasing Demand in Mental Health Programs	4
Fiscal Sustainability to Organizational Capacity-Building	6
Emerging from the COVID-19 Pandemic - Addressing Impacts on Community Behavioral Health.....	6
Community Stakeholder Process.....	7
Mental Health Services Act Community Stakeholder Process	8
Stakeholder Insights	8
Cultural Competence, Equity, and Social Justice Committee (CCESJC)	10
Community Partnerships	10
Project Resolve & Criminal Justice Partnerships	10
Cradle to Career	11
Local Homelessness Efforts	11
Stanislaus COVID-19 Children’s Mental Health Partnership	11
County Behavioral Health Services Overview.....	13
Mental Health Plan and Drug Medi-Cal Organized Delivery System	13
Adults with Severe Mental Illness with Functional Impairment.....	13
Children and Youth with Severe Emotional Disturbance with Functional Impairment.....	13
Adults and Children with Mild, Moderate and Severe Substance Use Disorders.....	13
MHP and DMC-ODS Services.....	13
Services Provided and Not Funded Under the Medi-Cal Programs	14
Outcomes and Performance Measures.....	15
Community Behavioral Health Continuum of Care.....	15
Access to Services	17
Medi-Cal Access Line	17
Community Emergency Response Team	17
Behavioral Health Outreach and Engagement	18
Behavioral Health Crisis and Support Line.....	19
Suicide Prevention Hotline	19
Underserved/Unserved Populations Access.....	19
Psychiatric Hospitalization.....	20
Development of the Core Treatment Model Framework.....	21

New Core Treatment Model Team Structure	23
Levels of Care	24
Embedded Supportive Services Staff	25
Organizational Restructure	26
Previous BHRS Organizational Chart	27
Recommended New Organizational Chart	27
Design of New Behavioral Health System	28
Adult System of Care	28
Children’s System of Care	30
Substance Use Disorder System of Care	35
Office of Public Guardian	37
Supportive Services Division	39
Prevention and Early Intervention	42
Mental Health Services Act Innovations	44
Administration	46
Funding Sources	47
1991 Realignment	47
2011 Realignment	47
Mental Health Services Act	47
Medi-Cal Federal Financial Participation/State General Fund	48
County General Fund	48
Grants and Other Revenue	48
Fiscal Sustainability Plan	49
Fund Balance History	49
Revenue Trends and Projections	49
Changes to Programs and Services	50
Impacts to County Staffing	53
Impacts to Contracted Providers	53
Fiscal Year DRAFT 2021-2022 Proposed Budget Request	54
Implementation and Next Steps	57
Implementation of the Core Treatment Model	57
Organizational Restructure	57
Behavioral Health Continuum of Care Development	58
Mental Health Crisis Response Plan	58
Strategic Initiatives	59

Long-Range Fiscal Sustainability Plan	60
Appendix A – Impacts to County Staffing	61
Appendix B – Impacts to Contracted Providers	63
Appendix C – Fund Balance History	64
Appendix D – Culturally and Linguistically Appropriate Standards (CLAS).....	65
Appendix E – Acronyms.....	67

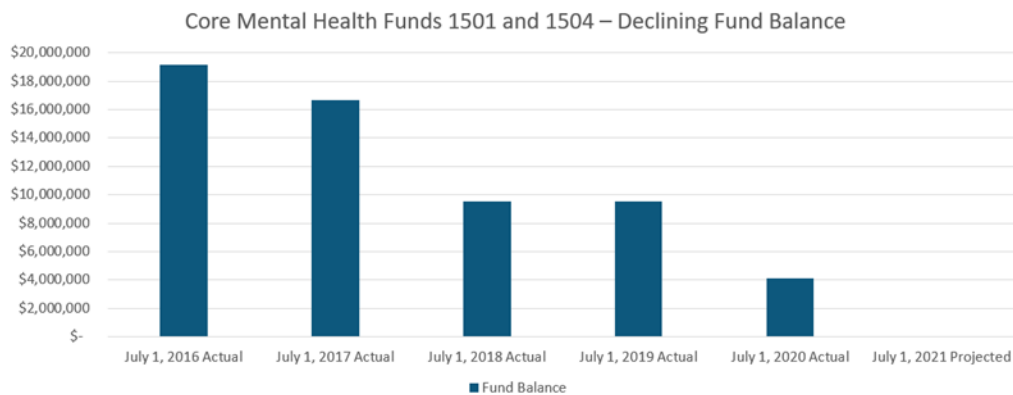
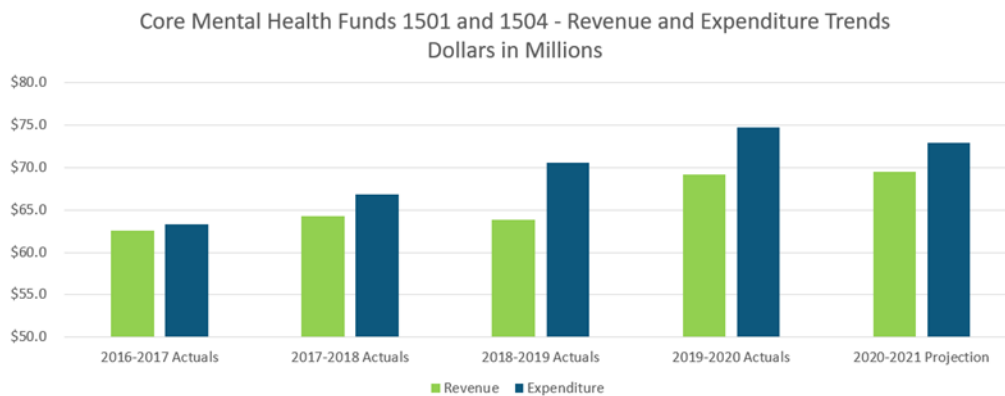
Overview and Strategic Plan Development

Behavioral Health and Recovery Services Overview

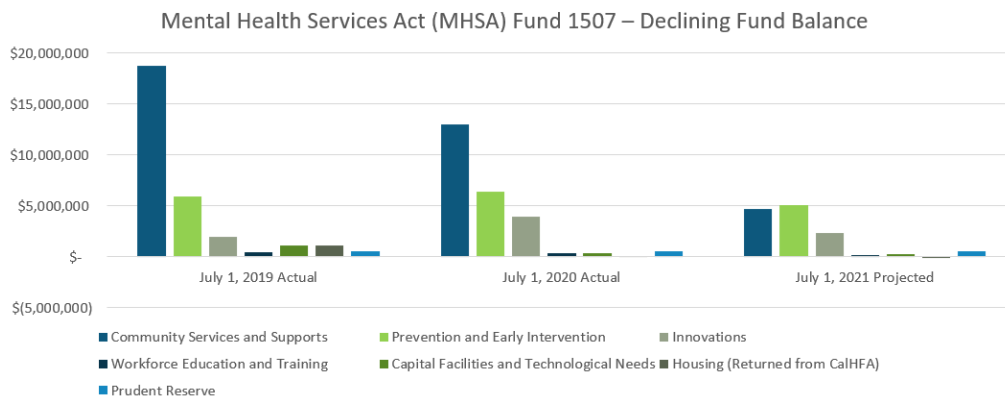
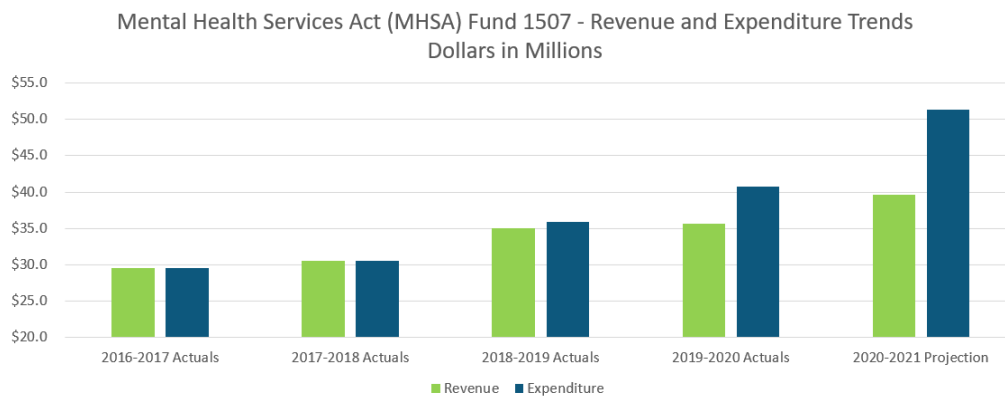
As the contracted Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services, providing integrated mental health services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also provides substance use disorder (SUD) services for adults and adolescents, supportive services, prevention and early intervention services, and serves as Stanislaus County's Public Guardian.

Widening Budget Deficit and Increasing Demand in Mental Health Programs

For the past several years, operating costs to maintain current service levels have exceeded anticipated revenue, and the Department has relied upon the use of available fund balance to continue to maintain existing services. The majority of County mental health funding is driven by economic conditions, not demand for services. The need for services is often countercyclical to the health of the economy.



Demand for adult residential mental health and psychiatric hospital treatment remains high, while costs have continually outpaced available revenue. Impacts resulting from the COVID-19 pandemic, including a decline in Realignment and Mental Health Services Act (MSHA) funding in Fiscal Year 2019-2020, have exacerbated these challenges. To balance the Fiscal Year 2020-2021 Adopted Final Budget, BHRS relied upon \$9.2 million in anticipated salary savings from holding 61 positions vacant in mental health programs. BHRS also relied upon the use of \$16.3 million in mental health fund balance and County General Fund “glide path” of \$3.5 million, for a total of \$19.8 million in one-time funds, to balance the Fiscal Year 2020-2021 budget for mental health programs in order to continue to provide services to the community. BHRS has been working closely with the Chief Executive Office to clearly identify the most urgent needs and explore funding options to address critical adjustments required to mitigate these challenges and move forward with a strategic, efficient plan to provide services effectively with limited resources.



As shown in the charts above, Mental Health and MHS programs cannot be sustained under the threat of these combined impacts without implementing new strategies that bring expenses in line with revenue. These strategies must align resources to meet

federal and state standards to avoid potential fines and penalties for non-compliance, while addressing critical treatment needs in the community.

Fiscal Sustainability to Organizational Capacity-Building

On November 24, 2020, the Board of Supervisors authorized BHRS to conduct stakeholder processes and gather community input to complete a program review, plans and recommendations that align program operations and services with sustainable funding (Resolution 2020-0631) to:

- Prioritize behavioral health treatment services as designated in the Core Treatment Model (CTM) to maximize the number of clients served and leverage federal/state funding
- Maintain compliance with federal/state network adequacy standards
- Create efficiencies by standardizing team structures and consolidating administrative functions

This report outlines BHRS's treatment services, organizational restructure, and fiscal resources to fulfill the mandated behavioral health plan role in the community of Stanislaus County. Mental health and substance use and addiction are central to the community's dialogue in addressing issues such as homelessness, crime, and the long-term impacts of COVID-19 on mental health. As the behavioral health plan administrator, BHRS is recommending a restructure of operations and a redirection and reprioritization of resources to provide critical treatment services to those most in need.

The aim of these recommendations is to stabilize and transition BHRS's fiscal plan to operate within annual allocations, minimizing the use of fund balance for on-going operations. The goal is also to emerge from the fiscal and health crisis focused on strengthening the Department's capability to provide behavioral health care to support the existing caseloads of clients and provide clarity on what resources will be needed to support the community's behavioral health needs into the future. This plan proposes to direct resources to a treatment team structure, which is designed to maximize staffing and supervision ratios on each team based on the level of care required and supported with an efficient management, supportive services, and administrative structure. Resources such as shelter and housing for BHRS clients have been incorporated where funding allows.

Emerging from the COVID-19 Pandemic - Addressing Impacts on Community Behavioral Health

The behavioral health needs of our community post COVID-19 will likely require a response similar to that required during the COVID-19 pandemic. A multi-agency and cross sector approach will be needed to mitigate the behavioral health impacts, with a focus on strengthening the continuum of behavioral health services. In order to affect change and produce quality outcomes, it will take the mobilization of all community behavioral health providers, such as Medi-Cal managed care plans, private health insurance plans, physical health providers, education, community-based organizations,

and all other sectors of our community working together. The Department has also considered insight gained from COVID-19 community outreach efforts to diverse communities, and new opportunities and partnership to outreach to Spanish-speaking and other diverse ethnic and cultural populations.

Community Stakeholder Process

BHRS has a long history of community engagement and partnerships in the delivery of mental health and SUD services. Over the last few years these partnerships have continued to inform the Department's overall programs and services, as well as the development of targeted programs in partnership with our criminal justice partners, education, diverse communities, community-based organizations, and other social service and health agencies. The Department has also nurtured partnerships with diverse community stakeholders through the development of cultural collaborative partnerships with the Assyrian, faith-based organizations, Latino, National Association for the Advancement of Colored People (NAACP), Southeast Asian, Lesbian Gay Bisexual Transgender and Queer (LGBTQ) and other diverse communities. These partnerships have continually provided overall community feedback to the Department on the further development of the local behavioral health system to meet the needs of Stanislaus County's diverse communities.

BHRS has also worked to strengthen the partnerships with clients and family members. Peers are included in programs and committees to help inform the Department's ongoing quality management and program development efforts. BHRS continues to strengthen partnerships with clients and incorporate peer and family member voices into the ongoing program development process.

The development of these partnerships over the years has led to multiple recommendations on how to strengthen and transform behavioral health services in the community. Insights gained from these long-standing partnerships, in addition to the community's efforts to address issues such as homelessness, mental health needs of children in the child welfare system, criminal justice reforms, stigma reduction efforts, and improving educational outcomes were considered in the Department's recommendation for balancing services within existing resources and priority of meeting the needs of clients currently in treatment. BHRS also realizes the critical role behavioral health services play in the community conversations regarding the response to emergency mental health crisis by mental health providers. BHRS is fully committed to supporting our community stakeholders and partner agencies in the development of these types of interventions.

In addition to the insights gained over the last few years in partnership with our communities, the Department conducted a community stakeholder process as part of the Mental Health Services Act (MHSA) planning process.

Mental Health Services Act Community Stakeholder Process

Proposition 63, also called the Mental Health Services Act (MHSA), was enacted by California voters in 2004 and became effective January 1, 2005. It created a 1% tax on personal income over \$1 million to be used for mental health services and use of MHSA funding requires a community planning process. As part of the community planning process, BHRS is required to support the convening of a Representative Stakeholder Steering Committee (RSSC). Membership of the RSSC is determined by the requirements of MHSA and is meant to be a broad group that is representative of Stanislaus County stakeholders. The core responsibility of the RSSC is to provide guidance to Stanislaus County in establishing initial priorities for the component plans of MHSA. The MHSA community planning process usually only informs the Department on MHSA funded programs. Given that the process was unfolding as the Department was assessing its fiscal positions and overall strategy, BHRS incorporated the stakeholder input into the strategic planning process as well.

The RSSC convened four Zoom meetings in 2020 and one informational session at the close of the year. RSSC meetings were held on June 12th, June 26th, September 18th, and December 11th. The informational session was conducted on December 29th. Each meeting averaged 62-80 participants. To gain additional participation from peers, the December 11th meeting was offered in person at the Granger Community Center, in addition to being accessible via the virtual platform. Meeting topics focused on not only providing updates to the RSSC of upcoming changes facing the MHSA, but also actively worked together on community planning, which informs the three-year plan and annual update process.

In addition to the RSSC meeting, one-on-one interviews were also conducted from October through December of 2020. The purpose of the meetings was to analyze the mental health needs in the community and to identify and re-evaluate priorities and strategies to meet those needs. Interviewees included system leaders from:

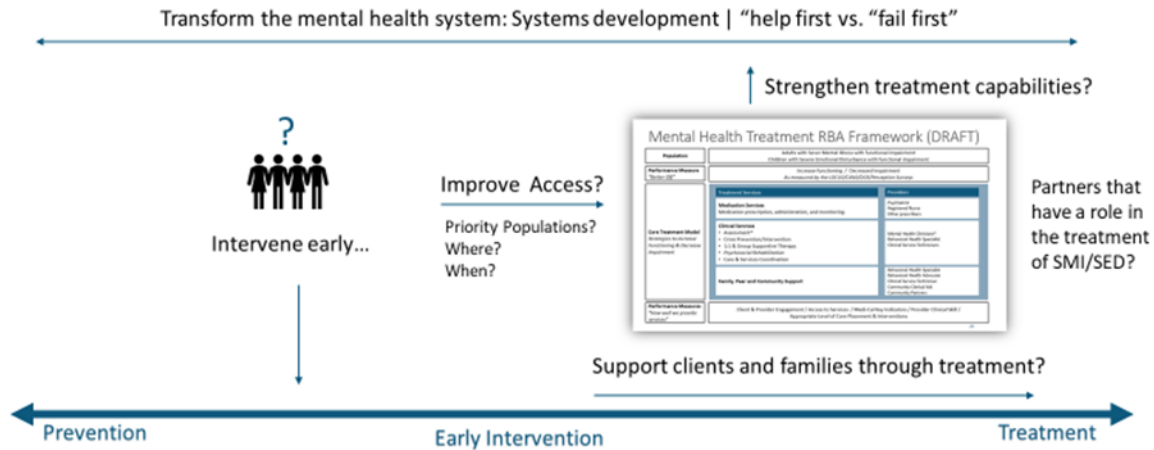
- Partner agencies, such as Center for Human Services and various Stanislaus County School Districts
- Provider agencies such as Turning Point Community Programs, Sierra Vista Child and Family Services, Managed Care Plans, and Federally Qualified Health Centers.
- Community system leader interviews were also conducted with groups such as the Family Resource Centers, community groups from West Modesto, and faith leaders across several denominations.
- Consumers and peers were interviewed to help provide a better perspective of how services are received within all the systems. The list below provides the number of interviews that were conducted within this period

Stakeholder Insights

Individual interviews and group sessions all included the following set of questions:

- How can we provide our services and strengthen our treatment capabilities for individuals living with Severe Mental Illness?

- How do we improve access?
- How do we best support clients and families through treatment?
- Who are our partners that can provide treatment?
- How do we start to intervene early in our system of care?



The stakeholder input was compiled and synthesized into areas of focus highlighted in the chart below.

Area of Focus	From (Current State)	To (Future State)
Access: First Contact	Those who need us find services hard to find.	Those who need behavioral health treatment services are easily able to find the appropriate services and support they need.
Navigating Services	Those who need us struggle to navigate services throughout their time in the system.	Those who need treatment successfully navigate services throughout the recovery process.
Awareness	Not enough people - and not the right people - know where to find help or how to access it.	Awareness of services across the behavioral health spectrum of care is broad - reaching the appropriate communities and people - far beyond just service providers.
Access: Community Integration	Behavioral health services are not effectively integrated into existing systems and trusted people and organizations within the community.	Behavioral Health interventions and services are accessed in communities where people live, work, and practice their faith/spirituality.
Culturally Competent Services	Too many in our community are not receiving mental health supports, interventions and treatments in ways that are culturally responsive: in their language, in a way that helps them feel understood, that is reflective of their worldview, and more.	Consumers are accessing and receiving behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews.

Cultural Competence, Equity, and Social Justice Committee (CCESJC)

The Department is committed to strategies that embrace diversity and to provide welcoming behavioral health and compassionate recovery services that are effective, equitable, and responsive to individuals' cultural health beliefs and practices. The CCESJC works to improve the quality of services and eliminate inequities and barriers to behavioral health care for marginalized cultural and ethnic communities. Based on established best practices, such as the Culturally and Linguistically Appropriate Services (CLAS) standards, CCESJC developed applicable recommendations on strategies to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. Due to the implications of COVID-19, the initial recommendations put forth from the committee were identified as quick actions that can be implemented as part of this Strategic Plan. See Appendix D for additional information on the CCSEJC recommendation on the CLAS standard.

The CCESJC will also support the Department in the implementation of strategies that are responsive to the MHSA stakeholder priority that consumers are accessing and receiving behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews." One of several key benchmarks will be the number of clinical providers that speak the County's Medi-Cal threshold language, Spanish. Additionally, the Department will continue to work with its diverse community partners and Cultural Community Collaborative partners to further explore the development of treatment programs that specialize in serving the community's diverse populations and integrating best practice into current treatment programs.

Community Partnerships

BHRS leadership engaged in other community planning efforts that also contributed to the development of the BHRS Strategic Plan.

Project Resolve & Criminal Justice Partnerships

The Sheriff convened Project Resolve, a community stakeholder process with the aim of exploring race and policing in Stanislaus County and advancing strong community and police relationships. BHRS already has several partnerships with the criminal justice system, such as Crisis Intervention Training, Community Assessment, Response and Engagement (CARE), Community Corrections Partnership (CCP) treatment programs, collaborative courts, and diversion programs. Feedback from the Project Resolve stakeholder process resulted in BHRS' recommendation to develop strategies that embed mental health clinical services within law enforcement, to respond to mental health crisis 911 emergency calls. Another recommendation is to increase high intensity outreach and engagement strategies for unserved/underserved homeless individuals with severe mental illness who are high utilizers of emergency services and frequently encounter law

enforcement. BHRS will explore the use of Mental Health Service Act Innovation funding for a learning project to meet this priority mental health need.

Cradle to Career

Cradle to Career is an effort to align sectors and systems in Stanislaus County to ensure successful outcomes for learners from cradle to career and consists of action teams that are designed to guide an intentional process to move the needle on critical milestones along the cradle to career spectrum. Stanislaus Community Foundation and Stanislaus County Office of Education provide ongoing coordination, resource development, and data support. Cradle to Career has identified timely access to behavioral health support for children and families as a priority to help improve educational outcomes for children and youth.

Local Homelessness Efforts

Stanislaus County is an active partner in the Stanislaus Homelessness Alliance (SHA) and the Community System of Care (CSOC) efforts to prevent and reduce homelessness. As key partners in the SHA and CSOC, Stanislaus County and BHRS are keenly aware of the role behavioral health services contributes to addressing homelessness. The recommendations in this strategy are responsive to the identified need of proactive outreach, engagement, and “street corner interventions” for individuals experiencing homelessness who have a severe behavioral health disorder. Additionally, BHRS is recommending strategies to develop partnerships to increase emergency shelter and a range of supportive housing for clients in treatment programs who are experiencing homelessness.

Stanislaus COVID-19 Children’s Mental Health Partnership

The Stanislaus COVID-19 Children’s Mental Health Partnership (SCCMHP) was organized by BHRS to respond to and monitor the unfolding behavioral health impacts of COVID-19 on children. The SCCMHP identified that as the pandemic unfolds and ultimately subsides, intentional effort to increase and improve access to behavioral health care for children will be a priority. Specifically, it is imperative to connect children and youth to services at the first signs of a behavioral health issue. It is also critical that children in crisis, as well as their families, are connected to appropriate services for continuity of care. Post-hospitalization services for both children and families are equally critical.

The Department’s recommendations are informed by long-standing partnerships and community efforts to address the most challenging issues, and immediate and emerging needs in response to the COVID-19 pandemic. The commitment to community engagement and stakeholder input exhibited throughout planning processes will extend to implementation of the recommended actions as well. The Department is equally committed to an ongoing engagement and partnership with stakeholders, consumers and family members on the implementation and ongoing development of the community

behavioral health system. The recommendations outlined in this report deliver for the community a core behavioral health system. This core system has the basic core services: crisis response, assessment, treatment teams, supportive services, and peer and family engagement strategies. However, there is much work to do and input to gather from stakeholders to ensure that this core treatment system delivers quality behavioral healthcare that meets the needs of the most vulnerable populations. As highlighted in the MHSA stakeholder planning process, the Department is striving towards a behavioral health system designed as follows:

- For those who need treatment to successfully navigate services throughout the recovery process
- Awareness of services across the behavioral health spectrum of care is broad - reaching the appropriate communities and people - far beyond just service professional service providers
- Behavioral Health interventions and services are accessed in communities where people live, work, and practice their faith/spirituality
- Consumers are accessing and receiving behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews

These recommendations also take into consideration that BHRS is one of many partners, a major partner, in the local community's behavioral health systems of care. The local behavioral health continuum of care includes services offered by Medi-Cal managed care plans, private health care plans, the education sector, and other community-based providers. BHRS is the Mental Health Plan and the Drug Medi-Cal Organized Delivery System (see County Behavioral Health Services Overview section) and has a very specific and crucial role in the broader partnership of behavioral health providers in the community. BHRS will work diligently to strengthen its role within the local behavioral health care system.

County Behavioral Health Services Overview

Mental Health Plan and Drug Medi-Cal Organized Delivery System

As the contracted Mental Health Plan (MHP) and Drug/Medi-Cal Organized Delivery System (ODS) with the State of California, the County provides behavioral health services for Stanislaus County Medi-Cal Beneficiaries. “Behavioral health” is the term used across the State of California to describe treatment services for both mental illness and SUDs. As the contracted agency, to the *extent resources are available* (W&I Code Section 5600), BHRS is contractually responsible for the provision of treatment services to the populations outlined below.

Adults with Severe Mental Illness with Functional Impairment

A severe mental illness (SMI) is a behavioral health condition or disorder that is serious, persistent, and debilitating resulting in serious functional impairment, which substantially interferes with the individual’s day-to-day activities and life events.

Children and Youth with Severe Emotional Disturbance with Functional Impairment

A Serious Emotional Disturbance (SED) is a diagnosable behavioral health condition, other than a primary SUD or developmental disorder, which results in behavior inappropriate to the child’s age according to expected developmental norms. A child or youth with SED typically has one of the following:

- Substantial impairment in at least two areas (self-care, school functioning, family relationships, ability to function in the community)
- Is either at risk of removal from home or has already been removed or the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment, or
- Displays psychotic features, risk of suicide or risk of violence due to mental disorder

Adults and Children with Mild, Moderate and Severe Substance Use Disorders

Adults and children/youth with an SUD that results in a serious functional impairment, which substantially interferes with the individual’s day-to-day activities and life events.

MHP and DMC-ODS Services

If a client meets criteria for County behavioral health services, a treatment plan is developed, in partnership with the client, that includes services tailored to the individual client’s need.

MHP services may include:

- Mental health services
- Medication support services
- Day treatment intensive
- Day rehabilitation
- Crisis intervention
- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric health facility services

For beneficiaries under 21 years of age

- Intensive Care Coordination
- Intensive Home-Based Services
- Therapeutic Behavioral Services
- Therapeutic Foster Care
- Psychiatric Inpatient Hospital Services
- Targeted Case Management

DMC-ODS services may include:

- Outpatient Treatment
- Intensive Outpatient Treatment
- Outpatient/Intensive Outpatient Treatment Services for At-Risk Youth
- Residential Treatment (subject to prior authorization by the County)
- Withdrawal Management (Detoxification)
- Opioid Treatment (Methadone Maintenance)
- Recovery Support Services
- Case Management and Care Coordination
- Recovery Residences

Services Provided and Not Funded Under the Medi-Cal Programs

- Services to uninsured individuals
- Prevention services, including but not limited to: SUD prevention, stigma reduction, and suicide prevention
- Fostering innovation through special initiatives such as: early psychosis interventions and peer support services
- Management of the Lanterman-Petris-Short Act, including services to individuals in residential and locked settings, which are excluded from Medi-Cal
- Housing development, assistance, and navigation, including SUD recovery residences

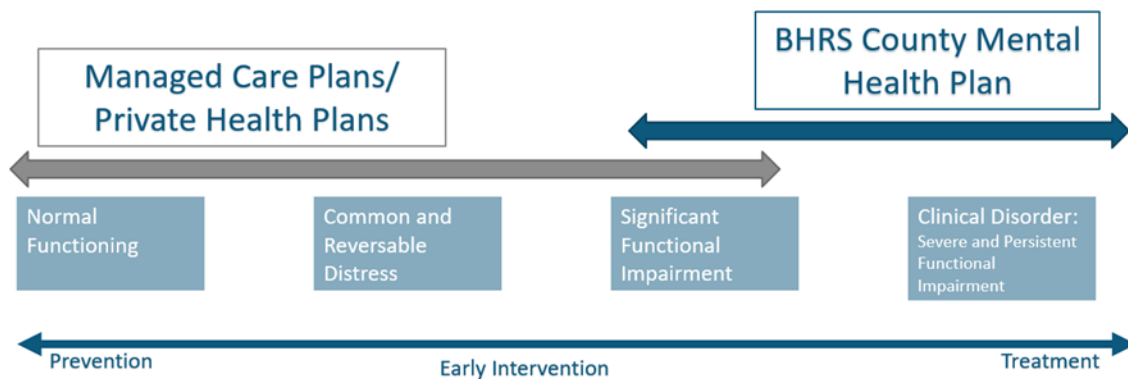
Outcomes and Performance Measures

The expected clinical treatment outcome is to reduce the client's impairment due to the behavioral health illness, leading to an improvement in overall life functioning. The Department uses several performance measures to assess the impact of treatment services. Some programs measure impacts beyond clinical measures, such as impacts on homelessness, incarceration, hospitalization, etc. BHRS is developing a recommendation to the Board of Supervisors for program performance measures innovation projects to be funded using MHSA Innovation funds. See the Multi-County Full Service Partnership (FSP) Innovation Project on page 40 for more information on this proposal under development.

Community Behavioral Health Continuum of Care

BHRS is not the only behavioral health treatment services provider in Stanislaus County. Medi-Cal managed care health plans and private health plans have a significant role in the provision of treatment services as well. County behavioral health departments cannot address all the needs in the community alone. BHRS is central to and administers a significant amount of behavioral health resources within the local system but is only a part of the system. Recently enacted Senate Bill (SB) 855 (Chapter 151, Statutes of 2020) and State Medi-Cal reforms (such as California Advancing and Innovating Medi-Cal), reinforce the role managed care plans and private health insurance plans must play in providing treatment services and slowing the tide of community members entering the County mental health service system which provides the highest levels of care. Effective prevention and early intervention strategies will have the most impact in this area. BHRS will invest time and resources to strengthening the behavioral health continuum of care, ensuring that community members are provided the right service at the right time by the provider that is best suited and mandated to meet their behavioral health needs. *BHRS is best suited and mandated to provide services for those with the highest level of need and to those individuals with severe behavioral health issues.*

Behavioral Health Continuum of Care



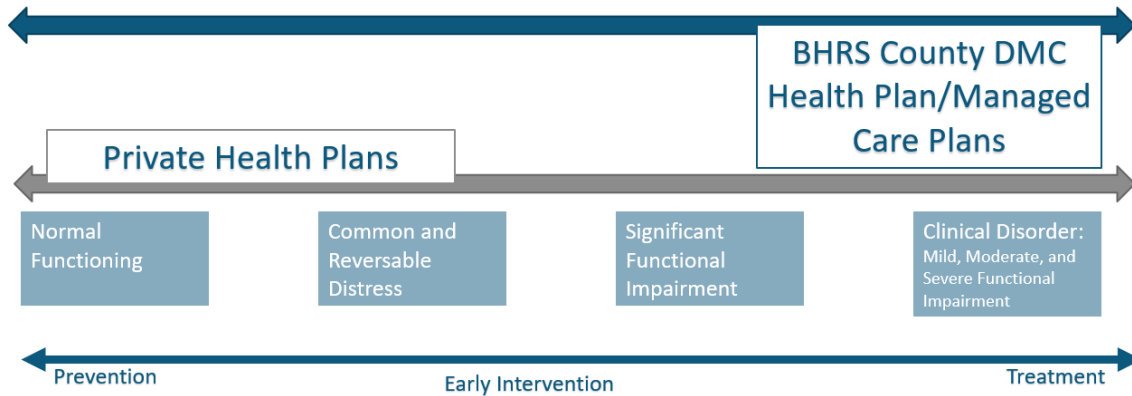
<https://safehouseapp.info/2018/01/16/the-benefits-of-the-mental-health-continuum/>

As the MHP, BHRS and contract partners provides mental health treatment for seriously emotionally disturbed (SED) children and youth, and adults and older adults with a serious mental illness (SMI). Medi-Cal beneficiaries who have a diagnosed mental illness that is not severe, are referred to as “mild to moderate” and are treated by Medi-Cal Managed Care Plans and Private Health Insurance Plans. Mild to moderate behavioral health conditions can include behavioral health symptoms that are mild to acute, but in shorter duration. Individuals in the mild to moderate category will experience some degree of functional impairment but are still able to function and attend to daily responsibilities and engage in activities.

SUD Services

Unlike mental health treatment services where mild/moderate treatment are provided by the managed care plans, and severe mental illness treatment services are provided by BHRS (the MHP), BHRS does provide SUD treatment services for adults and adolescents across the spectrum of care, for mild, moderate, and severe SUD. The services are included in the Department’s DMC-ODS Plan.

Substance Use Disorder Continuum of Care



Access to Services

Community members may access treatment services through multiple programs and services.

Medi-Cal Access Line

Community members can access services by calling the BHRS Access Line, which is a toll-free phone number (888-376-6246) that is answered 24 hours a day, seven days a week that provides guidance to community members on how to obtain MHP or DMC-ODS services. As the MHP and DMC-ODS provider, BHRS is responsible for assessing whether individuals are eligible for specialty mental health or SUD services from the County, a managed care provider or other treatment providers.

Community Emergency Response Team

Clients are placed on a hold at an Emergency Room or the Crisis Stabilization Unit. The Community Emergency Response Team (CERT) conducts Welfare and Institutions (W&I) Code Section 5150 procedures if a community member is deemed a danger to self, danger to others, or gravely disabled. Through clinical crisis evaluation, CERT assesses if hospitalization is needed or if outpatient treatment and support services meet the mental health care needs of the client. Evaluations are for adolescents and adults in crisis and primarily occur at Emergency Departments, Doctor's Behavioral Health Center, and walk-ins at Stanislaus Recovery Center campus. CERT also responds to crisis calls from clients and family members, coordinates, and facilitates hospital placements, shares resource information with family members and clients, and connects clients to outpatient treatment services.

- Mobile CERT (MCERT): Modesto Police Department and Behavioral Health and Recovery Services developed a partnership that pairs trained clinicians with police officers in the field to respond to sub-acute mental health situations. The MCERT

services have been limited over the last few years due to various staffing challenges. The program is currently under review with Law Enforcement partners and will be redesigned and relaunched in Fiscal Year 2021-2022

Behavioral Health Outreach and Engagement

Behavioral Health Outreach and Engagement (BHOE) provides outreach and engagement to unserved/underserved individuals who may need specialty mental health services and are identified as not currently receiving needed care or only receiving episodic or crisis mental health services. BHOE services include proactive outreach services in community settings with the aim of building trusting relationships, implementing coordinated individualized intervention plans, and connecting individuals directly to treatment and supportive services. The BHOE Program will also include the Assisted Outpatient Treatment (AOT) and an integrated partnership with the Community Assessment, Response, and Engagement (CARE) programs. These two program services align with the outreach and engagement strategy and often share the same target population with local law enforcement and other key outreach partners. The integration of these teams will increase the efficiency and effectiveness of the Department's outreach and engagement services:

- AOT is civil court-ordered treatment for individuals with severe and persistent mental illness who meet strict legal criteria. Often, these individuals experience severe mental health symptoms which impact their ability to recognize the need for treatment. AOT allows for a Qualified Referring Party (QRP) to refer an individual for mental health treatment without the consent of the individual. The AOT Team connects with the QRP and the individual to assess for SMI, their level of engagement, and their risk. Individuals are referred to an appropriate BHRS team while the AOT team continues to assist with engagement and assess for appropriateness for the court-ordered treatment. The AOT program began in 2018 as a pilot program and was to be evaluated for its effectiveness. After the start of the pilot, the State of California passed Assembly Bill (AB) 1976 (Chapter 140, Statutes of 2020) that requires counties to offer an AOT program, unless the County opts out by a resolution passed by the Board of Supervisors. Based on the learning through the pilot program, BHRS is recommending that the County does not "opt out" and continues with the AOT services and program development
- CARE is a multidisciplinary team of mental health, criminal justice, and other service providers who facilitate, provide, and share responsibilities of assessment coordination and treatment services to appropriately meet the complex mental, physical, and social needs of the targeted population. The target population includes individuals who may have severe and persistent mental illness, exhibit high-risk health and safety behaviors, engage in vagrancy-related criminal behavior, and experience severe SUDs; and for a variety of reasons, they are not accessing or accepting services. BHRS mental health services providers are embedded on the team to support clients with SMI and facilitate direct access to treatment services. The overarching goal is to see an increase in the target population transition from saying "no" to help to saying "yes" to help

Behavioral Health Crisis and Support Line

The Behavioral Health Crisis and Support Line (BHCSL) will connect community members experiencing a behavioral health crisis with staff from the CERT, who will assess the caller's behavioral health needs. Previously called the "Crisis Warmline," BHRS is changing the name to clarify the services and purpose of these telephone-based crisis services. In the event of a psychiatric emergency, CERT staff facilitate access to immediate emergency psychiatric care. For non-emergent situations, the BHCSL staff can assist new clients in scheduling an assessment, and for current BHRS clients, assist them following-up with outpatient treatment services. BHCSL staff can also provide immediate supportive services over the phone. Specially trained BHCSL staff may also provide a supportive conversation over the phone, providing real-time and essential support to deal with a crisis. The BHCSL will facilitate a connection to peer support and to the Behavioral Health Wellness Center. The BHCSL also answers after hours calls to the Medi-Cal Access Line, which is available to community members seeking general information about an assessment or needing to obtain a referral to an outpatient program.

Suicide Prevention Hotline

BHRS partners with the Central Valley Suicide Prevention Hotline (CVSPH), along with several other Central Valley Counties to provide 24/7 suicide prevention call center services. The hotline helps individuals who are looking for resources and education regarding a loved one or friend, provides support for those in crisis and keeps people safe who have suicidal ideation or are in the process of killing themselves. CVSPH is recognized as a best practice call center by the American Association of Suicidology. The hotline is also a member of National Suicide Prevention Lifeline which provides interpreters for 150 different languages. CVSPH serves California's Central Valley, a culturally diverse group of seven counties: Fresno, Tulare, Kings, Madera, Mariposa, Merced, and Stanislaus.

Underserved/Unserved Populations Access

The Department also supports programs and community partnerships that work within diverse communities to increase access and linkage to behavioral health services and/or community supports. These programs utilize community-based approaches and strategies to increase awareness of behavioral health issues and how to access services if needed. These services also support community members in addressing emerging mental health issues and strategies to maintain mental health and wellness. These programs will also include staff to support and coordinate the partnerships below, and will develop a coordinated community relations and partnership plan focused on reaching the underserved/unserved populations.

- Promotores/Community Health Outreach Workers are the bridge between Spanish-speaking and other diverse community members and behavioral health care institutions and professional providers. Promotores/Community Health Outreach Workers engage residents to promote behavioral health and wellbeing, build protective factors to reduce the risk for developing a potentially serious mental health condition, and when appropriate link those who are experiencing early onset of serious mental illness to higher levels of behavioral health services

- Older Adults and Veterans Access and Linkage engages unserved/underserved older adults and veterans who are at risk for or experiencing mental illness through culturally appropriate engagement to an appropriate level of care. Short-term treatment services are offered to address early onset mental illness and when appropriate, individuals are linked to higher levels of behavioral health services
- National Alliance on Mental Illness (NAMI) operates both locally and nationally to bring awareness, training, information and support to individuals and families experiencing or affected by mental illness. Stigma reduction is a critical component of NAMI's message, and access and linkage to mental health services is facilitated and provided to diverse communities and potential responders, such as educators, faith-based organizations, and caregivers
- Community Based Cultural Engagement and Support/Community Collaboratives work in conjunction with BHRS to promote wellness and awareness related to stigma and discrimination reduction of behavioral health services. These groups focus on integrating culturally appropriate activities and strategies to outreach, engage, and link community members who struggle with mental illness and/or SUDs to services while being sensitive to individual needs

Psychiatric Hospitalization

Crisis intervention addresses personal situations which present a serious and imminent threat to the health or stability of the person. The interventions include suicide prevention as well as psychiatric, welfare, psychological, legal, and/or other social services. It may also include emergency, involuntary treatment, including psychiatric hospitalization, where such treatment is immediately necessary to preserve life or to prevent serious bodily harm. During treatment, clients may need care in a psychiatric hospital, psychiatric health facility or other in-patient treatment facilities. Psychiatric hospitalization services are provided for individuals with a mental illness or symptoms of mental illness that cannot be safely treated at a lower level of care or outpatient setting. Most clients in Stanislaus County are hospitalized at Doctor's Behavioral Health Center in Modesto, the Psychiatric Health Facility in Ceres, or other hospitals within the region.

Development of the Core Treatment Model Framework

This moment in history provides an opportunity for BHRS to ground ourselves in our purpose: whose needs are we here to meet, why do we exist, and why is BHRS uniquely capable of providing it?

BHRS developed the Core Treatment Model (CTM) framework, which is central to BHRS' strategy to strengthen treatment capabilities as well as navigate the pathway to fiscal sustainability. The CTM clearly describes the population BHRS is mandated to serve and the expected outcomes that will be produced because of the delivery of treatment services. The CTM applies to both mental health and SUDs. By clearly identifying the mandated population, performance measures, and the treatment services that BHRS must provide as the MHP and DMC-ODS, the Department aims to improve both the efficiency and effectiveness of services.

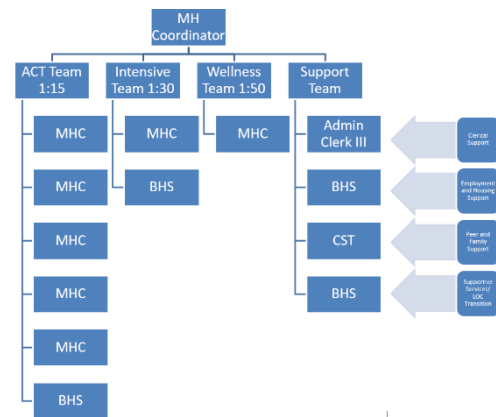
Population	Adults/Children with SMI/SED with functional impairment	
Performance Measure <i>"Better Off"</i>	Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i>	
Core Treatment Model <i>Strategies to Increase Functioning & Decrease Impairment</i>	Treatment Services	Providers
	Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers
	MH Clinical Services <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • Psychosocial Rehabilitation • Care & Services Coordination 	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians
	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid
Performance Measures <i>"How well we provide services"</i>	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions	

The CTM was developed using the Results-Based Accountability (RBA) framework (RBA). RBA framework is a proven disciplined method that is used by organizations to improve program performance. It is a simple, common sense framework that everyone can understand. The Department has been incrementally integrating the RBA framework into the planning efforts over the last several years. BHRS is committing to implementing the RBA framework throughout the organization for all treatment and administrative functions with the aim of establishing clarity on "whose needs are we here to meet, why do we exist, and why is BHRS uniquely capable of providing it?" The Department realizes that for both clients and the broader community, there are performance measures beyond those identified in the CTM. BHRS will work with clients and community stakeholders to further develop these performance measures. However, the Department's role as the MHP and DMC-ODS is clear, and the CTM provides a simple framework for the community and stakeholders to understand that role.

The Department also realizes that, without key partnerships, there are expected outcomes for BHRS that may be beyond current capabilities. BHRS has been a partner in planning efforts to reduce and prevent homelessness and is establishing a “by name” list of clients that are currently receiving treatment services and are experiencing homelessness. The Department has the capability to provide effective treatment for their mental illness or SUD, however, does not have the capability to develop and build new housing units on its own. Developing additional housing units for individuals with severe mental illness requires partnerships with the network of city, county, and housing development stakeholders. Unless BHRS has access to housing units for clients experiencing homelessness, the best the Department can expect for treatment outcomes is to mitigate on-going risk in their lives because of housing instability. To prevent and reduce homelessness for individuals with SMI and SUD would require actions and resources beyond the Department.

New Core Treatment Model Team Structure

The Department is recommending establishing a standard CTM for mental health services. Services will be provided in Behavioral Health Services Teams (BHSTs) which will consist of 14-15 staff. Each team will have a consistent number of behavioral health providers and administrative support. This team model allows the Department to clearly define the number of treatment teams needed to serve the current clients' behavioral health needs. For clients with higher treatment needs, the staff to client ratio will be lower to allow staff more time to provide a higher number of services per client. For clients with lower needs, the caseloads will be higher given that the clients need less-intensive services. The management of staff to client ratios and the amount of support staff can provide is key in managing the quality of behavioral health treatment services.



The new team structure aims to broaden access to services for clients across programs by eliminating the current structure in which teams specialize with certain populations or treatment needs. All treatment teams would serve the range of populations that meet criteria such as criminal justice involved, homelessness, co-occurring SUDs, and high-risk health issues. The current program structure designates programs to serve specific target populations, which often leads to unnecessary barriers to clients who are accessing treatment. This has created challenges in access especially in the adult full services partnership programs and some children services as well. BHRS will focus on developing the capabilities and expertise of the treatment teams to serve all client populations for both adult and children services. This will be accomplished in part by creating a multi-disciplinary team and embedding staff that have different expertise in each team. The Department will focus on strengthening the capacity of all treatment teams to provide treatment services to the various populations as well any specific specialty treatment services that clients may require.

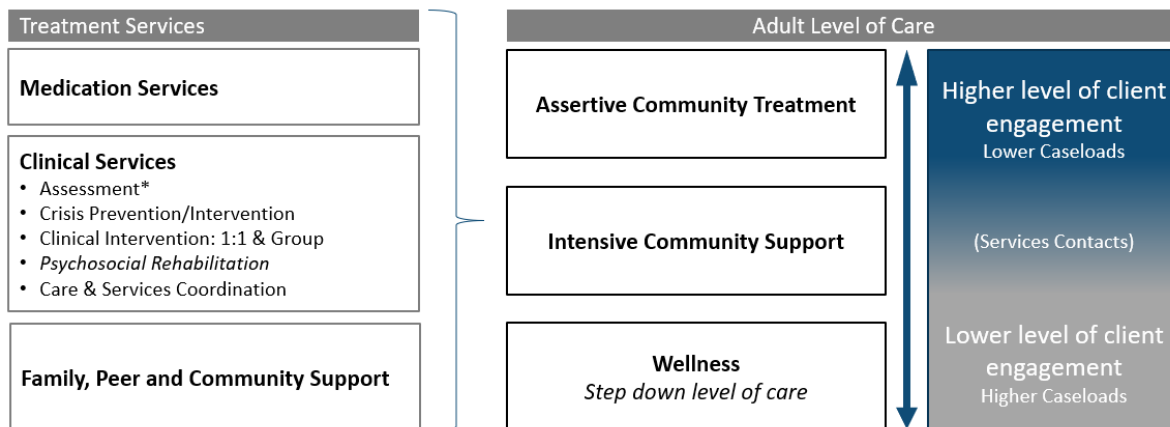
The recommended treatment structure is also based on the learning of recent initiatives and innovation projects that implemented the Assertive Community Treatment (ACT) evidence-based practice. This model emphasizes an appropriate staffing to client ratio and integration of critical services and supports for a set number of clients. Not all BHSTs will implement the full scope of the ACT model. The Department will develop a workplan for ACT model and other evidenced-based practice full implementation. The current team structure recommendation is designed to further develop BHST in line with this evidence-based practice.

These system enhancements will strengthen the Department's capability to manage the coordination of care and appropriate levels of service across systems of care. The current program structure lacks consistency in staffing, levels of care, and operations, which

creates several challenges in management of resources to meet the community's increased and decreased treatment needs. As the demand for services increase or decrease across the Department, the standardized team structure provides a fiscal model to determine the resources needed to meet the treatment needs of the community, and not restrict access to treatment. BHRs anticipates the need for programs and treatment teams that warrant staffing structures that vary in size. However, the CTM provides a core set of services that will serve as a foundation for the development of specialized programs and treatment teams as needed. The Department is currently working on developing the BHST model for the SUD System of Care and is expected to be completed by Fiscal Year 2022-2023.

Levels of Care

BHSTs have levels of care to allow clients to progress through the recovery process with support from a trusted mental health treatment team. By integrating levels of care in a team, the client can access higher or lower levels of services, while maintaining the valuable therapeutic relationship within a team that uniquely understands the client's mental health needs and has developed a trusted relationship. The levels of care are outlined below.



- Assertive Community Treatment (ACT):** ACT level services include core treatment services that are provided by teams with lower staff to client ratios that allow for staff to provide higher levels of services and client contact than the lower levels of care. ACT services are also provided in community settings on a day-to-day basis, and with 24/7 crisis intervention and support. Unique to the ACT is a team approach that is a partnership between mental health staff and the clients
 - For children, youth and young adults up to the age of 21, a Child and Family Team will be offered to support ACT level clients with engaging cross system partners to address needs identified by the client, family and other team members, and services will be provided within the Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) model

- **Intensive Community Supports (ICS):** ICS levels of service include the core treatment services and are provided in outpatient settings. Clients at this level of care require intensive treatment services weekly, but not 24/7 or day-to-day interventions
 - Children, youth, and young adults up to the age of 21, may be eligible to receive ICS services in the context of a Child and Family Team including ICC and IHBS, whenever and wherever needed by the client and family
- **Wellness (Adults Only):** Wellness level of care serves as a step down from ACT and ICS levels and serves clients who require low intensity and minimal support. Clients at this level will most likely be able to manage their day-to-day affairs with intermittent support but require ongoing medication support.

Embedded Supportive Services Staff

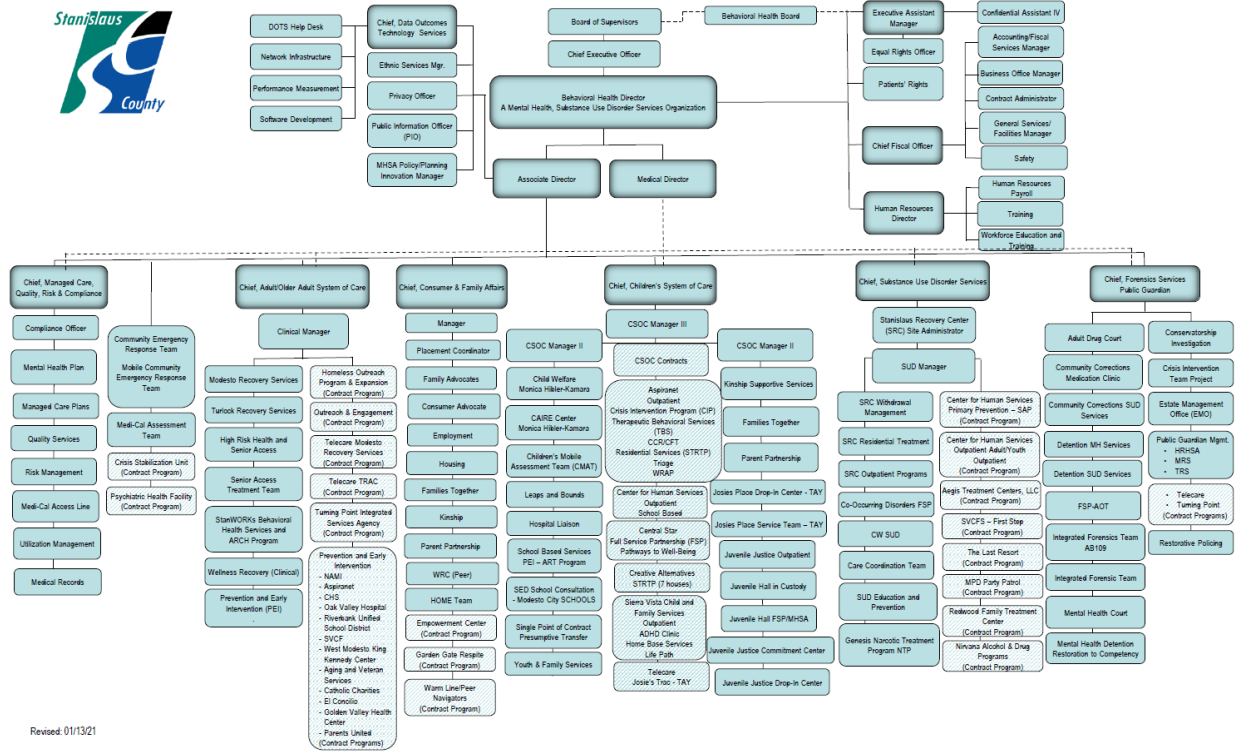
Each BHST will include supportive services specialists that will provide each team with Housing, Employment, and Peer Support services. These staff provide services that support clients accessing and maintaining shelter/housing stability, establishing employment goals, mutual aid, and support from other peers, and strengthening family and community relationships.

Organizational Restructure

The organizational charts below reflect the changes in the administrative structure of the Department. The major changes are the consolidation of the Forensics System of Care (FSOC) into the Adult System of Care (ASOC), the restructure of the Office of Public Guardian, and the restructure of the Consumer and Family Affairs Division into the Supportive Service Division.

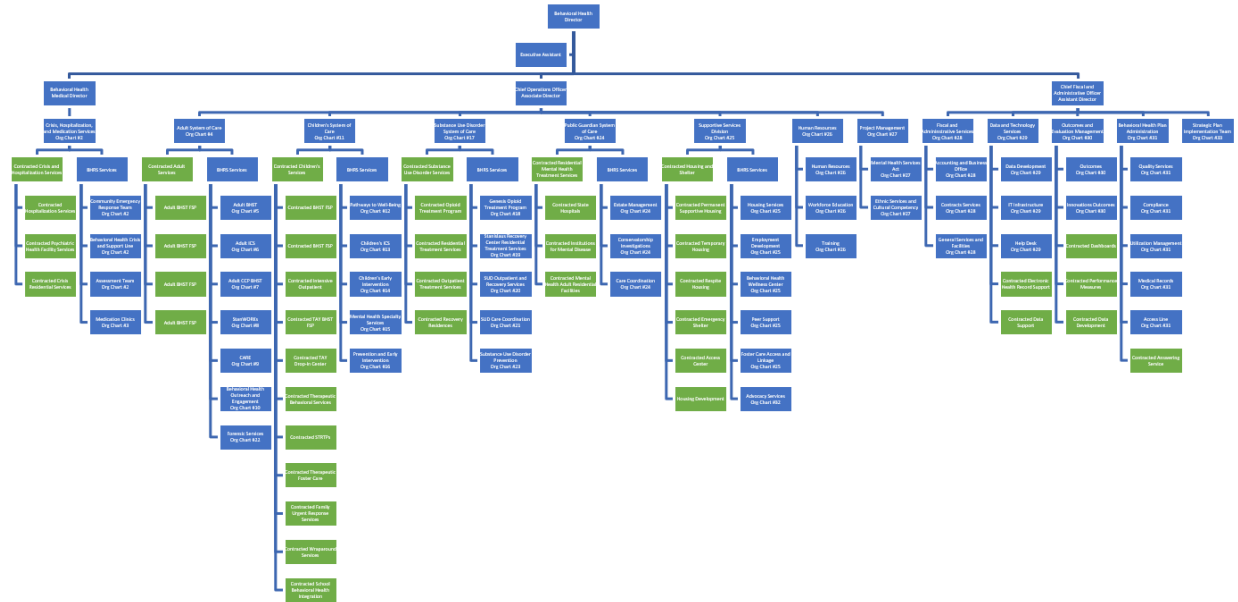
- Forensics System of Care (FSOC): FSOC primarily serves the adult criminal justice involved populations that was managed jointly with the Office of Public Guardian. Consolidating the FSOC into the ASOC creates a single point of leadership for all adult treatment services and allows the Public Guardian to only manage the Office of Public Guardian
- Office of Public Guardian: The Office of Public Guardian will now be managed by a full-time manager who will oversee current functions of the Conservatorship Investigations, Estate Management Office, Restoration to Competency, and the expanded functions managing the placement of Conservatees and coordination of care with treatment providers. The Department is recommending a Public Guardian Care Coordination Team that will act as Conservators, overseeing the placement, coordination of care and case management needs of Conservatees. These services were previously managed in multiple systems of care. This restructure now places the management of all Conservatees services under the management of the Public Guardian
- Consumer and Family Affairs: The Consumer and Family Affairs/Housing services was renamed to accurately reflect its services. The division was originally designed to primarily serve as liaison to strengthen relationships between consumers, families, and the Department. However, over the years the division evolved to administer additional supportive services, including providing organizational leadership with consumer and family affairs. The Consumer and Family Affairs/Housing services will transition its name and overall function to the Supportive Services Division, providing the consumer and family affairs services in addition to other support services such as peer support, advocacy, housing, shelter, and employment services. This name change does not minimize the critical work in strengthening the Department's relationship with clients and their families. In fact, the recommendations in this Strategic Plan include investment in peer support and the Department's capability to build relationships with clients and family members

Previous BHRIS Organizational Chart



Revised: 01/13/21

Recommended New Organizational Chart



Design of New Behavioral Health System

Behavioral health services will be provided through various systems of care and divisions:

- Adult System of Care
- Children’s/Transitional Age Youth System of Care
- Substance Use Disorder System of Care
- Office of Public Guardian
- Supportive Services Division
- Crisis and Hospitalization Services
- Administration

Adult System of Care

The Adult System of Care serves clients aged 18 and over and provides the services outlined below.

Behavioral Health Services Team

The Department is recommending seven Behavioral Health Services Teams (BHSTs) that will provide core treatment services at all three levels of care, ACT, ICS, and Wellness. BHRS will operate three of the seven teams, with four BHSTs operated by current contract service providers. Each BHST will have an average of 14 staff and will operate within CTM staff to client ratios. Each BHST will include an embedded Peer Support Specialist, Housing and Employment Specialist, and Transitional Care Specialist to support clients transitioning to a lower level of care. BHSTs will be located in Modesto and Turlock to serve clients regionally throughout Stanislaus County.

Adult		Contractor 1		Contractor 2		BHRS			Total Potential Clients Served	% Increase/ (Decrease) in Capacity to Serve Clients
Levels of Care	Clients Served as of October 2020	Team #1	Team #2	Team #3	Team #4	Team #5	Team #6	Team #7		
Assertive Community Treatment	410	90	90	90	90	90	90	-	540	
Intensive	740	60	60	60	60	60	60	240	600	
Wellness	282	50	50	50	50	50	50	50	350	
Total Clients	1,432	200	200	200	200	200	200	290	1,490	4.1%

Medication Clinics

Medication Clinics support BHSTs by providing psychiatric consultation, evaluation, and treatment of BHRS clients. Interventions provided include prescribing, administering, dispensing, and monitoring of psychotropic medications. Prescribers (psychiatrists and/or nurse practitioners) and nurses are part of the patient’s interdisciplinary treatment team and help guide the course of a patient’s treatment. The Adult Medication Clinics will be centralized in Modesto and Turlock and medication services will be embedded in the BHSTs.

Behavioral Health Wellness Center

The Behavioral Health Wellness Center (BHW) provides a safe and welcoming community location for BHRS clients to access peer support and to support other clients in their recovery. The BHW Peer Support Specialist Staff and Peers support each other

in strengthening peer and community networks, while participating in wellness and rehabilitative activities and groups. The BHWC is also a place where clients will be able to gather to relax with other peers, creating a supportive environment for any individual that walks through the door looking for support, someone to talk to, or just to hang out with a few friends. Each BHST will have an embedded Peer Support Specialist that ensures the BHWC services compliment and align with treatment services provided by a BHRS treatment team. BHWC's goal is to promote individual recovery by connecting individuals to their community. The BHWC is managed under the Supportive Services Division but is a core supportive service in ASOC.

Children's System of Care

The Children's System of Care provides mental health services to children and youth ages 0 to 21 years of age who are experiencing mental illness. The Children's System of Care consists of Pathways to Well-Being, serving the Child Welfare populations, Behavioral Health Services Teams, and Prevention and Early Intervention services. Many of the treatment services are provided in collaboration with other child-serving systems, including Child Welfare, Juvenile Probation, the Regional Center, or Education. Within the Children's System of Care there are programs or services that are considered mandates, including Therapeutic Behavioral Services, Child and Family Teams, Intensive Care Coordination, Intensive Home-Based Services, Therapeutic Foster Care, and Short Term Residential Therapeutic Programs.

Children's Pathways to Well-Being

Pathways to Well-Being (PWB) focuses on the population of children and youth who are being served in the Child Welfare system. This includes children and youth receiving voluntary Family Maintenance services and those who are involved in the court system. This is a vulnerable population who have typically experienced some type of trauma and may have experienced multiple changes of caregivers or placements. PWB provides treatment and supportive services for children and youth within the Child Welfare system with the aim of helping them remain in the most home-like setting possible and assist them through the child welfare process. PWB additionally provides treatment and supportive services for Non-Minor Dependents (NMDs), who are young adults, ages 18 to 21 who have opted to remain within the foster care system voluntarily to receive support in transitioning to independence. PWB provides core treatment services utilizing the intensive care coordination and intensive home-based services model. Services may be determined in the context of a Child and Family Team in which the child or youth and family participate and the opportunity is given for professional, peer, and natural supports to come together to develop a unified service delivery plan with the family. Peer support is embedded in the team to support caregivers or youth. In addition to PWB, there are multiple programs and integrated services embedded in treatment teams that are required by Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015), also known as Continuum of Care Reform (CCR). Each team has staff specially trained to support children within the Child Welfare system. There are four targeted programs:

- **Family Urgent Response System (FURS):** FURS was established by Senate Bill (SB) 80 (Chapter 27, Statutes of 2019) and amended by Assembly Bill (AB) 79 (Chapter 11, Statutes of 2020) which requires counties to develop and implement a mobile response system to respond to current and former foster youth experiencing tension, conflict, emotional distress, behavioral issues and/or other difficulties that may threaten their family relationships. FURS is a coordinated statewide, regional, and county-level system and is designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response, during situations of instability for purposes of preserving the relationship of the caregiver and the child or youth. Services include developmentally appropriate conflict management and building resolution skills, stabilizing the living situation, mitigating the distress of the caregiver, child or youth,

connecting the caregiver and child or youth to existing local services, and promoting a healthy and healing environment for families. This program will also increase access and linkage to mental health and community services for this population as it is designed to support and connect current and former foster youth to the appropriate care and assistance

- **Wraparound (WRAP):** WRAP uses a strengths-based, needs-driven, team approach to bring flexible services and supports to a child or youth experiencing significant mental health needs. WRAP gathers the family, community-based supports and natural supports to create an individualized plan that is comprehensive, and addresses needs in various life domains, including: family, living situation, social/friends, psychological/emotional, educational/vocational, legal, social/recreational, cultural/spiritual, medical/dental, and crisis and safety planning. Services are youth and family driven, as the family works with a trained facilitator to engage a supportive team who will work with the family toward their goals and the program is available to children and youth who are involved with Child Welfare, Juvenile Probation or are adoptees. The services and supports are available 24 hours a day, and the service plan reflects the family culture and preferences
- **Short Term Residential Therapeutic Programs (STRTPs):** Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015), otherwise known as Continuum of Care Reform (CCR), established a new category of community care licensed residential facility called Short-Term Residential Therapeutic Program (STRTP). An STRTP is a residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and 24-hour care and supervision to children and non-minor dependents. An STRTP may also provide a specialized program for a commercially sexually exploited child, juvenile sex offender, youth affiliated with or impacted by a gang, and youth whose parent is seeking a voluntary private placement. The program is designed to be short-term, individualized, and intensive, to stabilize youth who have complex needs to support a successful transition to a permanent and supportive family placement
- **Therapeutic Foster Care (TFC):** The TFC service model is a short-term, intensive, highly coordinated, rehabilitative service that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with trained and intensely supervised and supported TFC parents. This program is a mandated service that will be implemented in Fiscal Year 2021-2022. The TFC parents serve as a key participant in the therapeutic treatment process of the child/youth. TFC services assist the child/youth in achieving client plan goals and objectives, improve functioning and well-being and help the child/youth to remain in community settings, thereby avoiding residential, inpatient, or institutional care. BHRS will return to the Board of Supervisors with a plan and recommendation for implementation

Behavioral Health Services Team

There will be three Behavioral Health Services Team (BHST) FSPs that will provide core treatment services for children and youth who are at risk for out of home placement in publicly funded care, such as resource families, STRTPs, correctional institutions or

psychiatric facilities due to emotional, social and/or behavioral problems. The goal of these services is to improve the child's overall functioning within their family, school, peer group and community; reduce risk and incidence of mental health disability; and improve family well-being and functioning. Children and youth who are at acute risk for disruption in home or school placement, or for incarceration or psychiatric hospitalization, will receive a team based, "full service partnership" (FSP) approach, that includes a Child and Family Team (CFT) made up of the child or youth, family members, professional, peer, and natural supports. Peer support is embedded in the team to support caregivers or youth. Services and supports are available 24 hours a day, 7 days a week. Within the FSP team structure is an ACT level and an Intensive Community Support level to ensure that the child or youth receives services based on the intensity and frequency determined through the CFT process.

Intensive Community Support

There will be two Intensive Community Support (ICS) treatment teams that will serve clients who need mental health services but do not require ACT level intensity and frequency. ICS programs provide core treatment services utilizing the intensive care coordination, and intensive home-based services model. Peer and family support will also be available within the team. Services may be provided in the home, office, school, or community and are driven by the child or youth's needs and strengths, taking the child or youth and family voice into consideration in the treatment planning. ICS services may be provided in the context of a Child and Family Team for eligible children and youth, in which a shared service delivery plan is developed through this process and 24-hour intensive home-based services would be available if needed.

Therapeutic Behavioral Services

Therapeutic Behavioral Services (TBS) is a short term, intensive, individualized behavioral service available to children, youth and young adults, ages 0 to 21 years, with a focus on prevention of, or step-down from out of home placement, or psychiatric hospitalization. Trained staff provide focused intervention to target specific challenging behaviors while emphasizing the individual and family's strengths. The services are provided at the time and location the behavior occurs and are available 24 hours a day, 7 days a week. The goal is to reduce the behaviors and support the child, youth, or young adult in successfully remaining in the least restrictive, most home-like setting.

Children's Early Intervention

The Children's Early Intervention program focuses on children new to the behavioral health system with a first-time SED diagnosis. Referrals may come from a variety of sources, including other programs, schools, parents, and other community partners. The services are intended to be short-term, up to 18 months, and include mental health treatment and other interventions that address and promote recovery and related functional outcomes. The goal is to prevent mental illness from becoming severe and debilitating and decrease negative outcomes that could result from untreated mental illness. If there is a need for additional treatment time or a higher level of care, children/youth can be transitioned to a BHST. As children/youth meet their treatment goals, they will move to a lower level of community care or complete treatment.

Early Psychosis Intervention

Early Psychosis Intervention (EPI) serves youth ages 14-25 and their families who have either qualified as clinically high risk (prodromal) or have experienced a first break within the past year. Early Psychosis Intervention utilizes evidence-based practices such as multi-family groups, Cognitive Behavioral Therapy (CBT) for Psychosis, and Individualized Resiliency Treatment (IRT). The program is designed to provide intensive therapeutic services, family psychoeducation, educational/vocational support, case management, and optional medication services. In addition, the program includes a parent advocate to assist family members in negotiating educational and mental health systems. The Department is currently proposing an Innovation Project that will expand capacity to use data and outcomes to strengthen the program and results for clients.

School Behavioral Health Integration

The School Behavioral Health Integration (SBHI) program is expanding into a combined Prevention and Early Intervention program that focuses on the individual needs of schools within unserved/underserved population communities by using access and linkage strategies and a behavioral health consultation model while taking into account the needs and service gaps of different school districts and customizing the approach accordingly. By consulting with district administrators, teachers, and school staff, the program's team will provide a spectrum of prevention and early intervention services from wellbeing activities, training, and consultation, to de-escalation, brief counseling, and short-term treatment services. Children, families, and school staff will benefit from this spectrum and customized approach.

Mental Health Specialty Services

Mental Health Specialty Services (MHSS) consists of multiple teams that provide treatment and supportive services for smaller, targeted populations and includes the following:

- School Based Behavioral Health Services (SBBHS) provides mental health consultation services and training for school site staff to support them in addressing individual and school-wide mental health concerns and issues. Individuals and group brief intervention counseling is also provided for students. SBBHS are provided at schools within unserved/underserved priority population communities, and at Modesto City Schools through a contract for services with the School District. County funded services are provided through Empire Union School District, Orville Wright Elementary, Newman-Crows Landing Unified School District, and Cunningham Elementary School
- Domestic Violence/Sexual Abuse services are being provided through Child Abuse Interview, Referrals and Evaluation (CAIRE). The CAIRE Center is co-located with the Stanislaus County Family Justice Center. CAIRE interviews are scheduled by law enforcement or Child Protective Services when an allegation of child abuse must be investigated. The CAIRE Center includes a multi-disciplinary team that is on-site to support the child/youth and family through this investigative process. Behavioral health services are available to the child and family and can include emotional support, trauma-informed assessment, referrals and linkage, or ongoing

trauma-informed treatment. This program increases appropriate access and linkage to mental health services for these children and families experiencing the effects of trauma

- BHRS Community Support is comprised of BHRS staff who will connect with the community and partners to build and maintain positive relationships and develop supports for children's mental health needs. An example is partnering with schools to build their capacity to incorporate strategies like Aggression Replacement Training, a cognitive behavioral intervention to help youth improve social skills and moral reasoning, better manage anger, and reduce aggressive behavior. Another partnership would be participating and supporting the Cradle to Career initiative. These efforts include strategies that will increase the recognition of mental illness and increase appropriate access and linkage while decreasing stigma and discrimination
- First Episode Psychosis (FEP) works to provide support, education, and navigation services for families of children, youth and young adults who are experiencing early stages of psychosis. The program provides education to families around the signs and symptoms of the onset of psychosis and assists them in accessing and utilizing available behavioral health services. The program provides support to family members who are coping with the illness of a loved one. The program is independent from all service providers to improve and facilitate the relationship and interactions between the family and the provider, and often serves as the liaison between the hospital and outpatient programs. Staff have a pivotal role in the client's recovery success by advocating and representing the interests of clients and family members. The program also works closely with collaborative community partners to educate the community and increase awareness and includes strategies for unserved populations
- Juvenile Hall Behavioral Health Services provide support to youth in custody. Staff provide intake screenings for behavioral health needs, individual and group sessions, consultation for a variety of behavioral health needs, assessments prior to placement in an STRTP, and crisis intervention and suicide prevention services. The team collaborates with medical and probation staff as part of a multidisciplinary team to identify and address the behavioral health needs of the youth. The focus of services is to minimize incidents of crime and drug use, reduce mental health symptoms, improve individual and family functioning, increase work and school readiness, enhance youth resiliency factors, and support reintegration into the community

Substance Use Disorder System of Care

The SUD System of Care has rapidly expanded since implementation of the DMC-ODS in April 2018. BHRS has established both a network of treatment providers and the administrative infrastructure to support the management and compliance of oversight functions. BHRS did not redesign SUD treatment teams as part of this planning phase but will develop a parallel model to that of the CTM in Fiscal Year 2021-2022.

SUD services include assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, discharge planning, and care coordination. Services are provided in outpatient and residential settings depending upon the needs of the client.

Recovery Services

Recovery services are provided when the client has relapsed, or simply as a preventative measure to prevent relapse. Recovery Services include outpatient counseling services, recovery monitoring and coaching, peer-to-peer services and relapse prevention, education and job skills, family and peer support, and other case management and ancillary services. Recovery services are provided by both BHRS and contract providers.

Outpatient Services

Provides Outpatient services of assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community. Outpatient services are provided by both BHRS and contract providers.

Intensive Outpatient Treatment Services

Provides Intensive Outpatient Treatment (IOT) services of assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. IOT services are provided for a minimum of 9 hours with a maximum of 19 hours a week for adults, and for a minimum of 6 hours with a maximum of 19 hours for adolescents. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community. Intensive outpatient treatment services are provided by both BHRS and contract providers.

Residential Services

Residential services are provided for clients who require 24/7 care in a sober, substance-free environment and have not succeeded with outpatient treatment services. Clients live at the residential facility full-time while receiving intensive SUD treatment services such as assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. Residential services are provided by both BHRS and contract providers.

Withdrawal Management

Withdrawal management services include general recovery services in addition to medically necessary detoxification services which include habilitative and rehabilitative services outlined in an individualized treatment plan. Withdrawal management services are provided by both BHRS and contract providers.

Opioid Treatment Program Services

OTP services include Medication-assisted treatment (MAT) for opiate SUDs, which involves the prescription of a longer-acting opioid, such as methadone, buprenorphine or vivitrol, under the supervision of a medical doctor. In addition to MAT, OTP services include assessment, treatment planning, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy, and discharge services. Opioid treatment program services are provided by both BHRS and contract providers.

Office of Public Guardian

The Public Guardian provides a vital service to persons unable to properly care for themselves or who are unable to manage their finances. The service is provided through a legal process known as conservatorship. Persons in need of conservatorship are physically or mentally disabled to the point where they cannot utilize community services and resources. There are two types of conservatorship managed by the Public Guardian:

- **Lanterman-Petris Short (LPS) Conservatorships:** (LPS) Conservatorship is applied for a person who is gravely disabled meaning that, because of a mental disorder, the person is unable to provide for food, clothing, or shelter. LPS conservatorship provides for individualized treatment, supervision, and placement of the conservatee and to manage their financial resources
- **Probate Conservatorship:** PC is applied for a person who is unable to provide properly for his or her personal needs for physical health, food, clothing or shelter or for persons substantially unable to manage their financial resources or resist fraud or undue influence. Probate Conservatorship is to protect and arrange care for the conservatee, to protect their rights and manage their financial resources

Public Guardian has two teams that perform the functions outlined below and is recommending the addition of a third team (Placement Administration).

Estate Management Office

The Estate Management Office (EMO) administers the estates for Stanislaus County conservatees, including submitting legally required court accountings of all financial transactions for review and approval.

Conservatorship Investigations

Conservatorship Investigations (CI) investigates the need for conservatorships of individuals incapable of managing their own affairs.

Public Guardian Care Coordination

The Department is recommending the creation of a new team to arrange and care for LPS conserved individuals, monitor the care being provided by contracted providers, and advocate for all needed medical, behavioral health and supportive services. Prior to this recommendation, these services had been provided by staff within the BHRS treatment teams. The creation of this team will free up treatment slots and have the added benefit of consolidating the coordination of care into one functional unit. This change will increase treatment capacity by shifting these responsibilities away from treatment teams.

Residential Mental Health Services

BHRS is ethically and financially responsible for providing care and treatment services to clients placed on LPS Conservatorship. Services for conservatees are primarily provided through a network of contracted mental health treatment providers and Department staff. The Department works with the following types of facilities:

State Hospital: A locked full-service facility that provides a variety of mental health rehabilitation services as well as acute psychiatric care and full array of medical ancillary services. State Hospital placement is only used after all other community placements have been attempted but failed to meet the needs of the individual resulting in a safety concern for them or the community. The California Department of State Hospitals (DSH) oversees the five state hospitals:

- Atascadero
- Coalinga
- Metropolitan (Los Angeles County)
- Napa
- Patton

Institute of Mental Disease (IMD): IMD is defined as a locked hospital, nursing facility, or other institution of 17 beds or more that is primarily engaged in providing diagnosis, treatment, or care of individuals with serious mental illness who are on an LPS Conservatorship. The facilities are staffed with 24-hour nursing and medical doctor coverage and provide a rehabilitative treatment service to assist the individual in transitioning to a community placement that is an unlocked setting. The Department contracts with the following IMD providers:

- Crestwood Behavioral Health
- Helios Healthcare
- 7th Avenue Center
- Mental Health Management Dba Canyon Manor
- Merced Behavioral Center, LLC
- Telecare
- Medical Hill
- California Psychiatric Transitions
- Vista Pacifica Center

Adult Residential Facilities (ARF): An ARF is licensed by the state to provide enhanced mental health services with a higher staffing ratio than a regular board and care. This is an unlocked setting that provides care and supervision of clients on conservatorship, and those who agree to stay at the facility and do not present a risk of leaving the facility. The ARF level of care can be used to avoid placement in an IMD, and as a step down from the locked setting prior to progressing to the community. The Department contracts with the following ARFs:

- Davis Guest Home
- Ever Well Health Systems
- Mar-Ric
- Turner Residential
- Woods Board and Care Home

Supportive Services Division

The Supportive Services Division (SSD) includes Behavioral Health Advocates, Consumer and Family Affairs, Peer Support, Housing, and Employment services. SSD provides direct support and supervision to supportive services staff embedded in treatment teams and supports the Department in further developing and strengthening broad supportive services strategies. There are five program areas within supportive services. This division is currently called the Consumer and Family Affairs Division, and the recommended change to SSD is to accurately describe the services that the division provides. Consumer and Family Affairs will remain a critical function of the SSD but will also administer the functions and services that closely align with BHRS's commitment to include clients and family members into the on-going development of treatment services.

Behavioral Health Advocacy Services

Behavioral Health Advocacy Services provide support clients and family members in both adult and children's system of care with accessing, understanding, and utilizing behavioral health services. In addition, support and information are provided to family members to help cope with the behavioral health crisis and illness of loved ones. Family advocates works independently of all service providers and assist families in their interactions with the service providers to help improve and facilitate these important relationships.

Patient's Rights Services

Patient's Rights Services (PRS) advocate for all consumers receiving mental health and Substance Use Disorder (SUD) services in Stanislaus County. Their primary responsibility is to ensure that the rights of the mentally disabled are acknowledged and upheld. PRS provide advocacy services at administrative and judicial writ hearings for those individuals experiencing involuntary detainment. The PRS team works independently from all service providers to ensure BHRS clients' consumer rights are upheld. PRS are supported by and report to the Chief of the SSD for daily operations and staff supervision and meet quarterly with the BHRS Executive Leadership team to review and address any patient's rights issues and provide information on any emerging trends or concerns in the provision of treatment services.

Behavioral Health Wellness Center

The Behavioral Health Wellness Center (BHWC) provides a safe and welcoming community location for BHRS clients to access peer support and to support other clients in their recovery. The BHWC Peer Support Specialist Staff and Peers support each other in strengthening peer and community networks, while participating in wellness and rehabilitative activities and groups. The BHWC is also a place where clients will be able to gather to relax and hang out with other peers, creating a supportive environment for any client who walks through the door looking for support, someone to talk to, or just to hang out with a few friends. Each Treatment Team has an embedded Peer Support Specialist that ensures the BHWC services compliment and align with treatment services provided by a BHRS treatment team.

Kinship Supportive Services

Kinship Supportive Services provides individual and group supportive services to grandparents and/or other relative caregivers who are raising a relative's child or children. Services include a guardian workshop and access to legal support for obtaining guardianship of the child/children, family oriented recreational activities, educational workshops, assistance accessing mental health services and other community resources.

Consumer and Family Affairs

Promotes and develops overall partnerships among consumers, family members and treatment providers and breaks down barriers to treatment. Ensures that opportunities, pathways, structures and supports exist for clients and family members to have a voice in the development and provision of treatment services. BHRS will establish a Consumer and Family Affairs Committee that will meet monthly to develop the overall partnerships between BHRS and consumer and family members.

Housing Support Services

SSD provides intensive supports to assist individuals in maintaining current living situations. Supports include but are not limited to MH/SUD recovery principles, money management, connecting to a community, socialization skills, grocery shopping/cooking skills, and daily problem-solving skills.

Employment Support Services

ESS provides supported employment to individuals with psychiatric disabilities who are working towards employment and housing independence. The program provides an opportunity for individuals with severe mental health disabilities to work in the community. These individuals may require ongoing support on or off the job to obtain and retain competitive employment within the community. The goal of ESS is to provide individuals with limited job skills and/or those who have been out of the job market for an extended period with extensive support to maintain competitive employment.

Housing Placement Assistance

BHRS has partnerships with affordable housing developers/property managers to obtain and utilize properties to house BHRS clients. These housing properties are spread across Stanislaus County and include:

- **Transitional Housing (TH):** TH refers to a supportive, yet temporary, type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, behavioral health treatment support, life skills, and in some cases, education and training.
- **Permanent Supportive Housing (PSH):** PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

Emergency Shelter Assistance

SSD supports BHRS treatment teams by coordinating and developing partnerships for emergency shelter support for clients. SSD partners with community shelters, a local network of hotels, and Garden Gate Respite to provide overnight sleeping accommodations with the primary purpose of providing temporary shelter for BHRS clients experiencing a crisis or as part of a treatment plan. Garden Gate Respite (GGR) is BHRS's primary short-term crisis housing option for individuals with known or suspected mental illness, who are at risk for homelessness, incarceration, victimization, or psychiatric hospitalization. GGR is a 24/7 home-like setting and consists of two houses with an 11-bed total capacity. BHRS is currently developing plans to increase the capacity and the long-term development of respite services and will return to the Board of Supervisors with recommendations to secure property to allow the Department to grow respite services over the next few years as needed.

Housing Development

SSD partners with affordable housing developers, City and County Community Development Agencies, and private sector partners to develop housing projects that will provide shelter, transitional, and permanent supportive housing for BHRS clients. SSD administers the Department's housing funds, such as MHSA and No Place Like Home (NPLH), and continually applies for other grant funding opportunities through state and federal housing programs.

Prevention and Early Intervention

Prevention and Early Intervention include service to intervene and address behavioral health conditions early on and focus on preventing these conditions from becoming serious, persistent, and debilitating. The primary PEI target groups include adults, older adults, children, and youth, including transitional age youth, or anyone who is at risk of developing a serious mental illness due to risk factors. Examples of risk factors to include adverse childhood experiences, trauma, poverty, experiences of conflict, domestic violence or experiences of racism and social inequality.

BHRS is recommending a substantive shift in PEI funding towards supporting strategies and services that increase access to treatment services for children. Recent changes enacted by Senate Bill (SB) 1004 (Chapter 843, Statutes of 2018), outline the following priorities for PEI:

- Childhood trauma prevention and early intervention at the origins of mental health needs
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention across the lifespan
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs
- Culturally competent and linguistically appropriate prevention and intervention services and strategies
- Strategies targeting the mental health needs of older adults

Per MHSA regulations, at least 51% of PEI funding must be dedicated to serving individuals 25 years or younger (California Code of Regulations, Title 9, § 3706 (b)). For this reason, BHRS is recommending services for children and transition age youth to better align with the requirements. Additionally, given the current and anticipated impacts of COVID-19 on children's behavioral health, BHRS responded to stakeholder input to prioritize access to treatment services for children. PEI funded programs and services are being integrated within Access Services and Children's System of Care. BHRS is recommending the development of two new children and youth PEI programs and partially funding two programs that serve the Child Welfare population:

- Children's Early Intervention Program (See page 29 for description)
- School Behavioral Health Integration (See page 30 for description)
- Child Abuse Interview, Referrals and Evaluation Program (See page 30 for description)
- Family Urgent Response System (See page 27 for description)

BHRS is recommending partially funding one new PEI Access and Linkage program targeting adults:

- Community Assessment, Response and Engagement Team (See page 18 for description)

BHRS assessed the currently funded PEI programs as part of the Department's overall analysis of service levels needed to meet the current caseloads, limit the impacts of programs changes, and align services to meet the funding requirement noted early. Specific impacts to existing programs and initiatives are outlined in the Changes to Programs and Services section located on page 46.

Mental Health Services Act Innovations

Innovation projects are designed to test time-limited new or changing mental health practices that have not yet been demonstrated as effective. The purpose of the Innovation component funding is to infuse new, effective mental health approaches into the mental health system. These projects may focus on increasing access to underserved groups, increasing the quality of services including measurable outcomes, promoting interagency and community collaboration, or increasing access to mental health services. BHRS is recommending three Innovation Projects outlined below as part of this strategic plan.

Early Psychosis Learning Healthcare Network Statewide Collaborative

The Learning Healthcare Network (LHCN) will create a unified network of California Early Psychosis (EP) programs to standardize practice and support knowledge-sharing. The LHCN is a coalition of counties that offer EP services to share the lessons and challenges about what specific types of treatment work best for consumers and their families by using shared qualitative and quantitative methods. Specifically, the EP LHCN will use a software application to bring individual consumer-reported data on treatment progress to EP clinicians. Program managers and BHRS administrative staff will be able to view program-wide consumer data in real-time and compare it to Statewide benchmarks, which will be based on data from the other counties using the network.

Multi-County FSP Innovation Project

The purpose of this Innovation project is to create data driven FSPs that increase the local capacity and use data to better design, implement, and manage FSP services across the various age groups and populations. The ultimate goal of this work is to enhance the counties' understanding of outcomes important to the individuals served, and continuous work to improve them by developing standardization practices for FSP service programs and utilizing data driven strategies and evaluations to better coordinate, improve, and implement FSP services. With this project, BHRS will learn which aspects of FSP programs are most beneficial to individual participants; which populations may receive the greatest benefit from the FSP level of care; and how to collect and analyze data that assists in understanding the effects of FSP programs more accurately.

Community Planning Process and Stakeholder Input for Innovation Planning, Design, and Implementation

BHRS will be requesting approval from the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to earmark the use of a fixed annual amount of Innovations funds to support ongoing community planning activities for the design, development, and implementation of Innovations programs. The initial planning process will focus on responding to recent community stakeholder input in the following priority areas:

- Develop strategies that embed mental health clinical services within law enforcement to respond to mental health crisis 911 emergency calls
- High intensity outreach and engagement strategies for unserved and underserved individuals with severe mental illness who are experiencing homelessness and accessing/contacting emergency services at high rates.

BHRS projects that there will be approximately \$1.0-\$1.2 million available annually from 2021-2024 for Innovation proposals that emerge from this Community Planning Process.

Current Innovation Program

The Department currently has one active Innovation program and that is the Stanislaus County Office of Education (SCOE) National Alliance on Mental Illness (NAMI) on High School Campus. The program was approved by the Board of Supervisors on October 22, 2019 (Resolution 2019-0644). SCOE is using the successful Protecting Health and Slamming Tobacco (PHAST) Youth Coalition model to start mental health-based clubs. Over the last year, youth participants met through an online platform and are working to build awareness about the program and build capacity within their leadership at each participating campus. Students have also participated in statewide youth learning labs hosted by the Mental Health Services Oversight and Accountability Commission (MHSAOC).

Administration

BHRS Administration consists of the following seven functional areas:

Executive Leadership

The Behavioral Health Director, Behavioral Health Medical Director, Associate Director (Chief Operations Officer), and Assistant Director (Chief Fiscal and Administration Officer) make up the Executive Leadership Team. A team of confidential assistants and administrative clerks provide support to them and the Department as a whole.

Human Resources, Workforce Education, and Training

Provides employee recruitment and selection, payroll, benefits, position control, personnel development, guidance in obtaining and maintaining a quality workforce and training for employees and contractors.

Fiscal and Administrative Services

Provides budget oversight, accounting services, accounts payable, financial reporting, reimbursement claiming, internal audit, purchasing, contracting, facility and equipment acquisition and maintenance, security, space planning, and safety training.

Data and Technology Services

Provides support for technology devices, computer hardware, software, networks, information systems, and maintains various internal and external websites to facilitate the sharing of information. The team also develops systems and processes to extract and report data for various management and oversight agency requirements.

Outcomes and Evaluation Management

Measures, evaluates, and reports on the effectiveness and performance of programs and services and their impact on individuals, families, and the community. Information is used to facilitate decision making and continuous learning with the Department.

Behavioral Health Plan Administration

Provides oversight of hospital utilization, treatment plan authorization, quality assurance of services provided, compliance oversight and incident investigation, and access to medical records. The team also ensures client privacy and operates a 24/7 telephone service for Medi-Cal beneficiaries seeking access to behavioral health services.

Project Management

Works collaboratively to support Department-wide initiatives, such as the MHSA plan development and reporting, stakeholder engagement, ethnic services, cultural competence, and preparation for the MHP and DMC-ODS external quality and triennial reviews.

Funding Sources

As the MHP and DMC-ODS, BHRS receives the following revenue to provide treatment services for mental illness and SUDs. Revenue streams are divided into six general areas.

1991 Realignment

The Bronzan-McCorquodale Act of 1990 recast Short-Doyle financing and obligations and required that counties serve the mental health needs of children with SED and adults with SMI. County mental health agencies are responsible for serving the needs of specific target populations, to the extent resources are available:

- Community-based mental health services
- State hospital services for civil commitments
- IMDs which provide long-term nursing facility care

Funds may be used as match to federal Medi-Cal claims when services are provided to Medi-Cal beneficiaries.

There are three revenue sources of 1991 Realignment:

- ½ cent state sales tax
- State vehicle license fees
- State vehicle license fee collections

A County maintenance of effort (MOE) is required (i.e. local matching funds). A swap of CalWORKs MOE with Mental Health Realignment began in Fiscal Year 2011-2012, and Mental health began receiving 2011 Realignment sales tax revenue.

2011 Realignment

Public Safety 2011 Realignment occurred in Fiscal Year 2011-2012, driven by the state budget crisis. It shifted funding and service responsibility for behavioral health from the state to the County:

- Medi-Cal Mental Health Managed Care
- Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
- SUD Services including:
- Fee-For-Service/State Plan for Drug Medi-Cal benefits for adult Medi-Cal beneficiaries
- Drug Courts
- Perinatal Drug Services
- Non-Drug Medi-Cal Substance Use Services

2011 Realignment revenue source is state sales tax. Funding is not tied to beneficiary enrollment or demand despite Medi-Cal/EPSDT entitlements. Statute provides flexibility between behavioral health programs.

Mental Health Services Act

Proposition 63 created a 1% tax on income more than \$1 million to expand mental health services. Approximately 1/10 of one percent of taxpayers are impacted by tax. Counties are responsible for ensuring compliance with Welfare and Institutions (W&I) Code Section 5892(a) and State guidance and allocate and expend funds in the following categories:

- Innovations – 5%
- Prevention and Early Intervention (PEI) – 19%
- Community Services and Supports (CSS) – 76%

To expend funds, the County must:

- Prepare a Three-Year Program and Expenditure Plan
- Gain approval of Plan through annual stakeholder process
- Spend in accordance with an approved Plan
- Prepare and submit MHSA Annual Revenue and Expenditure Reports (RER)

Funding is not tied to demand for services, is not guaranteed, and revenues are volatile.

Medi-Cal Federal Financial Participation/State General Fund

Medi-Cal Federal Financial Participation (FFP) and State General Fund (SGF) are provided as reimbursement for behavioral health services to Medi-Cal beneficiaries, based on the beneficiary's aid code. It requires the County to have sufficient revenue available to incur full funds expenditure prior to obtaining reimbursement. Final reimbursement amounts are not known until after audit and appeals, which is currently eight years after provision of service, which requires counties to establish reserves in case of audit recoupment.

County General Fund

County General Fund is derived from property taxes, property tax in lieu of vehicle license fees (VLF), sales and use tax, real property transfer tax (RPTT), and miscellaneous other sources. General fund contributions are allocated to County departments for MOEs or other mandated County services or programs. County General Fund has the greatest flexibility in use, and the Board of Supervisors has discretion in allocating this revenue.

Grants and Other Revenue

The Department receives several other competitive and non-competitive grants, such as:

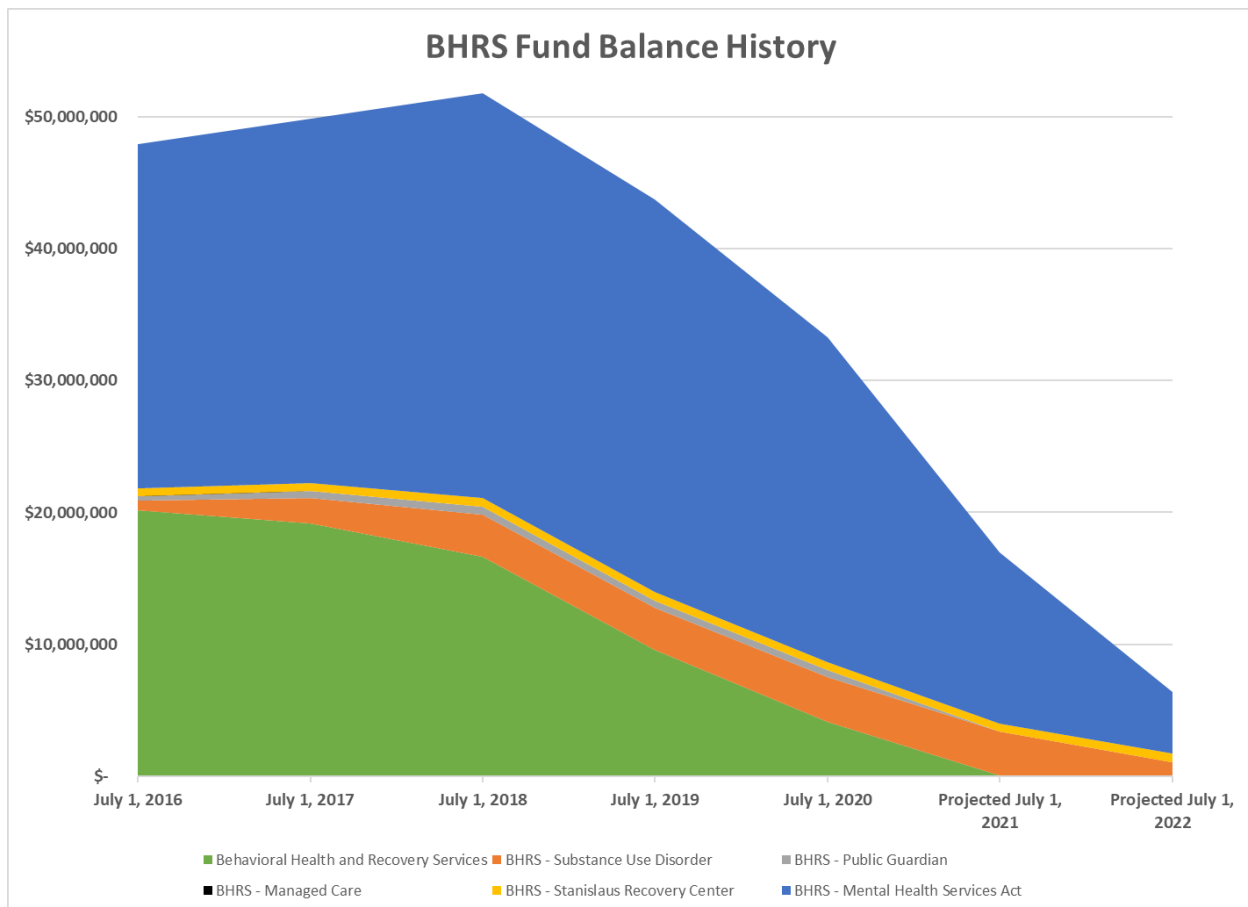
- Mental Health Block Grant (MHBG)
- Substance Abuse Block Grant (SABG)
- Projects for Assistance in Transition from Homelessness (PATH)
- Vocational Rehabilitation Program
- Comprehensive Opioid Abuse Program (COAP)
- Overdose Prevention Initiative (OPI)
- Investment in Mental Health Wellness Adult and Children's Triage

Additional sources of funding are Medicare, private health insurance, patient fees, fines, fees, interest, rents, Medi-Cal administrative, and other government agency revenue.

Fiscal Sustainability Plan

Fund Balance History

For the past several years, operating costs to maintain current service levels have exceeded anticipated revenue, and BHRS has relied upon the use of available fund balance to continue to maintain existing services, as seen in the chart below:



Mental Health and MHSAs programs cannot be sustained under the threat of these combined impacts without implementing new strategies for balancing. These strategies must align resources to meet federal and state standards to avoid potential fines and penalties for non-compliance, while addressing critical treatment needs in the community. Detailed fund balance information is outlined in Appendix C of this document.

Revenue Trends and Projections

The chart below shows two years of revenue trends and projections for the current and next fiscal years. Two major funding sources, 1991 Realignment and 2011 Realignment, have remained relatively flat despite increasing demand and cost for mental health services, as shown earlier in the charts on pages 4-6.

Dollars in Millions				
Revenue Source	2018-2019 Actual	2019-2020 Actual	2020-2021 Midyear Budget Projection	2021-2022 DRAFT Proposed Budget Projection
1991 Realignment	\$16.1	\$14.7	\$14.7	\$14.9
2011 Realignment	\$18.3	\$18.8	\$18.0	\$20.0
Mental Health Services Act	\$25.6	\$24.1	\$28.2	\$33.5
Federal Financial Participation/State General Fund	\$30.3	\$41.4	\$43.9	\$42.6
County General Fund	\$2.0	\$2.0	\$6.3	\$4.4
Grants and Other	\$23.3	\$23.9	\$16.6	\$18.6
Total	\$115.6	\$124.9	\$127.7	\$134.0

The increase in Medi-Cal Federal Financial Participation from Fiscal Year 2018-2019 to 2019-2020 is due to the implementation of DMC-ODS and the ability to leverage state and federal funds for the provision of SUD services. In Fiscal Year 2020-2021, County General Fund provided one-time “glide path” revenue to sustain programs and services and to absorb the revenue losses incurred from to the COVID-19 pandemic economic impacts. The Department continues seek and apply for additional grant opportunities to provide additional services to the community.

Changes to Programs and Services

The development of the CTM framework resulted in the Department’s recommendation of an overall reduction in the number of County staff and contractors that will be needed to provide treatment services. The treatment team structure consolidates the services that are currently provided in a wide range of programs, each with varied staffing levels, resources, and structures, into a smaller number of teams with a standardized number of staff and a fixed resource structure. This team structure creates efficiencies in program operations and sustains current treatment service levels, avoiding a reduction in the number of clients served, even with a reduction in staffing and contracted services. The number of teams and the potential client capacity is shown below:

Adult		Contractor 1		Contractor 2		BHRS			Total Potential Clients Served	% Increase/ (Decrease) in Capacity to Serve Clients
Levels of Care	Clients Served as of October 2020	Team #1	Team #2	Team #3	Team #4	Team #5	Team #6	Team #7		
Assertive Community Treatment	410	90	90	90	90	90	90	-	540	4.1%
Intensive	740	60	60	60	60	60	60	240	600	
Wellness	282	50	50	50	50	50	50	50	350	
Total Clients	1,432	200	200	200	200	200	200	290	1,490	

Child/Youth		Contractor 1	Contractor 2	Contractor 3	Contractor 4	BHRS			Total Potential Clients Served	% Increase/ (Decrease) in Capacity to Serve Clients
Levels of Care	Clients Served in FY 2019-2020	Team #1	Team #2	Team #3	Team #4	Team #5	Team #6	Team #7		
Assertive Community Treatment	102	30	45	-	45	175	-	-	295	13.5%
Intensive	1,136	150	150	240	90	-	240	240	1,110	
Total Clients	1,238	180	195	240	135	175	240	240	1,405	

Programs that currently provide mental health services to adults will be consolidated into 7 treatment teams, as shown below. Teams will be strategically located throughout the County to ensure accessibility to clients.

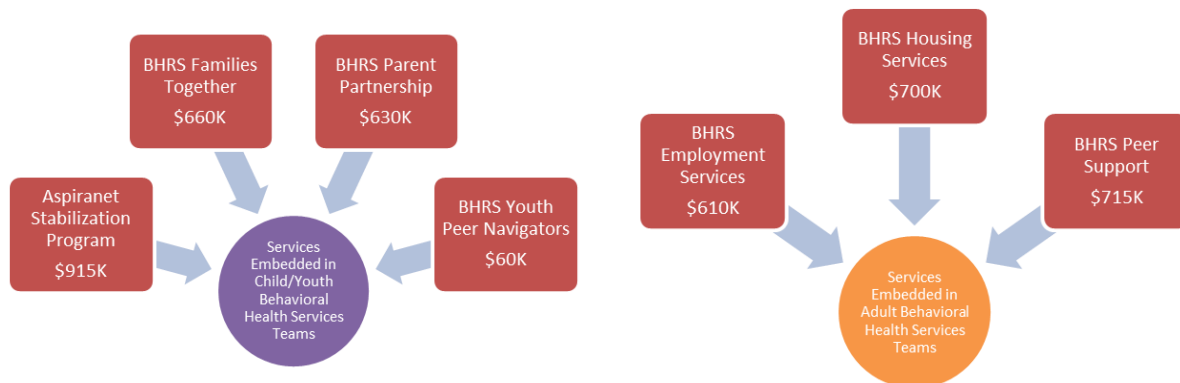


Programs that currently provide mental health services to children and youth will be consolidated into 7 treatment teams, as shown below. Teams will be strategically located throughout the County to ensure accessibility to clients.



Medication services will be provided separately in two clinics, one for adult and one for children and youth.

In addition to the program consolidations shown above, the supportive services provided by the programs in the red boxes shown in the graphic below were embedded into the Treatment Teams per the CTM.



As mentioned in the Prevention and Early Intervention section on page 38, the recommended shift in funding to provide more services to children/youth will result in several changes to programs, services, and initiatives. Additional detail will be provided in the MHSA Three-Year Expenditure Plan for Fiscal Years 2020-2021, 2021-2022, and 2022-2023 and Annual Update, once finalized.

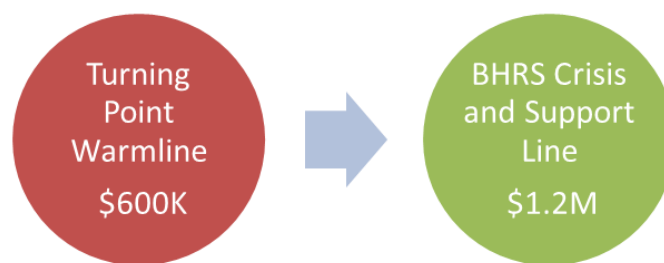
Impacts to County Staffing

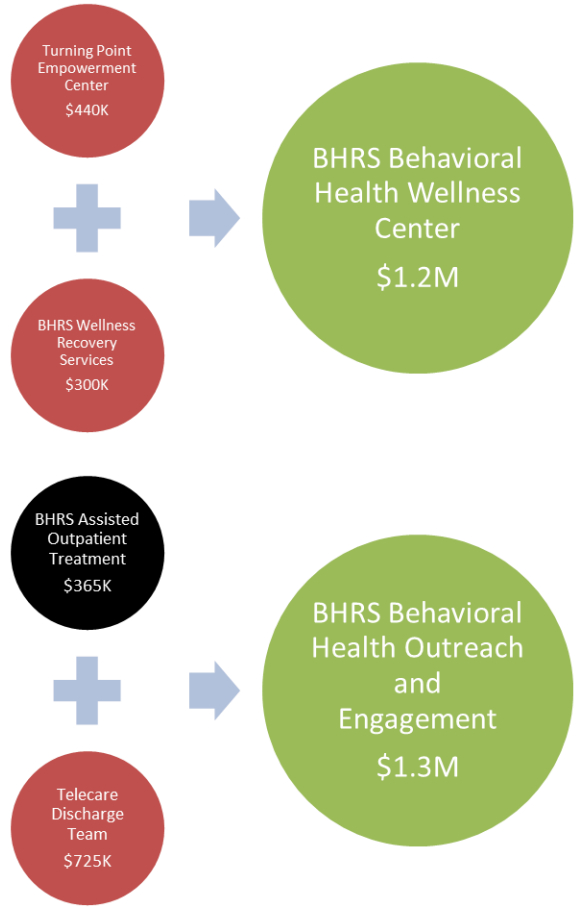
BHRS will be requesting the deletion of 50 vacant positions and the addition of 10 new positions, taking the total allocated positions from 487 to 447. The Department will also be requesting to unfreeze 36 positions so that staffing is in place to support the restructure and allow implementation of the CTM and for the full Strategic Plan to be in place on July 1, 2021. Staffing impacts are outlined in Appendix A of this document.

Impacts to Contracted Providers

In addition to the program consolidations depicted on page 47-48, approximately \$12.5 million of specialized, supportive, prevention, and early intervention contracted services are recommended to be discontinued, effective June 30, 2021. Impacted contracted programs and services that are outlined in Appendix B of this document.

With the discontinuation of some of the services discussed above, the Department will be creating three new programs operated by BHRS, as show below. Services that will be provided by the new programs were described earlier in this document.





Fiscal Year DRAFT 2021-2022 Proposed Budget Request

BHRS is in the process of finalizing its Fiscal Year 2021-2022 Proposed Budget request and, as shown in the table below, anticipates an overall increase in revenue of \$6.1 million and a decrease in cost of \$1.4 million from Fiscal Year 2020-2021. The Department plans to use approximately \$10.6 million in fund balance to sustain as many services for the community as possible. The Fiscal Year 2021-2022 Proposed Budget will be presented to the Board of Supervisors in June.

Behavioral Health and Recovery Services				
	FY 2019-2020	FY 2020-2021	FY 2021-2022	Change
	Actuals	Midyear	Proposed	Column D -
	Column A	Column B	Column D	Column B
	Column A	Column B	Column D	Column F
Taxes	\$ -	\$ -	\$ -	\$ -
Licenses, Permits, Franchises	-	-	-	-
Fines, Forfeitures, Penalties	31,120	51,956	331,938	279,982
Revenue from Use of Assets	1,255,278	1,392,161	624,918	(767,243)
Intergovernmental Revenue				
1991 Realignment	14,408,819	14,297,753	14,894,393	596,640
2011 Realignment	18,751,989	17,931,799	20,010,402	2,078,603
Realignment Backfill	-	2,649,114	-	(2,649,114)
Other Intergovernmental Revenue	36,234,878	39,029,725	43,520,059	4,490,334
Charges for Service				
Medi-Cal Federal Financial Participation	41,416,903	43,970,385	42,564,666	(1,405,719)
Other Charges for Service	7,374,923	8,128,929	10,193,607	2,064,678
Miscellaneous Revenue	634,099	100	-	(100)
Other Financing Sources	4,794,787	321,338	1,779,884	1,458,546
Total Revenue	\$ 124,902,796	\$ 127,773,260	\$ 133,919,867	\$ 6,146,607
Use of Fund Balance/Retained Earnings	10,463,846	16,292,122	10,595,332	(5,696,790)
Total Funding Sources	\$ 135,366,642	\$ 144,065,382	\$ 144,515,199	\$ 449,817
Salaries and Benefits	\$ 46,742,487	\$ 50,477,346	\$ 59,572,360	\$ 9,095,014
Services and Supplies	76,718,845	88,910,268	78,112,112	(10,798,156)
Other Charges	8,246,278	10,113,767	10,886,317	772,550
Fixed Assets				
Building and Improvements	91,775	130,000	182,500	52,500
Equipment	88,897	629,195	-	(629,195)
Other Financing Uses	5,459,285	1,511,000	200,000	(1,311,000)
Equity	-	-	-	-
Intrafund	(1)	(1,405,075)	-	1,405,075
Contingencies	-	-	-	-
Gross Costs	\$ 137,347,566	\$ 150,366,501	\$ 148,953,289	\$ (1,413,212)
Minimum Mandate General Fund Contribut	\$ 1,980,924	\$ 2,795,084	\$ 4,372,509	\$ 1,577,425
Glide Path General Fund Contribution	\$ -	\$ 3,506,035	\$ 65,581	\$ (3,440,454)
Total Allocated Positions	489	487	443	(44)

The projected increase in Salaries and Benefits in Fiscal Year 2021-2022 is a result of the reliance upon anticipated salary savings of holding 61 positions vacant to balance the 2020-2021 Adopted Final Budget. Had the cost of these positions been included in the 2020-2021 budget, Salaries and Benefits would have been roughly \$59.7 million.

The projected decrease in Services and Supplies in Fiscal Year 2021-2022 is a result of the recommendation to discontinue the programs and services outlined in Appendix B. These changes resulted in an overall estimated decrease in the use of fund balance of \$5.7 million and a \$1.9 million reduction in the reliance upon General Fund.

The Department is in the process of finalizing MHSA Three-Year Plan for 2020-2021, 2021-2022, and 2022-2023 and Annual Update (MHSA Plan) and will return to the Board of Supervisors in May with a presentation on the MHSA Plan.

MHSA fund balance projected to be available on July 1, 2022 appears to be insufficient to further sustain programs and services into Fiscal Year 2022-2023. There are many factors that could positively/negatively affect the actual revenues. The Department will monitor revenues on an ongoing basis and provide updates in future budget cycles. Other alternatives may exist that could provide more revenue and offer alternate solutions to balancing the funding gap in Fiscal Year 2022-2023, such as Cannabis revenue, Realignment growth since Fiscal Year 2022-2023 is forecast to be the State's full recovery year, potential new State funds for mental health services, and grants.

Should the gap not be resolved by the above solutions and if the MHSA allocation is insufficient to cover the gap for Fiscal Year 2022-2023, the Department will work closely with the Chief Executive Office to identify other options. As attrition occurs between now and June 30, 2022, the Department may work to un-fund and delete the equivalent of 29 positions, representing a cost of approximately \$3.4 million.

Implementation and Next Steps

Implementation of the Core Treatment Model

BHRS will reorganize the current County and contracted treatment programs into the new treatment structure. This will include the reassignment of County staff to new teams and require negotiations with the current contracted services providers to execute new agreements or amendments to existing agreements. The Department will work with the existing contract providers to restructure current programs and staffing structure to align with the CTM, ensuring continuity of services. For both County and contracted treatment teams, BHRS will increase the capability to develop and provide regular reporting on program performance measures. Additionally, BHRS Leadership will work with the CCESJC to ensure treatment services are designed to effectively serve the diverse communities of Stanislaus County and adhere to all cultural competency standards.

Organizational Restructure

Over the coming months, BHRS will begin to reassign staff in support of the Strategic Plan and CTM, and work with contracted partners to negotiate and execute new contracts so that the new structure and services are in place on July 1, 2021. A few high priority restructuring activities are outlined below.

Office of Public Guardian

BHRS will establish the Office of Public Guardian. Currently, the Public Guardian manages both Forensic and Public Guardian services, which includes the Estate Management Office and Conservatorship Investigations. The Public Guardian will only manage the Public Guardian services, which includes the additional functions of managing the day-to-day operations, financial responsibility for placement of individuals on LPS Conservatorship in IMD/ARFs, quality of care standards and outcomes, and the new Public Guardian Care Coordination function.

Supportive Services Division

The Consumer and Family Affairs/Housing Division will be renamed as the Supportive Services Division (SSD) to accurately reflect its services and functions. SSD will include the management of housing development projects, shelter services, supportive employment and housing, peer support and consumer and family affairs.

Crisis and Access Services

BHRS will implement the transfer of operations of the Warmline from a contractor to a County team. The transfer of these functions to a County operated team allows for the Department to explore the consolidation of other call center functions into one team, and develop and implement training to strengthen behavioral health-based call center staff capacity.

Behavioral Health Outreach and Engagement

BHRS will implement the Behavioral Health Outreach and Engagement (BHOE) Team and will consolidate all outreach and engagement resources within the Department under the coordination of the BHOE Coordinator. The consolidation of these services and team will improve coordination and allow the Department to develop a single point of contact to engage individuals with SMI who are underserved/unserved and experiencing homelessness, high number of contacts with emergency services, and repeat hospitalizations.

Behavioral Health Wellness Center

The Department will also implement the transfer of operations of the Empowerment Center from a contractor to a County operated team to strengthen peer networks throughout the Department and in the community. Services previously provided by the BHRS Wellness Recovery Center will be embedded and expanded to support BHST clients.

Behavioral Health Continuum of Care Development

BHRS created and convened the Stanislaus Behavioral Health Partnership (SBHP) that includes representative from the local Managed Care Plans, school districts, and behavioral health providers. The mission of the SBHP is to strengthen the local behavioral health continuum of care, and to improve the coordination of care amongst providers. There are multiple Children's Continuum of Care Reform (CCR) and Medi-Cal policy changes on the horizon, such as California Advancing and Innovating Medi-Cal (CalAIM). BHRS will need to develop plans and build local capacity to implement these reforms and initiatives.

CalAIM is a multi-year initiative from the California Department of Health Care Services (DHCS) that is designed to improve outcomes for the Medi-Cal program by developing a broad continuum of care and delivery system and implement payment reform. CalAIM will provide opportunities for BHRS, school districts, and managed care health plans to work with the network of behavioral health providers in the community to strengthen the behavioral health continuum of care and improve the coordination of care between the different funding models. The SBHP will drive the planning and organizing for these initiatives, supported by BHRS, and will assess funding opportunities for capacity building activities once the Fiscal Year 2021-2022 California State Budget is finalized.

Mental Health Crisis Response Plan

BHRS plans to convene a community planning process to develop recommendations to respond to mental health crisis, in partnership with law enforcement. MHSA Innovation funding has been prioritized for facilitation support to explore the development of a program recommendation. BHRS is currently working with local law enforcement agencies to assess the average number of mental health crisis-related 911 calls and the number of contacts with individuals who are experiencing homelessness and exhibiting signs of a severe mental illness. The community planning process will focus on

responding to emergency mental health crises and provide proactive interventions to serve individuals who have accessed emergency services multiple times or are exhibiting risk factors related to severe mental illness. BHRS is researching best practice interventions from across the State of California, and the integration of existing programs such as Assisted Outpatient Treatment programs. BHRS plans to secure the support of an external facilitator to support the planning process and anticipates the use of virtual web-based meeting platforms to ensure broad and diverse community participation. The Department aims to present recommendations to the Board of Supervisors in the Fall of 2021.

Strategic Initiatives

In addition to the restructure, the Department will also focus a few key strategic initiatives outlined below.

Shelter and Housing Capacity

BHRS plans to conduct an internal homelessness point in time count to determine the estimated number of clients who are open to treatment programs and are experiencing homelessness. BHRS is developing a “by name” list of clients who need housing and will work to develop housing projects and recommendations to reduce homelessness for BHRS clients. The “by name list” strategy is a recommended best practice to help communities not only identify the number of people who need housing, but also concretely address barriers to housing. BHRS may have the opportunity to secure funding for housing projects through funding such as No Place Like Home (NPLH), MHSA, Housing and Urban Development (HUD), and COVID-19 relief packages. The Department will continue to strengthen its partnership with the Community System of Care (CSOC) and the Stanislaus Homelessness Alliance (SHA) with the aim of attaining functional zero for individuals with severe mental illness and SUDs.

Adult Residential Facilities and Crisis Continuum of Care

BHRS plans to assess the number of projected IMD and Adult Residential Facilities (ARF) beds that are needed to meet the needs of clients placed on LPS Conservatorship and develop a long-term plan to secure and allocate funding for both the development of the facilities, operational fiscal sustainability, quality of care standards and outcomes. The Governor’s Proposed Budget 2021-2022 included a waiver that would allow operations to be partially reimbursed by Federal Medi-Cal funding, and allow Counties to apply for grant funding for the development of facilities that will increase the number of beds in the least restrictive setting.

In addition to ARF, BHRS plans to assess the amount of crisis services that are needed in the community to prevent crisis and reduce hospitalizations. Behavioral health clients often need more supportive crisis services during their placement at an ARF. Crises often result in a 5150 hold and placement into a psychiatric hospital for treatment. BHRS is exploring options to add crisis services and intensive outpatient services to this continuum

of care to prevent these types of hospitalizations for ARF clients, as well as a temporary placement option for clients who are ready to be discharged from the hospital and are waiting for admission to an IMD or ARF. One option to consider would be a Mental Health Rehabilitation Center (MHRC) that provides a 24-hour intensive support and rehabilitative services designed to assist persons with mental disorders who would have been placed in a mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning.

Long-Range Fiscal Sustainability Plan

The BHRS Strategic Plan is expected to be fully implemented by July 1, 2021. In the fall of 2021, the Department plans to begin internal work on a long-range fiscal sustainability plan that will:

- Create a balanced budget, wherein the amount of expenditures is equal to or less than the sum of revenue and other available funding sources with the following guiding principles:
 - Align Department operations and services with sustainable funding
 - Prioritize mandated core behavioral health services to meet compliance and access requirements
 - Maximize the leveraging of state and federal Medi-Cal funding
 - Develop a strong, sustainable workforce by taking a conservative approach to adjusting staffing levels and assessing the appropriate classifications and skillsets needed for optimal Departmental operations and the provision of behavioral health services to the community
 - Identify any additional operational efficiencies or opportunities to partner with organizations better able to provide unique services
- Begin planning for implementation of California Advancing and Innovating Medi-Cal (CalAIM) and assess any potential fiscal impacts
- Develop a BHRS fund balance policy, designed to provide the Department with sufficient working capital to maintain operations and provide a comfortable margin of safety with which to address emergencies and unexpected declines in revenue without having to reduce behavioral health services in the community
- Work collaboratively with the Chief Executive Office and the General Services Agency Capital Projects Division to develop a plan to identify needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements. The Department will also assess facilities' needs under the new organizational structure to maximize space utility.

Appendix A – Impacts to County Staffing

Requests Affecting the Allocation Count

BUDGET UNIT NAME	POSITION NUMBER(S)	POSITION(S)	CLASSIFICATION	REQUEST
Behavioral Health and Recovery Services	TBD	1	Confidential Assistant V	Add New Position
	TBD	2	Psychiatric Nurse I/II - Block Budget	Add New Position
	TBD	1	Software Developer/Analyst III	Add New Position
Public Guardian	TBD	1	Accounting Technician	Add New Position
	TBD	5	Deputy Public Guardian I/II - Block Budget	Add New Position
Behavioral Health and Recovery Services	1030, 3185, 10025	-3	Account Clerk III	Delete Position
	2834, 3204, 9491	-3	Administrative Clerk II	Delete Position
	3688, 8754	-2	Administrative Clerk III	Delete Position
	151, 13855	-2	Behavioral Health Advocate	Delete Position
	6351, 8272, 8411, 8519, 11685, 13701	-6	Behavioral Health Specialist II	Delete Position
	9488, 9789, 14002	-3	Clinical Services Technician	Delete Position
	6367, 9469, 9472, 10323,	-5	Psychiatrist	Delete Position
	2180	-1	Staff Services Technician	Delete Position
	14009, 14309	-2	Stock/Delivery Clerk II	Delete Position
Managed Care	9673	-1	Administrative Clerk II	Delete Position
	1975	-1	Mental Health Coordinator	Delete Position
Mental Health Services Act	11647	-1	Administrative Clerk III	Delete Position
	189, 619, 8410	-3	Behavioral Health Specialist II	Delete Position
	9792, 9971, 13726, 13728	-4	Clinical Services Technician	Delete Position
	12495	-1	Software Developer II	Delete Position
Public Guardian	14010	-1	Administrative Clerk II	Delete Position
Stanislaus Recovery Center	14300	-1	Administrative Clerk III	Delete Position
	300	-1	Behavioral Health Specialist II	Delete Position
	6356, 14326	-2	Clinical Services Technician	Delete Position
	597	-1	Manager III	Delete Position
Substance Use Disorder	8367, 13398, 14952, 14953	-4	Behavioral Health Specialist II	Delete Position
	533	-1	Clinical Services Technician	Delete Position
	14744	-1	Manager II	Delete Position
CHANGES TO POSITION ALLOCATION REPORT		-40		
BEGINNING DEPARTMENT ALLOCATION		487		
ENDING DEPARTMENT ALLOCATION		447		

Technical Adjustments Not Affecting the Allocation Count

BUDGET UNIT NAME	POSITION NUMBER(S)	POSITION(S)	CLASSIFICATION	REQUEST
Behavioral Health and Recovery Services	14745	1	Accountant II	Unfreeze Position
	9658	1	Behavioral Health Coordinator	Unfreeze Position
	6392	1	Medical Records Coordinator	Unfreeze Position
	109, 639, 6178, 6376, 6636, 6639, 6640, 6641, 8251, 9168, 9247, 9487, 10074, 10890, 10896, 11178, 13627, 13767, 13769, 13836, 14015, 14307	22	Mental Health Clinician II	Unfreeze Position
	1973	1	Psychiatric Nurse II	Unfreeze Position
	13625	1	Senior Psychiatric Nurse Practitioner	Unfreeze Position
	11181	1	Staff Services Analyst	Unfreeze Position
	Managed Care	14321	1	Mental Health Clinician II
Mental Health Services Act	10897, 13222, 13223, 13989, 14756	5	Mental Health Clinician II	Unfreeze Position
	199	1	Mental Health Coordinator	Unfreeze Position
	232	1	Staff Services Analyst	Unfreeze Position

Appendix B – Impacts to Contracted Providers

Contracted Services to be Discontinued June 30, 2021

Aspiranet Children’s Crisis Intervention Program	<ul style="list-style-type: none"> •24/7 crisis intervention counseling services for children and adolescents and their families to stabilize crisis situations and prevent a hospitalization.
Aspiranet Continuum of Care Reform and Child and Family Team Services	<ul style="list-style-type: none"> •Scheduling, coordination and facilitation of Child and Family Teams (CFT) meetings. Provision of other covered Specialty Mental Health Services to children/youth identified as meeting Continuum of Care (CCR) criteria.
Aspiranet Stabilization Program	<ul style="list-style-type: none"> •Intensive, short-term crisis intervention services to children or adolescents who do not meet the criteria for an involuntary psychiatric hospital.
Center for Human Services Resiliency and Provention Program	<ul style="list-style-type: none"> •Facilitate classroom-based prevention practices, individual student support sessions, parent-based presentations, parent engagement processes, parent support sessions, and parent/community activities focused on the capacity-building of well-being.
Central Star Pathways to Well-Being	<ul style="list-style-type: none"> •Provision of specialty mental health services to children/youth with more intensive needs that are identified as subclass members of Katie A. v. Bonta.
CSA Emergency Shelter	<ul style="list-style-type: none"> •Agreement for access to designated and secluded beds at the 182-bed Salvation Army Berberian Shelter.
CSA Homeless and Housing Division	<ul style="list-style-type: none"> •Partial funding for 4 positions as described in the October 1, 2019 BOS agenda item (Resolution 2019-0621).
Debra Johnson Child/Adult Sexual Abuse Brief Intervention Counseling	<ul style="list-style-type: none"> •Sexual abuse treatment program services to address the trauma associated with child sexual abuse.
El Concilio Brief Intervention Counseling	<ul style="list-style-type: none"> •Brief treatment and other services, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence.
Golden Valley Brief Health/Behavioral Health Integration	<ul style="list-style-type: none"> •Brief treatment and other services, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence.
International Rescue Committee Afghan Path Towards Wellness	<ul style="list-style-type: none"> •Targeted services to resettled refugees and Special Immigrant Visa (SIV) holder adult women from Afghanistan to screen for emotional distress and referral to behavioral health services.
Sierra Vista Child and Family Services Brief Intervention Counseling	<ul style="list-style-type: none"> •Brief treatment and other services, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence.
Telecare Crisis Stabilization Unit	<ul style="list-style-type: none"> •24/7 crisis stabilization counseling services for adults to stabilize crisis situations and prevent a hospitalization.
Telecare Discharge Team	<ul style="list-style-type: none"> •Services to individuals being discharged local and out-of-county inpatient psychiatric hospitals as they transition back to the community with the goal of avoiding reemergence of symptoms and re-admission to the hospital.
Turning Point Adult Community Living Project	<ul style="list-style-type: none"> •Promote positive movement through eh Housing Continuum (HC) and the provide educations opportunities, training and support to the HC providers throughout Stanislaus County
Turning Point Empowerment Center	<ul style="list-style-type: none"> •Meeting space for self-help groups, leisure/recreational programs and activities, peer advocacy, collaboration with other community-based organizations to improve access to behavioral health services, and training and employment services.
Turning Point On-Site Peer Support and Warm Line/Peer Navigator Services	<ul style="list-style-type: none"> •24/7 telephone peer support for clients needing access to behavioral health services, including advocacy and referrals to Community Emergency Response Team (for crisis situations) or to community-based programs.

Appendix C – Fund Balance History

Fund Balance Five-Year History	July 1, 2016	July 1, 2017	July 1, 2018	July 1, 2019	July 1, 2020	Projected July 1, 2021	Projected July 1, 2022
Behavioral Health and Recovery Services	\$ 20,153,865	\$ 19,176,406	\$ 16,653,630	\$ 9,566,636	\$ 4,102,381	\$ 71,155	\$ -
BHRS - Substance Use Disorder	\$ 746,713	\$ 1,899,711	\$ 3,182,778	\$ 3,182,778	\$ 3,426,498	\$ 3,305,264	\$ 1,065,867
BHRS - Public Guardian	\$ 546,598	\$ 539,249	\$ 615,550	\$ 566,843	\$ 513,342	\$ 6,091	\$ -
BHRS - Managed Care	\$ (224,116)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
BHRS - Stanislaus Recovery Center	\$ 628,090	\$ 628,090	\$ 628,090	\$ 628,090	\$ 628,090	\$ 628,090	\$ 628,090
BHRS - Mental Health Services Act	\$ 26,042,164	\$ 27,609,574	\$ 30,708,178	\$ 29,780,360	\$ 24,590,550	\$ 12,958,139	\$ 4,679,450
Total Fund Balance	\$ 47,893,314	\$ 49,853,030	\$ 51,788,226	\$ 43,724,707	\$ 33,260,861	\$ 16,968,739	\$ 6,373,407

Appendix D – Culturally and Linguistically Appropriate Standards (CLAS)

Recommendations Endorsed by CCEJSC on September 13, 2020:

How might we provide services and supports that are Equitable?

Equitable Themes:

- Clients have a safe and supportive community and program space, accessible beyond regular business hours
- Clients are provided a base level of care and appropriate level of care for all, making sure there's no partiality in treatment

Recommendations for Equitable Services:

- Review SUD, LOCUS and CANS data for any disparity in the movement across levels of care.
- Review the informed consent documents for opportunities to improve for threshold language populations.
- Develop guidance for BHRS Senior Leadership on best practice for referrals and program transfers for diverse populations to reduce confusion for clients and timely continuity of care.
- Propose in the MHSA planning process that program expand their hours of operations to include weekends and evenings to meet the needs of diverse and hard to reach populations. Staff who work in the evenings should be able to meet the cultural and linguistic needs of the community as well.

How might we provide services and supports that are understandable?

Understandable Themes:

- Client connection to treatment and supportive services is clear and simple to access
- Staff ensure clients understand the assessment and treatment process
- Referral information is accurate and up to date

Recommendations for Understandable Services:

- Develop a standard program description template that describes the program and key points of information for clients both in Spanish and English
- Develop referral database that is updated regularly and tested for accuracy
- Develop Treatment Guidance on base standard of communication to the client about the assessment process, treatment planning, and supporting documents, fact sheets and videos. These videos could be viewed at clients wait for assessment.
- Develop Spanish language treatment summary as a proxy for a printed treatment plan.
- Develop target of the percentage of clients who will receive treatment services in their preferred language without interpreter.

- Define the number of staff who speak threshold language to meet the needs of our community.

How might we provide services and supports that are respectful?

Respectful Themes:

- Staff talk to clients nicely with respect; show them that you are caring and happy to help the
- Programs environments are welcoming and reflect respect for clients
- Staff are trained and have concrete strategies/tools to engage culture

Recommendations for Respectful Services:

- Develop guidance with concrete examples of best practice communication with diverse community populations that strengthen the clinical and client relationship
- Develop guidance on a standard program space decoration, marketing materials, and office setup that reflects the diversity of our community and clients.

Appendix E – Acronyms

ACT – Assertive Community Treatment
ADA – Americans with Disabilities Act
AOT – Assisted Outpatient Treatment
ARF – Adult Residential Facility
ASOC – Adult System of Care
BHCSL – Behavioral Health Crisis and Support Line
BHOE – Behavioral Health Outreach and Engagement
BHRS – Behavioral Health and Recovery Services
BHST – Behavioral Health Services Team
BHCW – Behavioral Health Wellness Center
CAIRE – Child Abuse Interview, Referrals and Evaluation
CalAIM – California Advancing and Innovating Medi-Cal
CARE – Community Assessment, Response and Engagement
CBT – Cognitive Behavioral Therapy
CCESJ – Cultural Competence, Equity, and Social Justice Committee
CCP – Community Corrections Partnership
CCR – Continuum of Care Reform
CERT – Community Emergency Response Team
CFT – Child and Family Team
CI – Conservatorship Investigations
CLAS – Culturally and Linguistically Appropriate Services
COAP – Comprehensive Opioid Abuse Program
COVID-19 -
CSOC – Children’s System of Care
CSOC – Community System of Care
CSS – Community Services and Supports
CTM – Core Treatment Model
CVSPH – Central Valley Suicide Prevention Hotline
DMC-ODS – Drug Medi-Cal Organized Delivery System
DSH – Department of State Hospitals
EMO – Estate Management Office
EPI – Early Psychosis Intervention
EPSDT – Early and Periodic Screening, Diagnosis and Treatment
ESS – Employment Support Services
FSOC – Forensic System of Care
FSP – Full-Service Partnership
FURS – Family Urgent Response System
GGR – Garden Gate Respite
HUD – Housing and Urban Development
ICC – Intensive Care Coordination
ICS – Intensive Community Supports
IHBS – Intensive Home-Based Services
IMD – Institutions for Mental Disease
IOT – Intensive Outpatient Treatment

IRT – Individualized Resiliency Treatment
LGBTQ – Lesbian Gay Bisexual Transgender and Queer
LHCN – Learning Healthcare Network
LPS – Lanterman-Petris Short
MAT – Medication Assisted Treatment
MHBG – Mental Health Block Grant
MHP – Mental Health Plan
MHRC – Mental Health Rehabilitation Center
MHSA – Mental Health Services Act
MHSOAC – Mental Health Oversight and Accountability Commission
MHSS – Mental Health Specialty Services
MOE – Maintenance of Effort
NAACP – National Association for the Advancement of Colored People
NAMI – National Alliance on Mental Illness
NPLH – No Place Like Home
OPI – Overdose Prevention Initiative
OTP – Opioid Treatment Program
PATH – Projects for Assistance in Transition from Homelessness
PEI – Prevention and Early Intervention
PHAST – Protecting Health and Slamming Tobacco
PRS – Patient’s Rights Services
PSH – Permanent Supportive Housing
PWB – Pathways to Well-Being
RBA – Results Based Accountability
RER – Revenue and Expenditure Report
RPTT – Real Property Transfer Tax
RSSC – Representative Stakeholder Steering Committee
SABG – Substance Abuse Block Grant
SBBHS – School Based Behavioral Health Services
SBHI – School Behavioral Health Integration
SBHP – Stanislaus Behavioral Health Partnership
SCCMHP – Stanislaus COVID-19 Children’s Mental Health Partnership
SCOE – Stanislaus County Office of Education
SED – Serious Emotional Disturbance
SHA – Stanislaus Homeless Alliance
SMI – Serious Mental Illness
SSD – Supportive Services Division
STRTP – Short Term Residential Therapeutic Program
SUD – Substance Use Disorder
TBS – Therapeutic Behavioral Services
TFC – Therapeutic Foster Care
TH – Transitional Housing
VLF – Vehicle License Fees
WRAP – Wraparound

Attachment 2 - Behavioral Health and Recovery Services Staffing

STAFFING REQUESTS AFFECTING THE ALLOCATION COUNT				
BUDGET UNIT NAME	POSITION NUMBER(S)	POSITION(S)	CLASSIFICATION	REQUEST
Behavioral Health and Recovery Services	TBD	1	Confidential Assistant V	Add New Position
	TBD	2	Psychiatric Nurse I/II - Block Budget	Add New Position
	TBD	1	Software Developer/Analyst III	Add New Position
Public Guardian	TBD	1	Accounting Technician	Add New Position
	TBD	5	Deputy Public Guardian I/II - Block Budget	Add New Position
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	2834, 3204, 9491	-3	Administrative Clerk II	Delete Position
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	9488, 9789, 14002	-3	Clinical Services Technician	Delete Position
	6367, 9469, 9472, 10323, 10324	-5	Psychiatrist	Delete Position
	2180	-1	Staff Services Technician	Delete Position
	14009, 14309	-2	Stock/Delivery Clerk II	Delete Position
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Mental Health Services Act	11647	-1	Administrative Clerk III	Delete Position
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	12495	-1	Software Developer II	Delete Position
Public Guardian	14010	-1	Administrative Clerk II	Delete Position
Stanislaus Recovery Center	14300	-1	Administrative Clerk III	Delete Position
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CHANGES TO POSITION ALLOCATION REPORT		-40		
BEGINNING DEPARTMENT ALLOCATION		487		
ENDING DEPARTMENT ALLOCATION		447		

Attachment 2 - Behavioral Health and Recovery Services Staffing

TECHNICAL ADJUSTMENTS NOT AFFECTING THE ALLOCATION COUNT

BUDGET UNIT NAME	POSITION NUMBER(S)	POSITION(S)	CLASSIFICATION	REQUEST
Behavioral Health and Recovery Services	14745	1	Accountant II	Unfreeze Position
	9658	1	Behavioral Health Coordinator	Unfreeze Position
	6392	1	Medical Records Coordinator	Unfreeze Position
	109, 639, 6178, 6376, 6636, 6639, 6640, 6641, 8251, 9168, 9247, 9487, 10074, 10890, 10896, 11178, 13627, 13767, 13769, 13836, 14015, 14307	22	Mental Health Clinician II	Unfreeze Position
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Mental Health Services Act	10897, 13222, 13223, 13989, 14756	5	Mental Health Clinician II	Unfreeze Position
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	232	1	Staff Services Analyst	Unfreeze Position



BEHAVIORAL HEALTH &
RECOVERY SERVICES

BHRS Overview

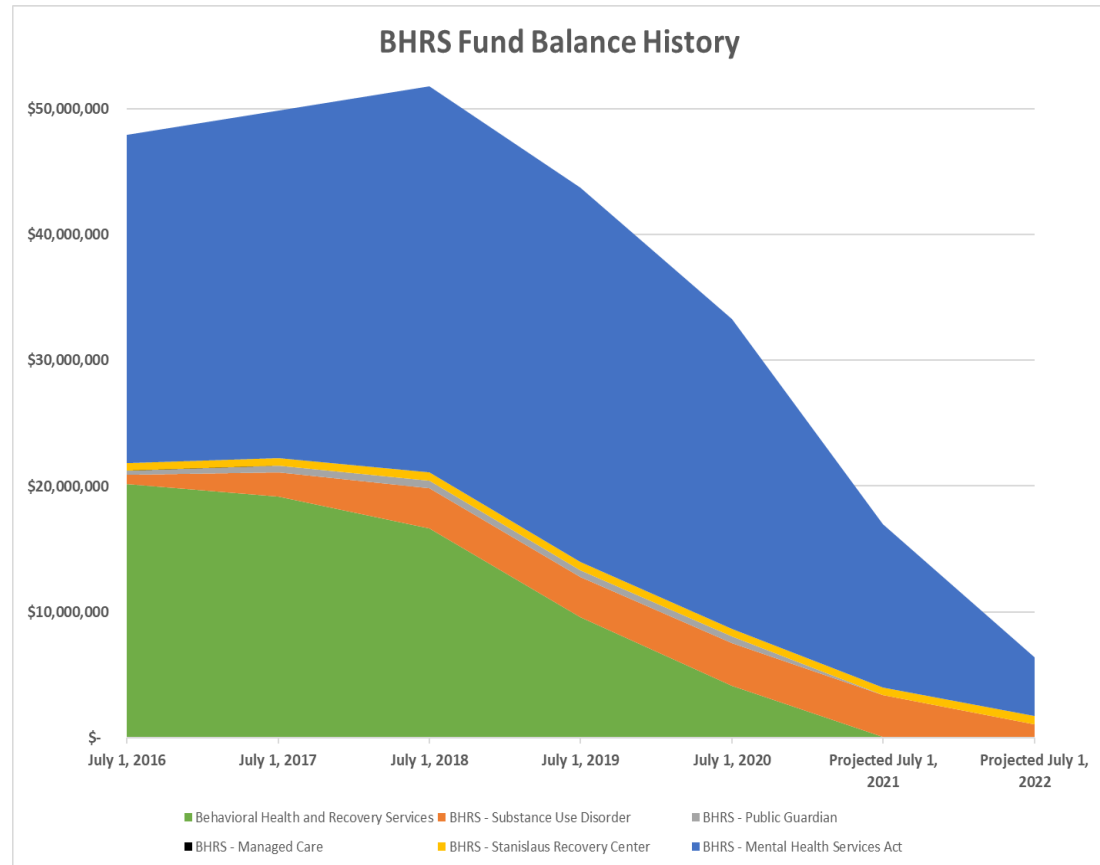
- State Contracted Mental Health Plan/Drug Medi-Cal Organized Delivery System
- BHRS administers Stanislaus County's behavioral health services
 - Adults and older adults with a serious mental illness (SMI)
 - Children and youth with a serious emotional disturbance (SED)

BHRS also provides

- Substance use disorder (SUD) services for adults and adolescents
- Supportive services
- Prevention and early intervention services
- Serves as Stanislaus County's Public Guardian

“Behavioral health” is the term used across the State of California to describe treatment services for both mental illness and SUDs

Widening Budget Deficit



Costs continue to outpace available revenue

Demand for adult residential mental health/psychiatric hospital treatment remains high

Fiscal Year 2020-2021 Budget balanced with \$29 Million in a combination of fund balance, salary savings and General Fund Support

- \$9.2 million in salary savings
- \$16.3 million in fund balance
- \$3.5 million in General Fund “Glide Path”

Planning Priorities

On November 24, 2020, the Board of Supervisors authorized BHRS to conduct stakeholder processes and gather community input to complete a program review, along with plans and recommendations that align program operations and services with sustainable funding:

- Prioritize behavioral health treatment services:
 - Maximize number of clients served
 - Leverage federal/state funding
- Maintain compliance
- Create efficiencies
- Create a sustainable fiscal structure

Fiscal Sustainability to Organizational Capacity Building



Strategic Plan outlines BHRS's behavioral health services, organizational restructure, and fiscal resources



Aims to stabilize and transition BHRS's fiscal plan



Proposes to direct resources to a treatment team structure



Provide clarity on what resources are needed to support the community

Fiscal Stabilization to Organizational Development

Ongoing staff, contractor, client, family, and community engagement

Program performance measures and treatment capacity-building

State Medi-Cal reform capacity-building: CalAIM

Behavioral health continuum of care development

Prioritize the unserved/underserved

Community Partnerships

Project Resolve and Criminal Justice Partnerships

Cradle to Career

Homelessness Efforts

Stanislaus COVID-19 Children's Mental Health Partnership

Community Partnerships: MHSA

BHRS is striving towards a behavioral health system designed as follows:

- Those who need treatment can successfully navigate services throughout the recovery process
- Broad awareness of services across the behavioral health spectrum - reaching the appropriate communities and people - far beyond just professional service providers
- Behavioral health interventions and services are accessed in communities where people live, work, and practice their faith/spirituality
- Consumers are accessing and receiving behavioral health services and peer/community support in ways that are reflective and responsive to their cultures, languages, and worldviews

Givens:
Treatment | Population | # Clients | # Providers/Teams

Transform the mental health system: Systems development | "help first vs. "fail first"



Intervene early...

Improve Access?
Priority Populations?
Where?
When?

↑ Strengthen treatment capabilities?

Mental Health Treatment RBA Framework (DRAFT)									
Population	Adults with Severe Mental Illness with functional impairment Children with Severe Emotional Disturbance with functional impairment								
Performance Measure "Better Off"	Increase functioning / Decreased impairment As measured by the LOCUS/CANS/DCR/Perception Surveys								
Core Treatment Model Strategies to Increase Functioning & Decrease Impairment	<table border="1"> <thead> <tr> <th>Treatment Services</th> <th>Providers</th> </tr> </thead> <tbody> <tr> <td> Medication Services Medication prescription, administration, and monitoring. </td> <td> Psychiatrist Registered Nurse Other prescribers </td> </tr> <tr> <td> Clinical Services <ul style="list-style-type: none"> Assessment* Crisis Prevention/Intervention 1:1 & Group Supportive Therapy Psychosocial Rehabilitation Care & Services Coordination </td> <td> Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians </td> </tr> <tr> <td> Family, Peer and Community Support </td> <td> Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners </td> </tr> </tbody> </table>	Treatment Services	Providers	Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers	Clinical Services <ul style="list-style-type: none"> Assessment* Crisis Prevention/Intervention 1:1 & Group Supportive Therapy Psychosocial Rehabilitation Care & Services Coordination 	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners
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Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners								
Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions								

Partners who have a role in the treatment of SMI/SED?

Support clients and families through treatment?



Behavioral Health Services Overview

CORE TREATMENT SERVICES



Mental Illness

Performance Measures

Population: Adults/Children with SMI/SED with functional impairment

Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- Mental Health Clinical Services
- Family, Peer and Community Support

If experiencing homelessness?

In addition to treatment...

- Housing Supportive Services
- Shelter | Respite | Supportive & Transitional Housing

Substance Use Disorders

Performance Measures

Population: Adults/Children with SMI/SED with functional impairment
Better Off PM: Improved Functioning/Reduced Impairment

What Works: Treatment

- Medication Services
- SUD Counseling and Rehabilitation Services
- Family, Peer and Community Support

If experiencing homelessness?

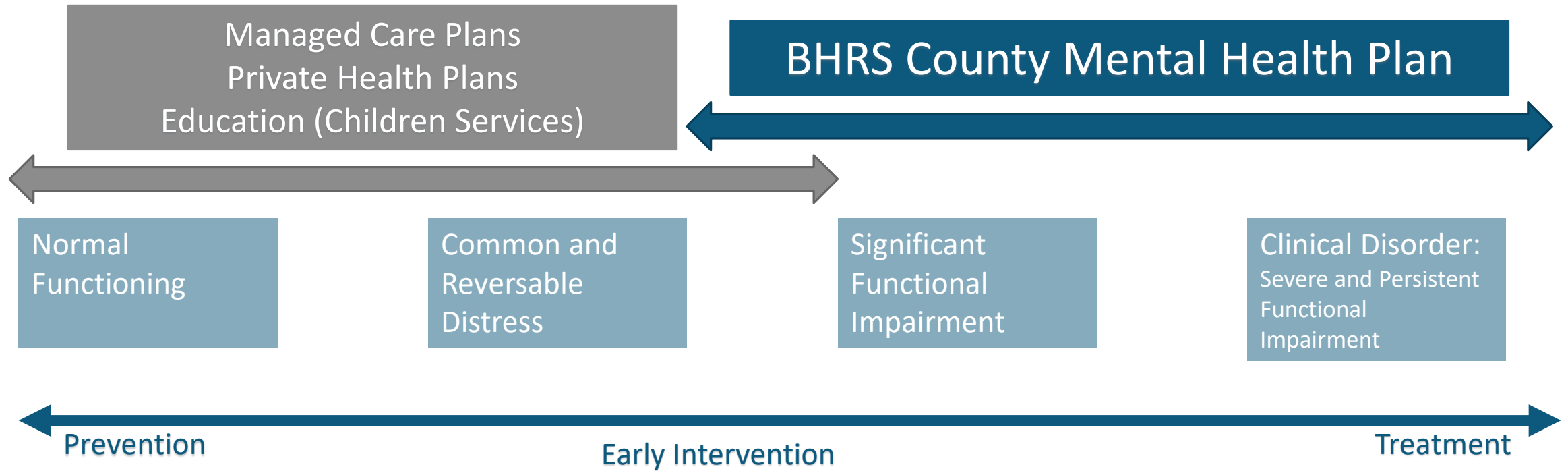
In addition to treatment...

- Housing Supportive Services
- Shelter | Respite | Recovery Housing

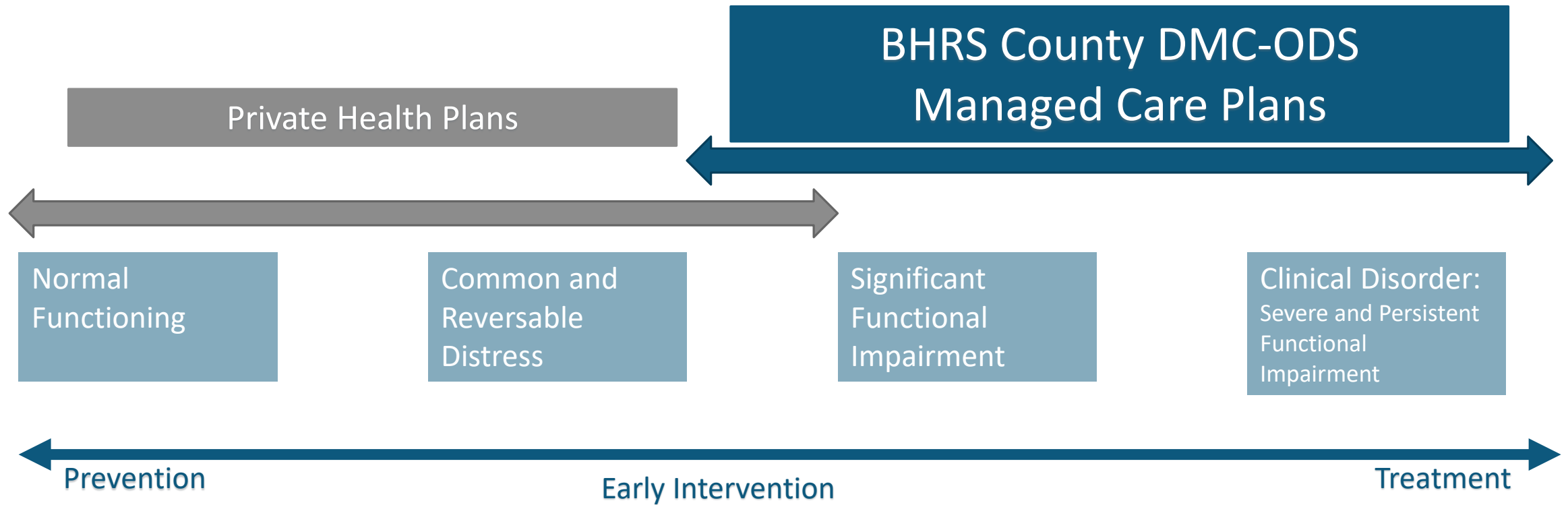
Core Treatment Model

<p>Population</p>	<p>Adults/Children with SMI/SED with functional impairment</p>												
<p>Performance Measure <i>“Better Off”</i></p>	<p>Increase functioning / Decreased impairment <i>As measured by the LOCUS/CANS/DCR/Perception Surveys</i></p>												
<p>Core Treatment Model <i>Strategies to Increase Functioning & Decrease Impairment</i></p>	<table border="1"> <thead> <tr> <th data-bbox="573 472 1261 529">Treatment Services</th> <th data-bbox="1274 472 1770 529">Providers</th> <th data-bbox="1783 472 2369 529">Clinical Standards</th> </tr> </thead> <tbody> <tr> <td data-bbox="573 536 1261 679"> <p>Medication Services Medication prescription, administration, and monitoring.</p> </td> <td data-bbox="1274 536 1770 679"> <p>Psychiatrist Registered Nurse Other prescribers</p> </td> <td data-bbox="1783 536 2369 1186" rowspan="3"> <ul style="list-style-type: none"> • Evidence Based Practice • Cultural Competency • Network Adequacy Standards • Provider Clinical Skill & Knowledge </td> </tr> <tr> <td data-bbox="573 686 1261 979"> <p>Mental Health Clinical Services</p> <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • <i>Psychosocial Rehabilitation</i> • Care & Services Coordination </td> <td data-bbox="1274 686 1770 979"> <p>Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians</p> </td> </tr> <tr> <td data-bbox="573 986 1261 1186"> <p>Family, Peer and Community Support</p> </td> <td data-bbox="1274 986 1770 1186"> <p>Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid</p> </td> </tr> </tbody> </table>			Treatment Services	Providers	Clinical Standards	<p>Medication Services Medication prescription, administration, and monitoring.</p>	<p>Psychiatrist Registered Nurse Other prescribers</p>	<ul style="list-style-type: none"> • Evidence Based Practice • Cultural Competency • Network Adequacy Standards • Provider Clinical Skill & Knowledge 	<p>Mental Health Clinical Services</p> <ul style="list-style-type: none"> • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • <i>Psychosocial Rehabilitation</i> • Care & Services Coordination 	<p>Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians</p>	<p>Family, Peer and Community Support</p>	<p>Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid</p>
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<p>Performance Measures <i>“How well we provide services”</i></p>	<p>Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions</p>												

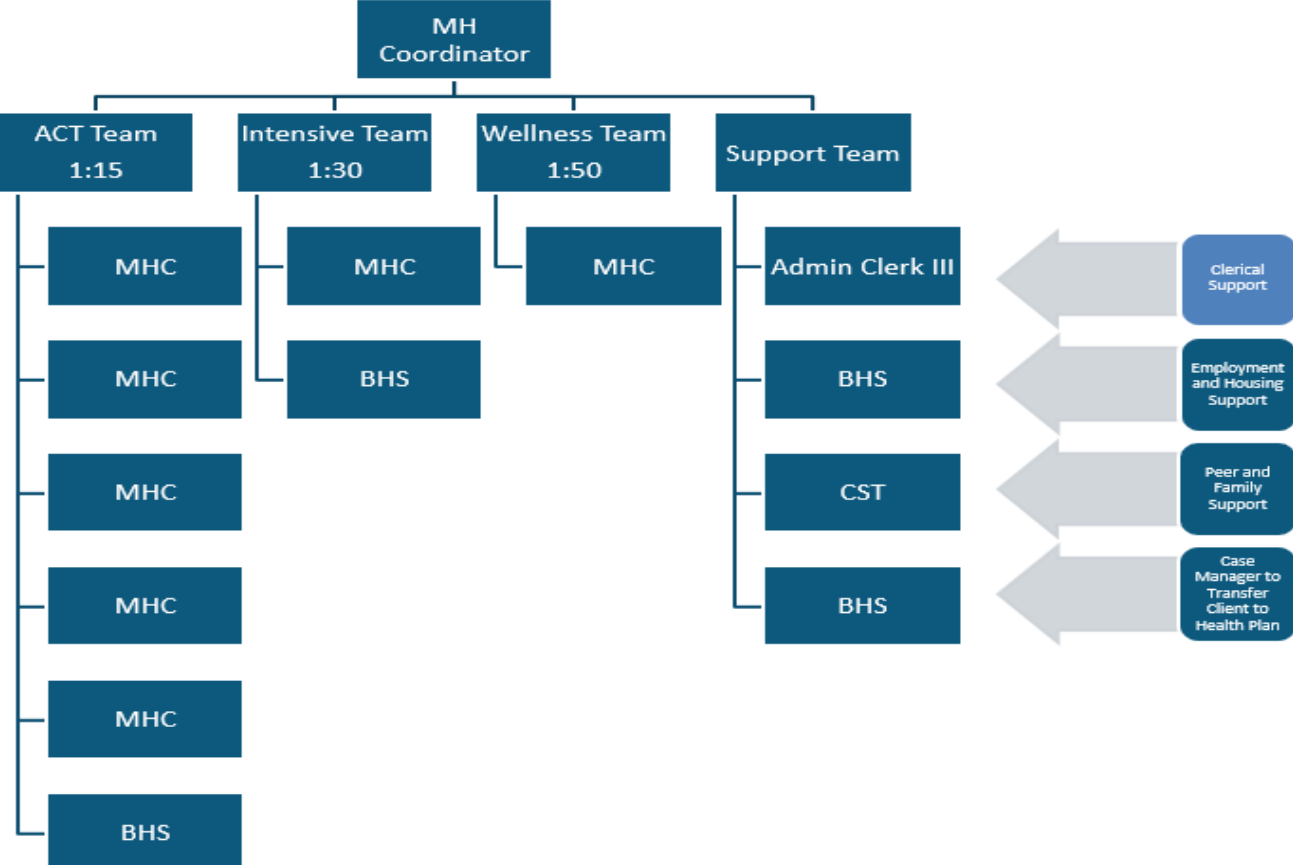
Mental Health Continuum of Care

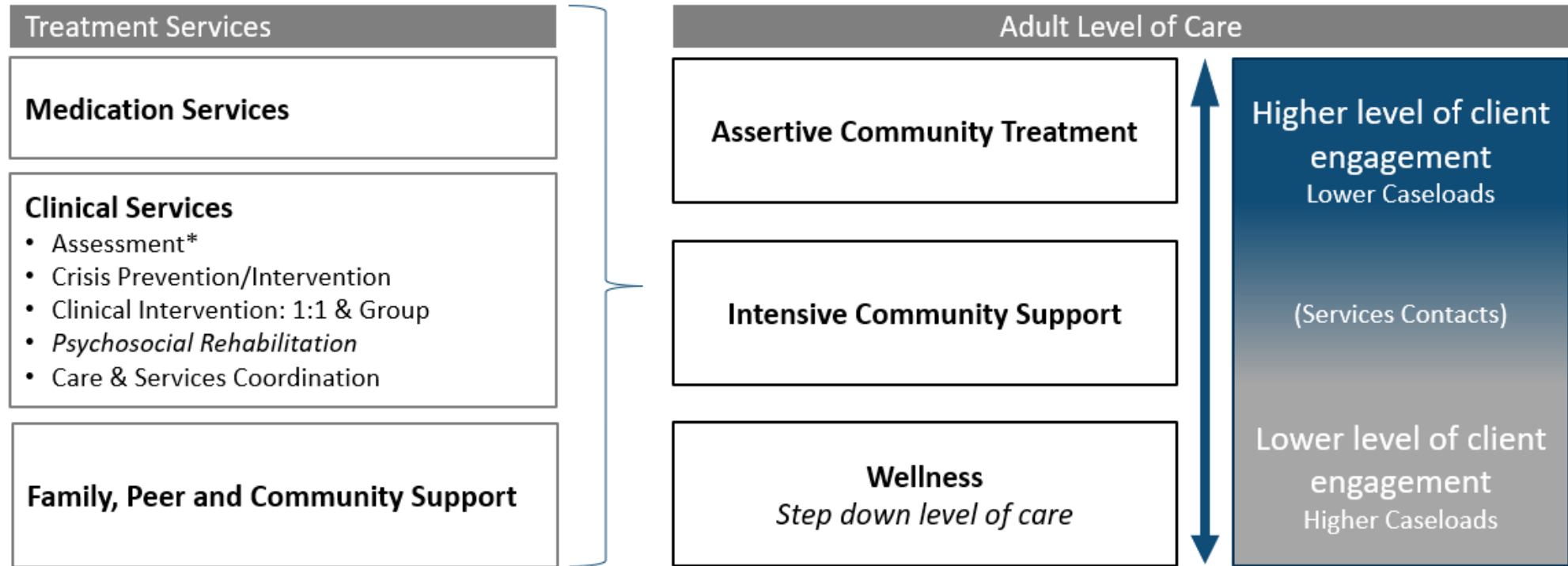


SUD Continuum of Care



Core Treatment Team





Core Treatment Team: Levels of Care

Organizational Structure

CURRENT

Adult System of Care

Public Guardian/Forensics System of Care *

Children's/Transitional Age Youth System of Care

Substance Use Disorder System of Care

Consumer & Family Affairs *

Administration

RECOMMENDED

Adult System of Care (FSOC Integrated)

Office of Public Guardian

Crisis and Hospitalization Services (New)

Children's/Transitional Age Youth System of Care

Substance Use Disorder System of Care

Supportive Services Division (Restructured)

Administration

Office of Public Guardian

Lanterman-Petris Short (LPS) Conservatorships

Probate Conservatorship

Estate Management Office

Conservatorship Investigations

Residential Mental Health Services

- State Hospital
- Institute of Mental Disease
- Adult Residential Facilities

Office of Public Guardian

Public Guardian Care Coordination Team

New team to arrange and care for LPS conserved individuals, monitor the care being provided by contracted providers, and advocate for all needed medical, behavioral health and supportive services.

Office of Public Guardian Restructure

The Public Guardian currently manages both Forensic and Public Guardian services, which includes the Estate Management Office and Conservatorship Investigations.

Going forward, the Public Guardian will only manage the Public Guardian services, which includes the additional functions of managing the day-to-day operations, financial responsibility for placement of individuals on LPS Conservatorship in IMD/ARFs, quality of care standards and outcomes, and the new Public Guardian Care Coordination team.

Prevention and Early Intervention

Shift in PEI funding towards supporting strategies and services that increase access to treatment services for children

At least 51% of PEI funding must be dedicated to serving individuals 25 years or younger

Current and anticipated impacts of COVID-19 on children's behavioral health, access to treatment services for children was prioritized

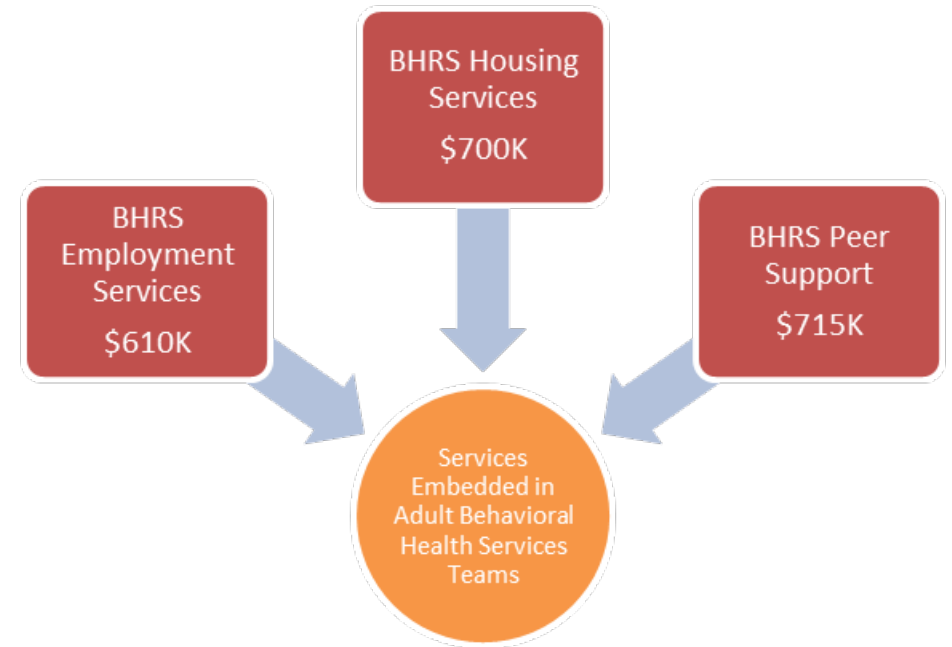
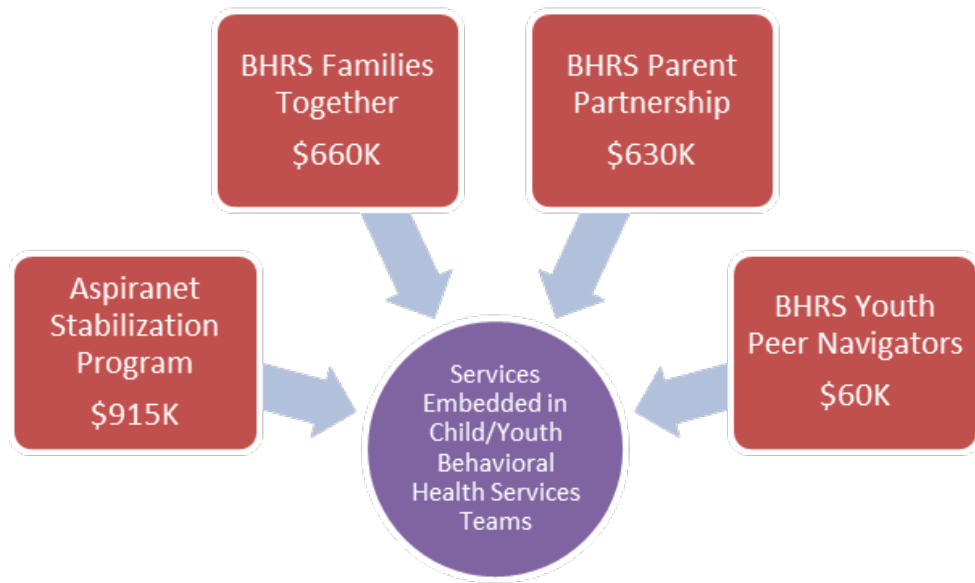


Adults Services Programs Restructure



Children Services Programs Restructure

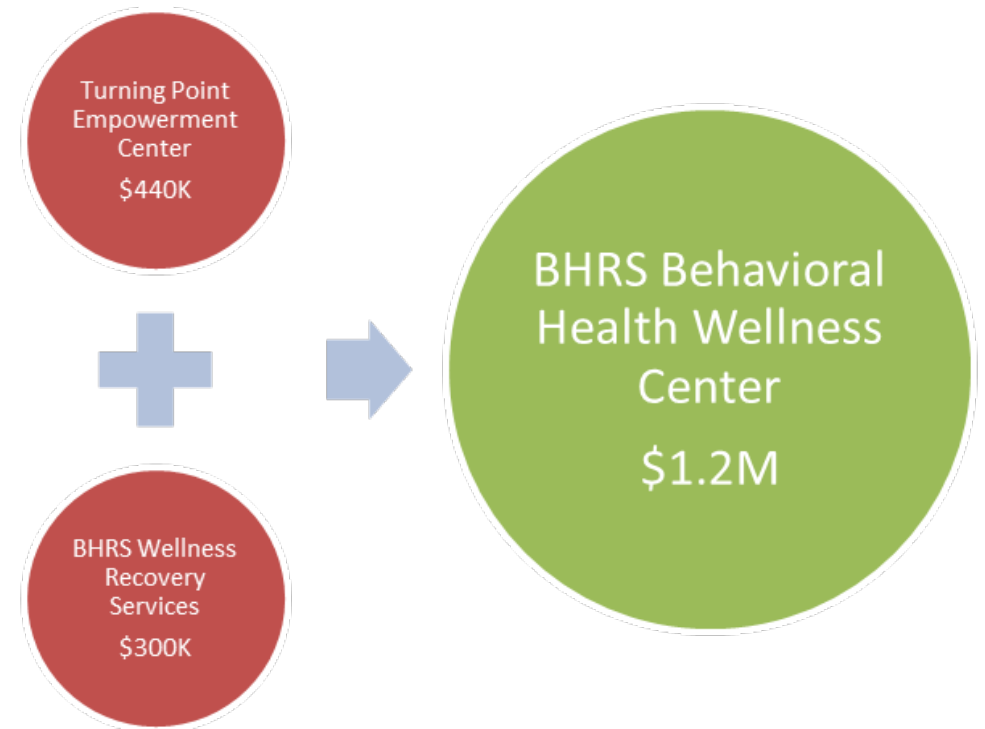
Supportive Services Programs Restructure



Supportive Services Programs Restructure



Program development will focus on crisis telephones services and expanded “walk-in” services at the current Crisis Stabilization Unit.



Outreach & Engagement Programs Restructure

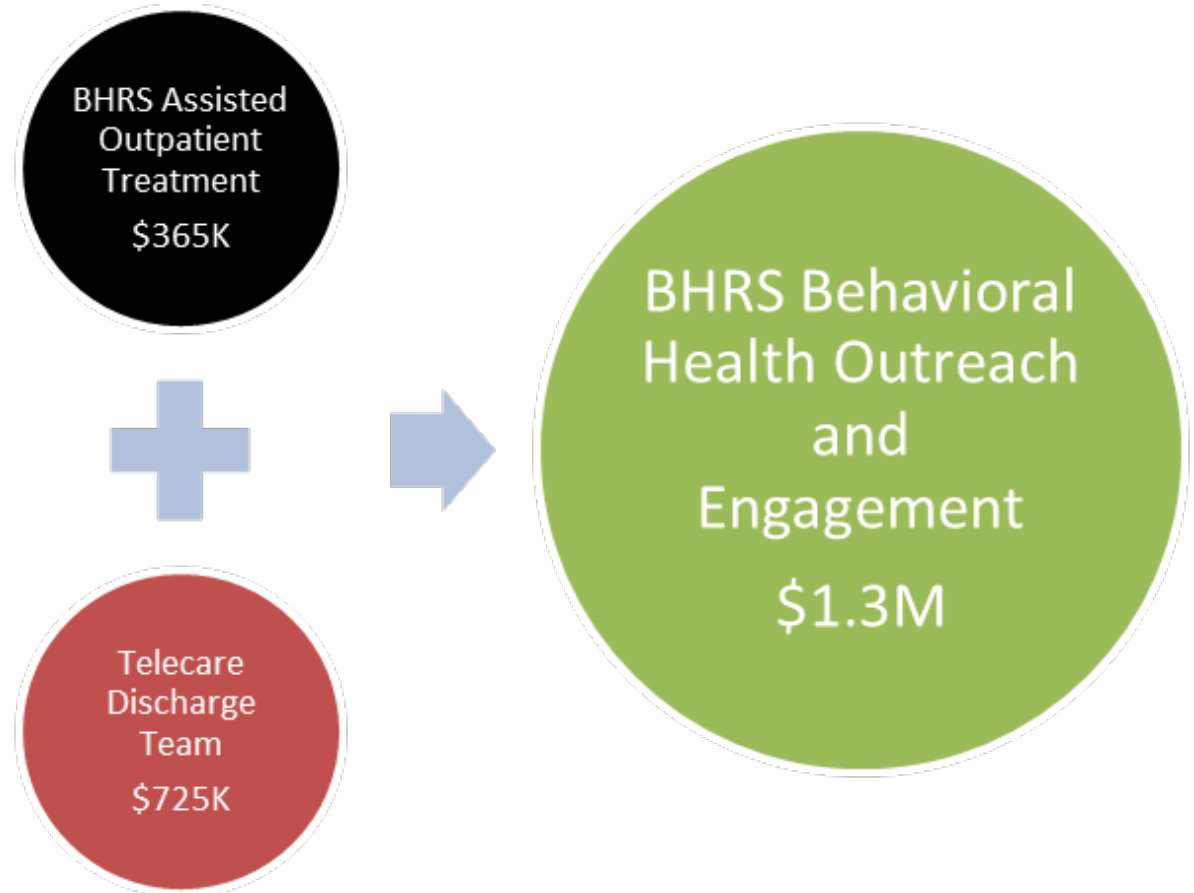
Alignment

Assisted Outpatient Treatment (AOT)

Community Assessment, Response, and Engagement (CARE) integrated partnership

Hospitalization High Utilization Contacts

Homelessness Populations



Impacts to Contracted Providers

Approximately \$12.5 million of specialized, supportive, prevention and early intervention contracted services are recommended to be discontinued effective June 30, 2021

Appendix B – Full list of impacted providers

BHOE
CARE | AOT | Homeless OE

UUPA
Promotores | Older Adults | Veterans |
Cultural Collaboratives

CERT
Crisis | Hospitalization

Crisis & Support Line

Medi-Cal Access | Assessment Team

BHST 1
FSP

BHST 2
FSP

BHST 3
FSP

BHST 4
FSP

BHST 5
FSP

BHST 6
FSP CCP

BHST 7
ICS

Behavioral Health Wellness Center
Peer Support

CERT
Crisis | Hospitalization

Supportive Services Division
Peer & Family | Housing | Shelter | Employment

Office of Public Guardian: LPS
CI | CCT | IMD | ARF | State Hospital

Collaborative Partnerships
Education | CW | Probation

Crisis & Support Line

CERT
Crisis | Hospitalization

UUPA
Promotores | Cultural Collaboratives

Medi-Cal Access | Assessment

BHST 1
PWB

BHST 2
FSP

BHST 3
FSP

BHST 4
ICS







BHST 5
ICS

BHST 6
EI

BHST 7
SBHI

Integrated Parent and Peer Support: Parent Partners | Youth Navigator

County Behavioral Health Sources of Funding

	1991 Realignment
	2011 Realignment
	Mental Health Services Act (MHSA)
	Medi-Cal Federal Financial Participation (FFP)/State General Fund (SGF)
	County General Fund
	Grants and Other Revenue

Budget in Brief	FY 2019-2020	FY 2020-2021	FY 2021-2022
	Actuals	Midyear Budget	Proposed Budget
Total Revenue	\$124,902,796	\$127,773,260	\$133,919,867
Use of Fund Balance/Retained Earnings	\$10,463,846	\$16,292,122	\$10,595,332
Gross Costs	\$137,347,566	\$150,366,501	\$148,953,289
General Fund Contribution	\$1,980,924	\$6,301,119	\$4,438,090
% Funded by General Fund	1.4%	4.2%	3.0%
Total Allocated Positions	489	487	447

Draft Fiscal Year 2021-2022 Proposed Budget

Behavioral Health and Recovery Services			
	FY 2020-2021	FY 2021-2022	
	Midyear	Proposed	
	Budget	Budget	Change
Total Funding Sources	\$ 144,065,382	\$ 144,515,199	\$ 449,817
Salaries and Benefits	\$ 50,477,346	\$ 59,572,360	\$ 9,095,014
Services and Supplies	88,910,268	78,112,112	(10,798,156)
Other Charges	10,113,767	10,886,317	772,550
Fixed Assets			
Building and Improvements	130,000	182,500	52,500
Equipment	629,195	-	(629,195)
Other Financing Uses	1,511,000	200,000	(1,311,000)
Equity	-	-	-
Intrafund	(1,405,075)	-	1,405,075
Contingencies	-	-	-
Gross Costs	\$ 150,366,501	\$ 148,953,289	\$ (1,413,212)

Draft Fiscal Year 2021-2022 Proposed Budget

General Fund Contribution

Legal Budget Unit	Mandated Service	FY 2019-2020 Actual	FY 2020-2021 Midyear Budget	FY 2021-2022 Proposed Budget
Behavioral Health and Recovery Services	1991 Realignment Maintenance of Effort	\$ 647,182	\$ 647,182	\$ 647,182
Behavioral Health and Recovery Services	Mental Health Services in Juvenile Hall	\$ 178,177	\$ 178,177	\$ 178,177
Behavioral Health and Recovery Services	One-Time "Glide Path" Support	\$ -	\$ 3,506,035	\$ 65,581
Public Guardian	Estate Management and Conservatorship Investigations	\$ 1,155,565	\$ 1,969,725	\$ 2,309,748
Public Guardian	Care Coordination	\$ -	\$ -	\$ 1,237,402
Total BHRS		\$ 1,980,924	\$ 6,301,119	\$ 4,438,090
General Fund Contribution as a Percentage of BHRS Total Budget		1.4%	4.2%	3.0%

Public Guardian Care Coordination Team staffing requests:

- 5 Block-Budgeted Deputy Public Guardian I/II
- 1 Accounting Technician

Funding for 2 additional positions already included in BHRS' position allocation:

- 1 Mental Health Coordinator
- 1 Administrative Clerk II

Staffing Impacts

To balance operational costs in Fiscal Year 2020-2021 the Department froze 61 vacant positions

Under the strategic plan, it is recommended to:

- Delete 50 vacant positions
- Add 10 new positions

A net decrease of 40 positions, resulting in a Department allocation of 447 positions

The 10 new positions recommended are:

- 6 positions for Public Guardian on previous slide
- 1 Confidential Assistant V
- 2 Block-Budgeted Psychiatric Nurse I/II
- 1 Software Developer/Analyst III

Also recommended to unfreeze 36 positions



Monitor staff assignments to ensure all position allocations are properly classified based on assigned job duties



Reclassification recommendations will be brought before the Board of Supervisors



The County will comply with any labor obligations

Staffing Impacts

Long-Range Fiscal Sustainability Plan

Align	Department operations and services with sustainable funding
Prioritize	Mandated core behavioral health services
Maximize	The leveraging of state and federal Medi-Cal funding
Develop	A strong, sustainable workforce
Identify	Any additional operational efficiencies or opportunities to partner

Long-Range Fiscal Sustainability Plan

Begin planning for implementation of California Advancing and Innovating Medi-Cal (CalAIM)

Develop a BHRS fund balance policy

Develop a plan to identify needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements

Staff Recommendation

1. Accept the Behavioral Health and Recovery Strategic Plan that aligns program operations and services with sustainable funding to prioritize behavioral health treatment services to maximize the number of clients served and leverage federal and state funding, maintain compliance with network adequacy standards, and create efficiencies by standardizing team structures and consolidating administrative structures.
2. Authorize the Chief Executive Officer and Behavioral Health and Recovery Services to make the necessary adjustments to contracted service levels, execute staffing reassignments, negotiate new agreements, and modify existing agreements as outlined in the Behavioral Health and Recovery Services Strategic Plan to support full implementation by July 1, 2021.

Staff Recommendation Continued

3. Amend the Salary and Position Allocation Resolution to reflect the recommendations included as part of the Behavioral Health and Recovery Services Strategic Plan, including the deletion of 50 vacant positions and the addition of 10 new positions and as outlined in the Staffing Impacts section of the agenda item and detailed in Attachment 2, to be effective the start date of the first full pay period beginning on or after April 3, 2021, unless otherwise noted.
4. Authorize the Behavioral Health Director to finalize the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2020-2021, 2021-2022, and 2022-2023 for Board consideration in May that aligns program services with sustainable funding.

Questions?
