



# **Stanislaus County**

## **Mental Health Services Act**

**Community Services and Supports  
Request for Funding FY 2007 – 2008**

**Additional One-Time Funding Augmentation  
To Expand Local Mental Health Services**

**December 2007**

## **INTRODUCTION AND OVERVIEW**

Effective January 24, 2006, the California Department of Mental Health (DMH) approved Stanislaus County's Community Services and Supports (CSS) Plan. Subsequently, Behavioral Health and Recovery Services (BHRS) was awarded approximately \$4.2 million in Mental Health Services Act Community Services and Supports funding for each of three fiscal years (2005-06, 2006-07, and 2007-08). Effective August 10, 2007, the California Department of Mental Health (DMH) approved Stanislaus County's Community Services and Supports (CSS) Growth Funding Plan. Subsequently, Behavioral Health and Recovery Services (BHRS) was awarded approximately \$1.5 million in Mental Health Services Act CSS funding increasing the annual funding for CSS to \$5.4 million.

BHRS enjoys many partnerships in the communities we serve. Each community planning process was conducted in partnership with the Stanislaus County Mental Health Board. Additionally, we are pleased to report that at each opportunity, diverse community partners have come together with enthusiasm and dedication to participate in community planning processes. Guided by the Essential Elements of MHSA, each stakeholder process offered the opportunity to become more informed about overarching themes, unmet need in the community. As a result of this ongoing effort to effectively utilize community input and CSS funding, in 2007, it became clear that additional services for individuals were needed to strengthen the plan to address gaps in service. We realized we could further reduce gaps in service provision and continue to fulfill stakeholder input by using cash reserves to expand services and supports.

In the fall of 2007, DMH notified counties that additional un-used State administrative funds would be redistributed to all 58 counties for use as one-time augmentation of local services. Having just completed a stakeholder process this year that identified gaps in existing services and supports, Stanislaus County determined the most appropriate way to use this additional one-time CSS funding (Augmentation Funding) was to continue to be guided by stakeholder input and fund expansions that had been initiated with cash reserves. On October 18, 2007, DMH issued Information Notice 07-21, providing guidance on the application procedure.

In this Request for Funding Proposal, a number of programs/services will be expanded in ways that address gaps in existing services, highlighted by the following:

- Peer and family member support
- Crisis housing for outreach and engagement to at-risk individuals
- Expansion of existing levels of service to transition age youth

It should be noted that expansion of service in FSP-01-Westside Stanislaus Homeless Outreach Program further develops the three levels of outpatient care concept initiated in our approved CSS Growth Plan. Three levels of care will be available for individuals who are at-risk for hospitalization, re-hospitalization, and incarceration. Levels of care include: Full Service Partnership; Intensive Support Services (ISS), and a Wellness/Recovery (WR) level of care. This creates a model that allows for entry to a

level of service appropriate for the individual. FSP designation as a level of care ensures that the integrity of the MHSA model for full service partnerships is maintained, measurable, and accountable. The Wellness Recovery level of care is designed for those individuals who have made substantial progress in their recovery and are ready for a higher level of recovery service that is less intensive yet maintains the important relationship with treatment providers and allows for easy re-access to the FSP level of care if needed. The ISS level of care is designed for individuals who may not require an FSP level of care, yet are in need of time-limited intensive services. In order to develop a full continuum and include two non-FSP levels of care, GSD funds are being utilized. As importantly, this level of care model further develops a system that will allow movement through service, graduation into wellness and intensive supports all within the SHOP program. Strongly gearing the SHOP expansion toward the level of care concept for high use, at-risk individuals will strengthen CSS services and address stakeholder sentiment.

Working from the BHRS Vision and Mission, MHSA Essential Elements, input from community partners, and guidance from DMH regulations, this Additional One-Time Request for Funding Augmentation of CSS programs/services was developed. Comment on the proposal is invited.

## **II. Process to Update the County's Three-Year Program and Expenditure Plan**

**The county must submit to DMH an update to its Three-Year Program and Expenditure Plan that is signed by the County Mental Health Director. The update must include:**

A list of the proposed new and/or expanded programs/services, identified by the service category under which the program/service will be funded;

A description of each program/service, including the population to be served, number of clients served, services to be provided, and methods of service delivery

The tables below summarize the proposed expansions that will strengthen Stanislaus County's Community Services and Supports to be funded with Augmentation Funds:

|   |                    |
|---|--------------------|
| Previously Approved CSS Budget:                   | \$5,368,385        |
| <i>Augmentation Funding Requested for 2007-08</i> | <u>\$3,108,089</u> |
| Total FY 2007-08 Program Request                  | \$8,476,474        |

## **FULL SERVICE PARTNERSHIP EXPANSIONS**

| <b>Work Plan # and Funding Type</b>                  | <b>Ages Served</b>       | <b>Description of Expansion/Increase &amp; Numbers Served</b>   | <b>Amount of Increase</b> | <b>Proposed Effective Date</b> | <b>Need for Strengthening Addressed</b>                               |
|--|--------------------------|---|---------------------------|--------------------------------|---|
| FSP-01 Westside Stanislaus Homeless Outreach Program | TAYA, Adult, Older Adult | Expanded service to 70 at-risk individuals in FSP level & expanded service capacity in GSD-funded intensive services and supports (ISS) and a portion of Peer Advocacy Team | \$1,496,442               | 01/02/08                       | Service to high use, at-risk individuals<br><br>Peer & Family Support |
| FSP-03 Senior Access & Resource Team                 | Older Adult              | A portion of Peer Advocacy Team   | \$172,873                 | 01/02/08                       | Peer & Family Support   |
| FSP-04 Health Mental Health Team                     | TAYA, Adult, Older Adult | A portion of Peer Advocacy Team   | \$172,873                 | 01/02/08                       | Peer & Family Support   |
| FSP-05 Integrated Forensic Team                      | TAYA, Adult, Older Adult | A portion of Peer Advocacy Team   | \$172,873                 | 01/02/08                       | Peer & Family Support   |

### **Methods of Service Delivery:**

FSP and ISS expanded service levels. FSP includes assertive community treatment components of service, ISS level of care designed for individuals who may not require an FSP level of care, yet are in need of time-limited intensive services and who can benefit from wellness level of care. At all levels, community services and supports to consumers “start where they are,” with consumers and family members as team members in multi-disciplinary teams. Supported housing, temporary and permanent supportive housing. Culturally appropriate services to reach underserved populations and eliminate disparities. Vocational services, integrated substance abuse, mental health and physical health services, and use of flexible funds to outreach to homeless individuals.

Expansion of Peer Advocacy Team to provide more education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Collaboration with partner agencies to achieve integrated service experience for consumers and family members.

## **GENERAL SYSTEM DEVELOPMENT EXPANSION**

| <b>Work Plan # and Funding Type</b>                   | <b>Ages &amp; Number Served</b> | <b>Description of Expansion/Increase &amp; Numbers Served</b>  | <b>Amount of Increase</b> | <b>Proposed Effective Date</b> | <b>Need for Strengthening Addressed</b>                               |
|---|---------------------------------|--|---------------------------|--------------------------------|---|
| GSD-01<br>Transitional Age Young Adult Drop-In Center | TAYA                            | Expand employment, crisis housing, and additional capacity to include ISS level of supports and services to Transitional Age Young Adults. A portion of Peer Advocacy Team | \$631,954                 | 01/02/08                       | Service to high use, at-risk individuals<br><br>Peer & Family Support |

### **Methods of Service Delivery:**

Self-help, peer support, and Youth Advisory Council, seamless linkages with both Children and Adult Systems of Care services, youth involvement in planning and service development, classes and group support regarding what youth need to know for successful independent living, recovery-oriented recreation, and social activities. Expansion to include the Intensive Service and Supports (ISS) level of care creates level of care designed for individuals who do not require FSP level of care, yet are in need of time-limited intensive services. GSD funds are being utilized in order to develop a full continuum of care for TAY individuals and have two non-FSP levels of care. As importantly, this level of care model develops services that allow movement through service, graduation into wellness, and intensive supports all within one location. If FSP level is needed, referral and linkage will be made to FSP-01, FSP-02, FSP-03 or FSP-05 as appropriate. Ability to “step-down” gradually has also been key to maintaining gains at more intensive levels of service. Strongly gearing this expansion toward high use, at-risk individuals will strengthen CSS services and address stakeholder sentiment.

## **OUTREACH AND ENGAGEMENT SERVICE EXPANSION**

| <b>Work Plan # and Funding Type</b> | <b>Ages &amp; Number Served</b> | <b>Description of Expansion/Increase</b>  | <b>Amount of Increase</b> | <b>Proposed Effective Date</b> | <b>Need for Strengthening Addressed</b>                            |
|-------------------------------------|---------------------------------|---|---------------------------|--------------------------------|--|
| O & E-02<br>Garden Gate Housing     | TAYA,<br>Adult,<br>Older Adult  | Expanded outreach & crisis housing services & supports to consumers at-risk of homelessness | \$461,074                 | 01/02/08                       | Community Capacity<br><br>Service to high use, at-risk individuals |

### **Methods of Service Delivery:**

Supportive housing, temporary and permanent supportive housing, integrated services with law enforcement, culturally appropriate services, outreach services to homeless individuals, independent living skills and supportive education, client advocacy on criminal justice issues, housing options, safe haven, temporary housing, respite housing, and transportation.

## **ADMINISTRATIVE COSTS**

| <b>Work Plan # and Funding Type</b> | <b>Ages Served</b> | <b>Description of Expansion/Increase</b>                          | <b>Amount of Increase</b> | <b>Proposed Effective Date</b> | <b>Need for Strengthening Addressed</b> |
|-------------------------------------|--------------------|---|---------------------------|--------------------------------|---|
| <b>Administrative:</b>              |                    |   |                           |                                |   |
| Training                            | N/A                | Funding for regional training services for program transformation | \$252,872                 | 01/02/08                       | N/A                                     |
| Admin Costs                         | N/A                | Administrative overhead for expanded services                     | \$96,539                  | 01/02/08                       | N/A                                     |

An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified in the CSS assessment in the County's existing Three-Year Program and Expenditure Plan

Initial community program planning identified a great many areas of need as well as unserved populations with unmet needs. Our initial Three-Year CSS Plan established a starting place for addressing these needs that included establishment of 11 new or expanded programs/services: 5 Full Service Partnerships, 4 General System Development, and 2 Outreach & Engagement. Needs identified in all age groups were addressed by one of the 11 programs/services. Stakeholders involved in prioritizing needs agreed with the priorities established in the Plan and acknowledged that this was, indeed, a beginning. The motto became "It's not who is going to be served, it's who is going to be served first." A hopeful tone was set with expectations high that additional MHSA funds would become available for expansion of services in the coming years. Subsequent planning for use of CSS Growth Funds pointed to an overarching theme: the need to continue to address certain disparities in services for all age groups. In particular, identified an unmet need for services and supports in high-risk groups and in diverse cultural, ethnic, and racial groups. Three key elements were identified as gaps to be addressed and for which there is a need for ongoing strengthening in services and supports. These gaps will be consistently addressed through emphasis of MHSA Essential Elements in expanding programs/services with one-time Augmentation funds. The three key elements are:

- Community's capacity to provide service and support
- Peer and family support
- Services to individuals who are high users of crisis-based services and at-risk of hospitalization or incarceration and who tend to "fall through the cracks" of traditional services.

**An assessment of the County's capacity to implement the proposed programs/services including the factors listed in Section 3650(a)(1) of the CCR**

Stanislaus County has the capacity to implement the proposed programs/services in this funding request as evidenced by the following:

- BHRHS has a demonstrated track record in planning and implementing innovative programs that utilize diverse countywide stakeholder processes. In 1999, Stanislaus County was one of three original counties that moved quickly and implemented outreach and enrollment-based service pilot programs under AB34. Successful outcomes of these programs served to stimulate the expansion of AB2034 programs, which enabled BHRHS to develop programs for Transition Age Young Adults. At approximately the same time, Stanislaus, along with a small cohort of other counties, successfully implemented the Mentally Ill Offender Crime Reduction Program, again with excellent outcomes. Both programs were implemented with the extensive help of stakeholder groups, including consumers and family members. The stakeholders figured prominently in the developmental processes of the now evidenced-based programs. The successful outcomes of these programs served to stimulate the development of the Mental Health Services Act of 2004.
- BHRHS has played a major leadership role statewide in conceptualizing and developing recovery-based activities. These recovery-based ideals and practices are the direct result of a BHRHS Adult System of Care (ASOC) redesign in 1993. The Behavioral Health and Recovery Services ASOC redesign workgroups included consumers, family members, staff, and other stakeholder groups. Building on these established practices, the expanded MHSA programs and services reflect a focus on wellness that includes the concepts of recovery and resilience.
- BHRHS established an Older Adult System of Care (OASOC) in 1996. In 2001, BHRHS was one of four Older Adult Systems of Care in California that participated in a SAMHSA Demonstration Project grant. The Demonstration Project grant, funded through the California Department of Mental Health, established a Senior Access Team (SAT). SAT provided assessments for older adults in their residences, consulted with primary care physicians, and coordinated the care for those individuals who did not need specialized mental health services. Project outcomes included significantly increased access to services for individuals of age 60 and older, high consumer satisfaction, and decreased symptoms of depression with improved functioning at home or in the community.
- CSS Three-Year Program and Expenditure Plan have been fully implemented and all programs/services are fully staffed.
- Timely submission of Implementation Progress Report of CSS services from date of approval, January 25, 2006, through December 31, 2006.

- Since August 2005, all Quarterly Progress Goals and Reports (Exhibit 6) have been submitted in a timely fashion.
- CSS Growth Funding and Program Expansion implementation began in October 2007.
- BHRS is committed to the best of its ability to sustain expanded levels of services/supports to address needs of individuals. As always with expansions of service, should future allocations of MHSA funds not support this expansion, alternative funding would be need to be identified as resources allow. However, the recent loss of AB2034 funds creates larger gaps in service than were present at the time of the initial Community Planning Process in 2005. The reality of this circumstance creates challenges concerning sustainability of expanded CSS services.

#### A statement explaining how the requirements of the Community Program Planning Process in Section 3300 of the CCR were met

Expansions of programs/services that are described in this funding request are based on input gathered during two stakeholder processes, in 2005 and 2007, as well as ongoing input from stakeholders during first year implementation in 2006. During each Community Program Planning Process, Stanislaus County BHRS conducted an open stakeholder process with the support and partnership of the Stanislaus County Mental Health Board. Key stakeholder groups participated including consumers of various ages, family members, representatives from diverse ethnic and racial groups, law enforcement, Courts, District Attorney, schools, health care, faith-based community groups, Disability Resource Agency for Independent Living (DRAIL), labor organizations, BHRS staff, and BHRS contract organizations. These Community Program Planning Processes resulted in submission and subsequent approval, without conditions, of the following Community Services and Supports expenditure plans:

- October 2005 - Three-Year Program and Expenditure Plan
- August 2007 - Growth Funding and Program Expansion Funding Request

#### Documentation of the local review process required by Section 3315

A 30-day public review and comment period was conducted from November 3 – December 2, 2007. The Request for Funding for Additional One-Time Funding Augmentation to Expand Local Mental Health Services was circulated using the following methods:

- ✓ An electronic copy was posted on the County's website: [www.stanislausmhsa.com](http://www.stanislausmhsa.com)
- ✓ Hard copies were sent to Stanislaus County Public Library resource desks
- ✓ Electronic notification was sent to all BHRS service sites with a link to [www.stanislausmhsa.com](http://www.stanislausmhsa.com), announcing the posting of this report



- ✓ Representative Stakeholder Steering Committee members were sent notice informing them of the start of the 30-day review and a copy of the proposal.

The public was notified by:

- ✓ Public notice posted in seven newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to [www.stanislausmhsa.com](http://www.stanislausmhsa.com) and a phone number for requesting a copy of the proposal.

For ease of public review and comment, the last page of the Request for Funding was a feedback form. No public hearing is required or planned.

No public comment was received.

**Certification by the County Mental Health Director that the County will comply with the non-supplant requirements of Section 3410 of the CCR**

See Attachment A

**For each new CSS program(s) or service(s) not already included in its existing Three-Year Program and Expenditure Plan, in addition to the elements set forth in section 3650(a)(6), the update shall also include:**

Not applicable to this funding request. No new programs/services proposed.

**When the update expands an existing program, the following information shall also be included:**

**A brief description of the proposed program expansion (e.g., population to be served, increased number of clients served, new services added, new methods of service delivery, etc), the amount of funding being requested, and the proposed effective date;**

Charts and narrative shown above are responsive to this section of the funding request.

**The net cost per client resulting from the proposed expansion. If the net cost per client is greater than the originally approved program, the County must also complete and submit a revised MHSA CSS Budget Worksheet (Exhibit 5b, DMH Letter No.: 05-05, page 53), and the Detailed Staffing Worksheet (Exhibit 5b, DMH Letter No.: 05-05, page 57), along with a budget narrative for the proposed expanded program. If the net cost per client for the expanded program is the same or less, there is no need to resubmit the Budget Worksheets;**

Not applicable, no change in net cost per client resulting from the proposed expansion.

**Attachment A**



**BEHAVIORAL HEALTH AND RECOVERY SERVICES**  
A Mental Health, Alcohol and Drug Service Organization

**Denise Hunt, RN, MFT**  
Director

**800 Scenic Drive, Modesto, CA 95350**  
**Phone: 209.525-6225 Fax: 209.525-6291**

I hereby certify that Stanislaus County will comply with the non-supplant requirements of Section 3410 of the California Code of Regulations.

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Denise C. Hunt, RN, MFT  
Behavioral Health Director

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Date

**Stanislaus County Behavioral Health & Recovery Services**

800 Scenic Drive, Modesto, CA 95350

209 525-6225 fax 209-525-6291

www.stanislausmhsa.com

***Mental Health Services Act (MHSA) / Prop. 63***

**MHSA CSS One-time Augmentation Funding Plan**

**30 Day Public Comment Form**

November 3, 2007 – December 2, 2007

**PERSONAL INFORMATION (optional)**

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

***MY ROLE IN THE MENTAL HEALTH COMMUNITY***

Client/Consumer

Family Member

Education

Social Services

Service Provider

Law Enforcement/Criminal Justice

Probation

Other (specify) \_\_\_\_\_

***WHAT DO YOU SEE AS THE STRENGTHS OF THE PLAN?***

***IF YOU HAVE CONCERNS ABOUT THE PLAN, PLEASE EXPLAIN.***

## **Exhibit 6 Section**

Revised target numbers for workplans:

FSP-01

GSD-01

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

|   |
|---|
| County: <b>Stanislaus</b>   |
| Program Work Plan #: <b>FSP-01</b>  |
| Program Work Plan Name: <b>Westside Stanislaus Homeless Outreach Program</b>        |
| Fiscal Year: <b>2007/2008 revised 11/1/07 (changes eff. 3<sup>rd</sup> quarter)</b> |
| <i>(please complete one per fiscal year)</i>  |

| Full Service Partnerships  | Qtr 1  |        | Qtr 2  |        | Qtr 3  |        | Qtr 4  |        | Total  |        |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|  | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| <b>Age Group</b>   |        |        |        |        |        |        |        |        |        |        |
| Child/Youth  | 0      |        | 0      |        | 0      |        | 0      |        | 0      |        |
| Transition Age Youth   | 2      |        | 4      |        | 11     |        | 11     |        | 28     |        |
| Adults   | 7      |        | 13     |        | 38     |        | 37     |        | 95     |        |
| Older Adults   | 1      |        | 1      |        | 5      |        | 4      |        | 11     |        |
| Description of Initial Populations   |        |        |        |        |        |        |        |        |        |        |
| Individuals with serious mental illness who are, or at risk of being homeless and/or have co-occurring alcohol/drug problems; who live on the West or South side of Modesto; whose race or ethnicity is Latino, African American or Southeast Asian. |        |        |        |        |        |        |        |        |        |        |
| Same as Above  |        |        |        |        |        |        |        |        |        |        |
| Same as Above  |        |        |        |        |        |        |        |        |        |        |

| System Development               |   | Qtr 1  |        | Qtr 2  |        | Qtr 3  |        | Qtr 4  |        | Total  |        |
|----------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                  |   | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| <b>Total Number to be served</b> | <b>Services/Strategies</b>  | 0      | 0      | 33     |        | 68     |        | 69     |        | 170    |        |
| 100                              | Expanded services, including peer advocacy, for 100 individuals who are at-risk |        |        |        |        |        |        |        |        |        |        |
| Outreach and Engagement          |   | Qtr 1  |        | Qtr 2  |        | Qtr 3  |        | Qtr 4  |        | Total  |        |
|                                  |   | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| <b>Total Number to be served</b> | <b>Services/Strategies</b>  |        |        |        |        |        |        |        |        |        |        |
|                                  |   |        |        |        |        |        |        |        |        |        |        |



**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

|  |
|--|
| County: <b>Stanislaus</b>  |
| Program Work Plan #: <b>GSD-01</b>   |
| Program Work Plan Name: <b>Transitional Age Young Adult Drop-In Center revised 11/2007, eff 3<sup>rd</sup> qtr</b> |
| Fiscal Year: <b>2007/2008</b><br><i>(please complete one per fiscal year)</i>                                      |

| Full Service Partnerships        | Qtr 1   |        | Qtr 2  |        | Qtr 3  |        | Qtr 4  |        | Total  |        |
|----------------------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|                                  | Target  | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
| <b>Age Group</b>                 |   |        |        |        |        |        |        |        |        |        |
| Child/Youth                      |   |        |        |        |        |        |        |        |        |        |
| Transition Age Youth             |   |        |        |        |        |        |        |        |        |        |
| Adults                           |   |        |        |        |        |        |        |        |        |        |
| Older Adults                     |   |        |        |        |        |        |        |        |        |        |
| <b>System Development</b>        |   |        |        |        |        |        |        |        |        |        |
| <b>Total Number to be served</b> |   |        |        |        |        |        |        |        |        |        |
| 145                              | 15  |        | 15     |        | 58     |        | 57     |        | 145    |        |
| <b>Services/Strategies</b>       | Development of self-help, peer support and youth run programs, Seamless linkages with both Children's and Adult Systems of Care, Youth run services including peer support, Youth |        |        |        |        |        |        |        |        |        |

|  |   | Qtr 1  |        | Qtr 2  |        | Qtr 3  |        | Qtr 4  |        | Total  |        |
|--|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
|  |   | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual |
|  | involvement in planning and service development, Classes regarding what youth need to know for successful independent living; Classes regarding what youth need to know for successful independent living |        |        |        |        |        |        |        |        |        |        |
|  | <b>Outreach and Engagement</b>  |        |        |        |        |        |        |        |        |        |        |
|  | <b>Total Number to be served</b>  |        |        |        |        |        |        |        |        |        |        |
|  | <b>Services/Strategies</b>  |        |        |        |        |        |        |        |        |        |        |