

## Appendix X: Stanislaus County

### County Contact and Specific Dates

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- Date Proposal posted for 30-day Public Review: April 21, 2021
- Date of Local MH Board hearing: May 20, 2021
- Date of BOS approval or calendared date to appear before BOS: May 25, 2021

### Description of the Local Need

The incidence of schizophrenia in the world population is approximately 1% with an estimated 75% of those individuals having experienced a prodromal or clinically high-risk period before converting to schizophrenia. It is estimated that anywhere from 20-40% of individuals classified as clinically high risk will convert to schizophrenia without treatment interventions. Few studies have been done on the prevalence of prodromal or clinically high-risk states. One study found that 8% of adolescents were able to be classified as clinically high risk utilizing the evidence-based Structured Interview for Psychosis-Risk Syndromes (SIPS) screener (Kelleher et al, 2012).

Stanislaus County has an approximate population of 550,000, which equates to an estimated 5,500 people experiencing schizophrenia within the county. Considering estimates of the cost to a community for a person with schizophrenia throughout their lifetime is up to \$1,000,000, this equates to around \$5 billion dollars at current population numbers. In addition, Stanislaus County has an approximate adolescent population of 35,000. At current estimates, anywhere from 560-1,120 of these adolescents may convert to schizophrenia without treatment interventions.

Stanislaus County currently has an early psychosis intervention program, LIFE Path, serving 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. The program is modeled after the EASA (Early Assessment Support Alliance) program of the state of Oregon, an evidenced-based Coordinated Specialty Care (CSC) program. LIFE Path utilizes evidence-based practices such as Multi-Family Group, Cognitive Behavioral Therapy for Psychosis, and Individualized Resiliency Treatment. The LIFE Path program is designed to provide intensive therapeutic services, family psychoeducation, educational/vocational support, case management, and optional medication services. In addition, the LIFE Path program includes a Parent Advocate to assist family members in negotiating educational and mental health systems.

Although operating since 2011, LIFE Path has predominantly operated independently in the early psychosis field outside its mentorship with EASA due to the limited first episode psychosis (FEP) programs at the time, variance between FEP programs, and lack of a shared network for FEP programs. LIFE Path has provided early psychosis services to 162 unduplicated clients and additional family members since its inception but has struggled in attempting to adapt the various measurement tools utilized by the County that gauge a program's growth and efficacy. This has been due to the lack of tools designed and developed specifically for CSC/FEP programs.

Over the last few years, with various legislation and funding streams opened for FEP programs, there has been a dramatic increase in program availability across the nation and throughout California. There has also been an increase in the availability of learning collectives regarding FEP. As the nation and California build capacity and knowledge in the area of early psychosis, Stanislaus County and the LIFE Path program can benefit from those strides through the Early Psychosis Learning HealthCare Network (LHCN). Stanislaus County, through LIFE Path, and its participants strive to learn more, apply the knowledge gained, and improve our ability to positively impact clients experiencing early psychosis.

### **Description of the Response to the Local Need**

The LHCN Project aligns with the current challenges of the LIFE Path program and will improve the program's ability to:

- Increase fidelity to current evidenced-based practices including effective and efficient service delivery
- Improve data collection, tracking, analysis, and reporting
- Provide participants, counselors, and administrators access to data in real-time
- Engage participants and family members in treatment and recovery

As part of the Early Psychosis Learning Healthcare Network Collaborative, Stanislaus County and LIFE Path will benefit from sharing and learning with the multiple and diverse participating counties. LIFE Path will gain technical assistance; an effective early psychosis-specific data collection methodology; innovative treatment approaches; and a learning collaborative that will enhance the program's access to new research, clinical support, and solution-oriented ideas for programmatic challenges. By receiving this assistance and support, LIFE Path will be able to use the evidence-based practices to be more effective and efficient and will also improve engagement of participants and family members in treatment and recovery. The expectation is that LIFE Path will increase the number of referred individuals who move forward with the assessment process as well as those who are retained in treatment and recovery. LIFE Path anticipates an increase of 20% in the number of clients served by the end of the Innovation Project. It is important to note that LIFE Path has identified that their existing internal resources and capacity is sufficient to improve and expand their services to support this Project with the additional support of BHRS and the Program Assistant identified in this Proposal.

### **Cultural & Linguistic Competency**

Based on the Department of Finance January 2020 population estimates, Stanislaus County has 557,709 residents, of which 45.6% reported Hispanic/Latino; 42.6% reported White; 5.3% reported Asian; 2.6% reported Black; 2.5% reported Two or more races (not Hispanic/Latino); .7% Native Hawaiian or Pacific Islander; .5% reported American Indian and Alaska Native; and .2% reported Other Race (not Hispanic/Latino).

Although diverse, Stanislaus County currently has one threshold language of Spanish. BHRS county staff consist of approximately 25% Spanish speaking staff. In addition, we have staff that speak other languages such as; Cambodian, Assyrian, Hindi, and many

other languages. The LIFE Path program maintains a Spanish bilingual case manager and Spanish bilingual clinician. In addition, LIFE Path is a collaborative program between Sierra Vista Child & Family Services and Center for Human Services and is able to use the various language services of the two organizations. Sierra Vista Child & Family Services employs staff fluent in several languages including Cambodian, Laotian, Farsi and Punjabi. Both Sierra Vista Child & Family Services and Center for Human Services have numerous interpreters on contract if needed and Sierra Vista Child & Family Services also maintains a contract with a language line service if an interpreter is not available.

BHRS 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. To ensure we continue to improve the quality of services and eliminate inequities and barriers to care for marginalized cultural and ethnic communities, BHRS supports the Cultural Competence, Equity, and Social Justice Committee (CCESJC). The committee consists of program providers, consumers, family members, and communities representing all cultures and meets monthly to discuss cultural and linguistic needs of our county. Our Cultural Competence and Ethnic Services Manager chairs the committee and ensures the county behavioral health systems are culturally and linguistically competent and responsive in the delivery of behavioral health services. This innovation project will support the cultural and linguistic needs of the county through a better understanding of the client needs.

### **Description of the Local Community Planning Process**

Stanislaus County Behavioral Health and Recovery Services (BHRS) had been actively engaging in the Community Planning Process specifically with the intent to inform engaged stakeholders on updates facing MHSA, with the focus of strengthening stakeholder engagement. Traditionally stakeholder meetings were convened twice a year, in some years quarterly. However, with the onset of the Covid-19 crisis that began in March of 2020 and policy effects on MHSA, BHRS identified the opportunity to create a more robust stakeholder process. In this effort stakeholders were informed formally of MHSA regulations and their specific role as it relates to the community planning process for the three-year plan and annual update.

Formal Representative Stakeholder Steering Committee (RSSC) meetings for MHSA were held on June 12th, June 26th, September 18th, and December 11<sup>th</sup> of 2020. Each meeting averaged 62-80 participants; the information session had 44 attendees. The meeting held on December 11, 2020 was also offered in person at the new Granger Community Center to gain additional participation from peers and consumers. During the December 11<sup>th</sup> meeting RSSC members were informed of the reversion issue facing BHRS; related to unspent innovation funds from previous fiscal periods. Stanislaus and other counties facing this issue, were encouraged by the MHSOAC to explore alignment with innovation projects already approved. BHRS quickly observed that two multicounty collaborative innovation projects provided by the MHSOAC aligned very well with insights from stakeholder input on the BHRS system as whole and one aligned well with BHRS efforts to create a more robust stakeholder process for future innovations.

To explore this further and to ensure stakeholder support on these innovation projects, BHRS conducted an information session that detailed each project proposed as well as allowed time for discussion and questions surrounding these projects. The information session for proposed innovations was a dedicated meeting for proposed innovations on December 29th. Following the December 29<sup>th</sup> innovation information session stakeholders were invited to the RSSC meeting on January 15, 2021 to formally measure the level of support to move forward and pursue the proposed innovation projects. After engaging in small group discussion and large group feedback discussion, RSSC members were surveyed utilizing the gradients of agreement scale; a scale utilized to measure the level of agreement and support towards a proposal. BHRS provided a one through five scale, with one being non acceptance of the proposed project and five being complete and full acceptance. RSSC members identified fours and fives as their measurement during this meeting. The meeting concluded with agreement to move forward with all three proposed innovations.

Proposed projects will go formally to the Stanislaus County Board of Supervisors (BOS) on May 18, 2021. Following formal approval by the BOS the projects will go through the review period with the MHSOAC as well be posted for the 30-Day local review period for the public.

#### **TOTAL BUDGET REQUEST BY FISCAL YEAR:**

*Total budget by fiscal year for the county collaborative portion of the costs.*

	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
Total County Contribution to Collaborative	340,777	318,091	327,881	338,765	239,119	1,564,633

#### **BUDGET NARRATIVE FOR LHCN AND EVALUATION:**

Stanislaus County will adopt and maintain the successful practices identified during this project into its Early Psychosis programs. After the completion of this project, the County's intention is to continue to fund the Early Psychosis Program and the improvements gained through this Innovation Project with Prevention and Early Intervention funding.

A detailed budget narrative for the entire multi-county collaborative is described previously.

#### **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR LHCN AND EVALUATION**

<b>BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR LHCN AND EVALUATION</b>
<b>EXPENDITURES</b>

<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Salaries	18,477	19,030	19,600	20,188		77,295
2.	Direct Costs	7,928	8,409	8,922	9,462		34,721
3.	Indirect Costs	4,660	4,842	5,033	5,232		19,767
4.	Total Personnel Costs	31,065	32,281	33,555	34,882		131,783
<b>OPERATING COSTS</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
5a.	Direct Costs (Supplies)	7,490	1,190	1,190	1,340		11,210
5b.	Direct Costs (Travel)	1,650	1,650	1,650	1,650		6,600
5c.	Direct Costs (Other Directs)	100	350	350	100		900
6.	Indirect Costs	1,631	563	563	545		3,302
7.	Total Operating Costs	10,871	3,753	3,753	3,635		22,012
<b>NONRECURRING COSTS (equipment, technology)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
8.							
9.							
10.	Total Non-recurring Costs						
<b>CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
11a.	Direct Costs (Subawards)	50,244	49,914	52,034	55,120		207,312
11b.	Direct Costs (Consultants & App)	20,875	10,875	10,875	10,875		53,500
12.	Indirect Costs	3,684	1,919	1,919	1,919		9,441
13.	Total Consultant Costs	74,803	62,708	64,828	67,914		270,253
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
14.							
15.							
16.	Total Other Expenditures						
<b>BUDGET TOTALS:</b>							
Personnel (line 1)		26,405	27,439	28,522	29,650		112,016
Direct Costs (add lines 2, 5 and 11 from above)		80,359	63,979	66,099	69,085		279,522

Indirect Costs (add lines 3, 6 and 12 from above)	9,974	7,324	7,515	7,697		32,510
Non-Recurring costs (line 10)						
Other expenditures (line 16)						
<b>TOTAL INNOVATION BUDGET</b>	<b>116,738</b>	<b>98,742</b>	<b>102,136</b>	<b>106,432</b>		<b>424,048</b>

## BUDGET NARRATIVE FOR COUNTY SPECIFIC NEEDS:

### Personnel

The total personnel cost for the county portion is \$822,374 over five years. This includes \$490,573 for salaries and \$311,801 for fringe benefits.

Personnel will include a 0.5 FTE Software Developer/Analyst III and a 0.5 FTE Staff Services Coordinator for five years. After reviewing the overall goals and objectives for all participating counties we consulted with UC Davis to assess our internal capacity with what is required to support this project successfully. UC Davis consulted with the current participating counties to develop a recommendation with what the ideal internal support structure or team would consist of. The current participating counties shared lessons learned and stated where they may have underestimated the internal staffing need in addition to the workflow needed from the internal staff to carry the project goals throughout the various stages. BHRS and LIFE Path will be working together to expand data collection, analysis, and sharing/reporting that is detailed in the proposal above. The .5 FTE positions are designed to support this expansion and learning, as well as the coordination of these efforts. The positions are not exclusive to an administrative and oversight role but are designed to support and coordinate the project based on the recommendations from UC Davis and the current participating counties, and to meet resource capacity need for the program and project to be successful. It should also be noted that with these County support positions along with the Program Assistant described below, the program structure and resources will meet the capacity requirements as specified in the description of responsibilities for this project.

Staff Services Coordinator will:

- Oversee and act as liaison to the Innovation Project contractors
- Coordinate and facilitate meetings and discussions amongst Innovation Project contractors, partners, and other stakeholders
- Coordinate internal staff and project partners to ensure the necessary assignments are completed to meet project requirements, timelines, and quality expectations
- Develop and monitor project timelines; provide updates/status of projects to stakeholders as appropriate

- Oversee, coordinate, and provide technical assistance for the data collection, analysis and reporting of the performance measures for this Innovation Project
- Provide training and technical assistance related to project data and results to staff and stakeholders

Software Developer/Analyst III will:

- Help identify the appropriate county-level data and data transfer methods
- Extract county-level data from the electronic health record and other program databases and sources; de-identify data before transferring to contracted staff
- Identify problems and possible solutions in the county-level and program-level data (e.g., issues with available data or methods)
- Participate in all relevant meetings regarding data for this Innovation Project

The personnel costs include a 3% annual increase to include cost-of-living salary increases and the associated retirement, and FICA increases based on the increased salaries as well as increases for health care costs.

### **Operating Costs**

The ongoing operating costs total \$30,700 over five years. This includes cell phones, office supplies, copier costs, computer licenses, MiFi service for laptops, utilities, alarm and security costs, zoom subscriptions, telephone and data processing services, and janitorial costs.

### **Nonrecurring Costs**

Nonrecurring costs total \$10,900 for equipment for the set-up of the office for the two staff members. This includes, desks, chairs, computers, laptops, and software.

### **Contracts**

Contracts total \$276,611 over five years to provide program assistance to the LIFE Path contractor for coordination and facilitation between the contractor, clients and family members, UC Davis, and BHRS. Assistance will also be provided for data collection and scheduling. A 3% annual increase is included to support cost of living increases.

The Program Assistant will:

- Instruct and support clients and family members in the use of technology for data collection
- Educate new clients and families on Innovations project and gather consents for projects

- Monitor timeliness of data collection from clients and family members
- Scheduling client and families to complete core battery on tablet at each follow up
- Assist in coordination with UCD and BHRS

## BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY SPECIFIC NEEDS

<b>BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY FOR COUNTY SPECIFIC NEEDS</b>							
<b>EXPENDITURES</b>							
<b>PERSONNEL COSTS (salaries, wages, benefits)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Salaries	154,898	159,545	164,331	169,261	174,339	822,374
2.	Direct Costs						
3.	Indirect Costs						
4.	Total Personnel Costs	154,898	159,545	164,331	169,261	174,339	822,374
<b>OPERATING COSTS</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
5.	Direct Costs	6,140	6,140	6,140	6,140	6,140	30,700
6.	Indirect Costs						
7.	Total Operating Costs	6,140	6,140	6,140	6,140	6,140	30,700
<b>NONRECURRING COSTS (equipment, technology)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
8	Desk, Chair, Computer, Laptop	9,900					9,900
9.	Software	1,000					1,000
10.	Total Non-recurring Costs	10,900					10,900
<b>CONSULTANT COSTS/ CONTRACTS (clinical training, facilitator, evaluation)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
11a.	Direct Costs	52,101	53,664	55,274	56,932	58,640	276,611
12.	Indirect Costs						
13.	Total Consultant Costs	52,101	53,664	55,274	56,932	58,640	276,611
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>		<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
14.							
15.							
16.	Total Other Expenditures						



<b>BUDGET TOTALS:</b>						
Personnel (line 1)	154,898	159,545	164,331	169,261	174,339	822,374
Direct Costs (add lines 2, 5 and 11 from above)	6,140	6,140	6,140	6,140	6,140	30,700
Indirect Costs (add lines 3, 6 and 12 from above)						
Non-Recurring costs (line 10)	10,900					10,900
Other expenditures (line 16)						
<b>TOTAL INNOVATION BUDGET</b>	<b>224,039</b>	<b>219,349</b>	<b>225,745</b>	<b>232,333</b>	<b>239,119</b>	<b>1,140,585</b>

**BUDGET NARRATIVE FOR TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR:**

Funding for the project will come from MHSA Innovation funds.

**TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY):**

<b>TOTAL BUDGET CONTEXT- EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)</b>							
<b>ADMINISTRATION:</b>							
A.	Estimated total mental health expenditures for <b>ADMINISTRATION</b> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MHSA Funds	224,039	219,349	225,745	232,333	239,119	1,140,585
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Administration</b>	<b>224,039</b>	<b>219,349</b>	<b>225,745</b>	<b>232,333</b>	<b>239,119</b>	<b>1,140,585</b>
<b>EVALUATION:</b>							
B.	Estimated total mental health expenditures for <b>EVALUATION</b> for the entire duration of this INN Project by FY & the following funding sources:	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26	TOTAL
1.	Innovative MHSA Funds	116,738	98,742	102,136	106,432		424,048
2.	Federal Financial Participation						
3.	1991 Realignment						

4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Evaluation</b>	<b>116,738</b>	<b>98,742</b>	<b>102,136</b>	<b>106,432</b>		<b>424,048</b>
<b>TOTAL:</b>							
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total for funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 21/22</b>	<b>FY 22/23</b>	<b>FY 23/24</b>	<b>FY 24/25</b>	<b>FY 25/26</b>	<b>TOTAL</b>
1.	Innovative MSHA Funds	340,777	318,091	327,881	338,765	239,119	1,564,633
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other Funding						
6.	<b>Total Proposed Expenditures</b>	<b>340,777</b>	<b>318,091</b>	<b>327,881</b>	<b>338,765</b>	<b>239,119</b>	<b>1,564,633</b>

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