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

Denise C. Hunt, RN, MFT
Director

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March 25, 2011

MHSA Plan Review Section
Department of Mental Health
1600 9th Street, Room 100
Sacramento, Ca 95814

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811

Dear Colleagues:

This letter is to request approval of the attached MHSA Annual Update for Fiscal Year 2011-12. Continuously working from the BHRS Vision and Mission, MHSA Essential Elements, input from stakeholders, and in accordance with DMH Information Notice 10-21, the Annual Update was developed. The Annual Update was posted for additional input during a 30-day public review and comment period and was the subject of a public hearing at the Mental Health Board meeting on March 24, 2011.

If you have any questions, please do not hesitate to contact me, or Karen Hurley, MHSA Planning Coordinator, at (209) 525-6229.

Sincerely,

Denise C. Hunt, RN, MFT
Behavioral Health Director

Enclosure

cc: Karen Hurley, MFT

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act

Three-Year Program and Expenditure Plan

Annual Update FY2011-12

March 2011

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Introduction and Overview:

On October 21, 2010, Stanislaus County Behavioral Health and Recovery Services (BHRS) received Information Notice No. 10-21 from the California State Department of Mental Health (DMH) entitled Proposed Guidelines for Mental Health Services Act (MHSA) Fiscal Year (FY) 2011-12 Annual Update to the Three-Year Program and Expenditure Plan. The notice stated that counties may receive funding for already approved programs by submitting an Annual Update FY11-12 consistent with the guidelines in Information Notice 10-21.

The Annual Update FY11-12 reflects input from representatives of communities through ongoing implementation workgroups, networks, and steering committees for all components of MSHA; Community Services and Supports (CSS), Workforce Education and Training (WE&T), Prevention Early Intervention (PEI), Innovation (INN) and Technological Needs (TN).

An MHSA Representative Stakeholder Steering Committee meeting was conducted on February 1, 2011, to discuss the Annual Update FY11-12. The intent of the meeting was to review overall progress in all components and continue to emphasize the context of BHRS' commitment to a long-term change that includes four key dimensions; community capacity, leadership development, results accountability, and fiscal sustainability.

Timely approval of the Annual Update FY11-12 will enable BHRS to receive necessary funding by July 1, 2011. Funds are requested for existing programs/projects in CSS, PEI, and TN. All funds are already received for WE&T and existing INN projects. To achieve approval of funds being held at DMH, additional projects are in development for Technological Needs and Innovation funds. Projects will be developed with stakeholder input and approval is anticipated in early FY11-12.

Continuously working from BHRS Vision and Mission, MHSA Essential Elements, input from stakeholders and guidance from DMH regulations, the following Annual Update FY11-12 was developed. The draft was offered for 30-day public review and comment from February 23, 2011 – March 24, 2011. During the 30-day public review and comment period, an informational meeting was conducted on March 1, 2011, 4:00 – 5:00 p.m. at Behavioral Health & Recovery Services. 800 Scenic Drive, Main Conference Room, Modesto, California, 95350

The 30-day public review and comment period concluded with a public hearing at the Mental Health Board Meeting on March 24, 2011, 5:00 p.m. at the Behavioral Health & Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, California, 95350.

All community stakeholders were invited to participate in the public review, informational meeting, and public hearing. All public comments were considered and substantial comments included, as appropriate, to achieve a completed Annual Update. Comments were solicited through a Comment Form in English and Spanish attached to the document, at the informational meeting, public hearing, via the Stanislaus County MHSA website, and via e-mail to the MHSA Planning Coordinator.

2011-12 ANNUAL UPDATE **EXHIBIT A**

COUNTY CERTIFICATION

Components Included:

☒ **CSS** ☒ **WET**
☐ **CF** ☒ **TN**
☒ **PEI** ☒ **INN**

County: Stanislaus

County Mental Health Director	**Project Lead**
Name: Denise Hunt, RN, MFT	Name: Karen Hurley, MFT
Telephone Number: 209-525-6225	Telephone Number: 209-525-6229
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY11-12 annual update will be circulated for 30 days to stakeholders for review and comment and a public hearing[1] will be held by the local mental health board of commission. All input will be considered with adjustments made, as appropriate.

The county agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.[2]

The county Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The county has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

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

All documents in the attached FY11-12 annual update/update are true and correct.

Denise Hunt, RN, MFT

Mental Health Director/Designee (PRINT) Signature Date

[1] Public Hearing only required for annual updates.
[2] Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

County: Stanislaus **30-day Public Comment period dates:** 2/23/11 – 3/24/11

Date: March 25, 2011 **Date of Public Hearing (Annual update only):** March 24, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning

1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY11-12 annual update/update. Include the methods used to obtain stakeholder input.

BHRS efforts to engage community stakeholders to create transparency and understanding in all community planning processes are ongoing throughout each year since 2005. Robust and successful stakeholder processes are part of the development and implementation of each approved component plan. In FY09-10, within the context of planning and implementation, BHRS began a conversation with representative stakeholders to describe a long-term organizational change process. The long-term change process has four aspects; community capacity building, leadership, results accountability, and sustainability and is intended to transform the overall approach to behavioral health wellness in Stanislaus County.

BHRS is receiving ongoing community input through implementation workgroups, networks, and steering committees for CSS, WE&T, PEI, TN and INN. The Annual Update FY11-12 reflects input from these processes. Additionally, specific planning meetings were conducted in FY10-11 resulting in strategic program changes beginning in FY10-11. For development of Annual Update FY11-12, an MHSA Representative Stakeholder Steering Committee meeting was conducted on February 1, 2011. The meeting was attended by Representative Stakeholder Steering Committee members, Mental Health Board members, Alcohol and Other Drug Board (ABSAP) members, BHRS Leadership and other key stakeholders. Updates were given on every component of MHSA.

The evening included a review of the BHRS Leadership commitment to a long-term change initiative; community capacity, leadership development, results accountability and fiscal sustainability, as well as an update on all MHSA implementation in Stanislaus County. Presenters for the evening included the MHSA Planning Coordinator who facilitated the evening with BHRS Director as co-presenter. A progress report was given on CSS programs and outcome updates, CSS Housing project updates, and Innovation project progress. The PEI and WE&T Managers each gave progress updates and the Associate BHRS Director reported on the progress of Technological Needs projects.

The evening was informally organized to allow for maximum participation by stakeholders with sufficient time allowed for questions, discussion and input. Overall the information was well received and stakeholders agreed that things are on the right track with MHSA implementation timelines. Questions related to CSS outcomes were discussed as well as concerns about ongoing funding in the current economic climate. Feedback from the evening included an overall satisfaction rating of 4.39 on a scale of 1-5.

Approved programs are recommended to continue in Fiscal Year 2011-12. Handouts given at the meeting are posted on the BHRS MHSA website www.stanislausmhsa.com for general stakeholder interest and for those who could not attend the meeting.

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

COMMUNITY PROGRAM PLANNING AND LOCAL REVIEW PROCESS

The Representative Stakeholder Steering Committee is comprised of all MHSA required sectors and partner organizations including, but not limited to, consumers of services and family members, social services, education, underserved communities, providers of health care, contract providers of public mental health services, representatives from diverse communities, law enforcement, courts, probation, education, health care, faith-based community, Disability Resource Agency for Independent Living (DRAIL), labor organizations, Stanislaus County Chief Executive Office, BHRS staff, Area Agency on Aging, and regional geographical areas of Stanislaus County including South and Westside of the county. Primary language spoken in this meeting was English.

Representative Stakeholder's role includes giving input on all plans and updates to be submitted for approval as well as sharing information about MHSA planning processes with other members of the represented community or group. Handouts given at the stakeholder meeting are reliably posted on the BHRS MHSA website for general stakeholder access.

In FY10-11 and FY11-12, Stanislaus County will undertake to expand and deepen stakeholder participation through implementation of our first Innovation Project.

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

There are no new consolidation or eliminations proposed – one consolidation and one elimination/transfer were proposed and approved in FY10-11 Plan Update.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

The MHSA FY11-12 ANNUAL UPDATE was circulated using the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the County
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this report
- ✓ Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Alcohol and Other Drugs as well as other stakeholders were sent notice informing them of the start of the 30-day review, and how to obtain a copy of the annual update
- ✓ An informational meeting was conducted on March 1, 2011
- ✓ A public hearing was conducted on March 24, 2011

The public was notified by:

- ✓ Public notice posted in nine newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the annual update.
- ✓ BHRS MHSA Newsletter
- ✓ Local NAMI Newsletter

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

No additional comments were received during the 30-day review and comment period or during the public hearing.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY09-10 ACTIVITIES

County: Stanislaus

Date: March 25, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY09-10. NOTE: Implementation includes any activity conducted for the program post plan approval from July 1, 2009 – June 30, 2010.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY09-10:

☐ WET
☐ PEI
☒ INN

Community Services and Supports (CSS) Progress throughout FY09-10:
Throughout FY09-10 implementation of all CSS programs generally proceeded as described in the County's approved CSS plan. These critically important supports and services have been successfully working collaboratively with community and other BHRS services since initial implementation began in FY05-06.

In FY09-10 Stanislaus had eleven CSS funded programs including, five Full Service Partnership programs (FSP), four General System Development (GSD) programs, and two Outreach and Engagement (O&E) programs. Specific indicators of progress include, but are not limited to, increased parent/family involvement, strengthened collaborative efforts with agency partners and development of new community partnerships, increased offering of community-based services, improved access to underserved cultural populations, a more integrated service experience for consumers and family members, and increased peer support with de-stigmatizing wellness and recovery emphasis. Full Service Partnership programs successfully reduced incarceration, homelessness, and psychiatric hospitalizations for individual service recipients and saved the County the costly expense of incarceration, emergency room visits and hospitalization. General System Development Programs increase the overall behavioral health system's capacity to support peer/family participation and recovery, wellness and resiliency focused supports and outreach. Outreach and Engagement programs reduced disparities in access to service for diverse cultural/ethnic populations by developing more community-based supports. Specific program progress is described in each Exhibit D-1.

Challenges in FY09-10, as in previous years, are included in ongoing discussion with stakeholders. The primary topic of this discussion is the economic downturn and inevitable decrease in funding for CSS programs. Strategic reductions, administrative efficiencies, and program consolidations are being considered by BHRS leadership, culminating with a community planning process in FY10-11.

Workforce Education and Training (WE&T) Progress throughout FY09-10:
In FY09-10 implementation of WE&T programs overall proceeded as described in the county's approved Plan. There are few differences, some challenging negotiations with educational entities, and no insurmountable or major challenges. No reductions, consolidations or eliminations are being proposed and specific program progress is described in each Exhibit D-2.

Stanislaus has eight W&ET programs; two Workforce Staffing Support; two Training and Technical Assistance; two Mental Health Career Pathways; one Residency; Internship Program; and one Financial Incentives Program. Overall program progress includes delivery of training, establishment of stipend and fiscal incentive

programs to support career pathways, and establishment of volunteer training, as well as administrative structures that are in place to support long-term workforce development. W&ET programs are actively outreaching to support career pathways at several levels of secondary and post-secondary education. Efforts to evaluate WE&T program effectiveness and future direction are being considered.

The downturn in the economy is a challenge that has resulted in hiring freezes and in some agencies a reduction-in-force has occurred. The net result is that there are few new jobs for hiring into the mental health system and although a source of frustration to consumers, family members and diverse individuals who are preparing for careers in public mental health, many have focused on continuing their education or expressed an interest in volunteerism until potential job opportunities become available.

Prevention and Early Intervention (PEI) Progress throughout FY09-10:
Stanislaus County's PEI plan was approved at the end of FY08-09 in May 2009. Implementation began in FY09-10 with a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief. Since BHRS had no part of the organization that was dedicated to mental health prevention programs, an entirely new PEI/Community Capacity Building Team was needed to ensure effective support of the new PEI programs and services and to fulfill on the strategic initiatives of the PEI plan: community capacity building, mental health promotion, and PEI projects.

The PEI Plan included eight new projects and 18 new/expanded programs: 1) Community Capacity Building Project includes Asset Based Community Development Program and Expansion of Promotores and Community Health Workers; 2) Emotional Wellness Behavioral Health Education Project includes Community Support Development/ Friends Are Good Medicine Program and Mental Health Promotion Campaign; 3) Childhood Adverse Experience Intervention includes Expanded Child Sexual Abuse Prevention & Early Intervention Program, Aggression Replacement Training (Teaching Pro-Social Skills)/Juvenile Justice Program and Early Psychosis Intervention Program; 4) Child and Youth Resiliency and Development includes Youth Resiliency and Leadership Development Program and Children are People; 5) Adult Resiliency & Social Connectedness includes In Our Own Voice - Anti Stigma Program, Arts for Adult Resiliency and Social Connectedness Program, and Faith/Spirituality-Based Resiliency and Social Connectedness Program; 6) Older Adult Resiliency & Social Connectedness includes PEARLS: Program to Encourage Active, Rewarding Lives for Seniors, Senior Peer Counseling, and Senior Center Without Walls; 7) Health-Behavioral Health Integration/ Embedded Behavioral Health Clinician in Primary Care; 8) School-Behavioral Health Integration includes Student Assistance School-Based Consultation Program and Parents and Teachers as Allies. All of the projects/programs are part of an overall strategy to facilitate and develop local community collaborative networks, both formal and informal, that can fill existing needs and gaps by increased capacity for behavioral health prevention and early interventions using strengths and resources within the community.

Due to an overall hiring freeze in Stanislaus County implementation was delayed. As a result, finally in June 2010 the PEI team was in place, a central county geographic location for the PEI office was established with dedicated community meeting space, and the team was organized and trained to use new skills in community capacity building approaches and strategies. As a mental health organization with limited experience in "community work," the county provides training and support for staff to develop these new skills and apply traditional mental health expertise to effectively educate others and communicate these new concepts and practices, as well as, learn from local communities' expertise.

Significant effort and progress in FY09-10 also focused on intensively working to develop requests for proposals (RFP) and identifying community partners/agencies that would contract with BHRS to deliver PEI services. As a result, most services could not begin until FY10-11, with two exceptions. Two projects/programs: Adult Resiliency and Social Connectedness - In Our Own Voice, and Adverse Childhood Experience Interventions - Expanded Child Sexual Abuse Prevention and Early Intervention (expansion of existing programs), were implemented through contracts with two community-based organizations (Stanislaus County Parents United Chapter/Child Sexual Abuse Treatment Team and National Alliance for Mental Illness -

NAMI). The PEI planning team, BHRS contracts team and the community based organizations worked together to quickly begin service delivery by the second quarter of FY09-10. No reductions, consolidations or eliminations are being proposed and specific progress toward implementation of each program is described in Exhibit D-3 for each project.

Innovation Project Progress throughout FY09-10:
The community program planning process for Stanislaus County's first Innovation project began in FY09-10 and concluded in FY10-11. As community planning processes have occurred, in recent years, themes emerged including: 1) deep concern about the cascading budgetary shortfalls and the resulting reductions in services, and 2) a growing excitement and hope about the emerging community capacity-building efforts and collaborative partnerships focused on improving communities' behavioral health and emotional well-being. These themes evolved to become the heart of the design of the first Innovation work plan submitted for approval in August 2010. No implementation activities occurred.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

In FY04-05 and FY05-06, BHRS relied on a "first of its kind" community stakeholder input process that was extensive and intended to achieve consensus agreement with regard to major community issues. Throughout community planning, the amount of resource available for new and expanded CSS services was proposed as not enough to meet all the unmet need and, therefore, the initial plan would include prioritization of need. All input was organized by age group, population, and proposed strategies. For each age group, stakeholders were asked to identify populations to be served and suggest strategies to be used.

Using community input the BHRS MHSA planning team in collaboration with BHRS leadership developed an initial CSS plan with 11 new/expanded service and support programs. Ultimately, community stakeholders achieved consensus that the proposed CSS plan sufficiently addressed community issues identified and would be a place to start.

The following matrix was extracted from Stanislaus County's Three-Year Program And Expenditure Plan Community Services and Supports Fiscal Years 2005/2006, 2006/2007, & 2007/2008. (The complete CSS plan may be found at www.stanislausmhsa.com) The matrix shows the community issues identified during community planning and which CSS programs address the issue.

For easy reference, the eleven original CSS programs (5 Full Service Partnerships, 4 General System Development, and 2 Outreach & Engagement) are listed below by name, program number, and organization implementing the service/support.

FSP-01 – Westside Stanislaus Homeless Outreach Program (SHOP) (Telecare)
FSP-02 – Juvenile Justice (J.J.) (BHRS)
FSP-03 – Senior Resource Access Team (SART) (BHRS)
FSP-04 – Health Behavioral Health Team (HMHT) (BHRS)
FSP-05 – Integrated Forensic Team (IFT) (BHRS)
GSD-01 – TAY Drop-in Center (BHRS)
GSD-02 – Community Emergency Response Team/Warm Line (BHRS/Turning Point Community Programs)
GSD-04 – Families Together (BHRS)
GSD-05 - Consumer Empowerment and Employment Center (Turning Point Community Programs)
O&E-01 - Outreach and Engagement (West Modesto King Kennedy Neighborhood Collaborative & El Concilio)
O&E-02 -Garden Gate Respite (Turning Point Community Programs)

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY09-10 ACTIVITIES

County/Community Issues Identified in the Community Planning Process:

Priority	Children/Youth	Transition Age Youth	Adults	Older Adults
1	Population: Communities and People of Color Strategy: Outreach/ Community based Services CSS Program addressing issues: GSD04, O&E01	Population: People with Co-occurring Disorders Strategy: Drop in center CSS Program addressing issues: FSP01, GSD01, O&E01	Population: People with Co-occurring Disorders Strategy: Mobile Crisis/ Response Team CSS Program addressing issues: FSP01, FSP05, GSD02	Population: Family-Caregivers Strategy: Senior Resource Center CSS Program addressing issues: FSP03
2	Population: People Involved with Other Agencies Strategy: Support Multi-Disciplinary/Multi-Agency Centers or Projects CSS Program addressing issues: FSP02, GSD04	Population: People Involved with Other Agencies Strategy: Mental Health Court CSS Program addressing issues: FSP-05	Population: Community Strategy: Community Based Services including Peer Support CSS Program addressing issues: GSD02, GSD05	Population: People with Co-occurring (health) Disorders Strategy: Increased Service Capacity CSS Program addressing issues: FSP-04, FSP-03, GSD05
3	Population: Uninsured/ Underinsured Strategy: Low/No Fee for Uninsured CSS Program addressing issues: FSP02, GSD02, GSD04, O&E01	Population: Early Transitional Aged Youth Strategy: Resource Summit CSS Program addressing issues: GSD01	Population: Unemployed/ Underemployed Strategy: Employment Program CSS Program addressing issues: GSD05	Population: People with Co-occurring (Health) Disorders Strategy: Decrease Stigma through screening and public awareness CSS Program addressing issues: FSP04, FSP03, GSD05
4	Population: People Involved with Other Agencies Strategy: Child Psychiatrist Consults w/PCP's CSS Program addressing issues: FSP02, GSD01, GSD02, GSD04	Population: People in Crisis Strategy: Mobile Outreach Unit CSS Program addressing issues: GSD01, GSD02, O&E02	Population: People Involved with Other Agencies Strategy: Mental Health Court CSS Program addressing issues: FSP05, GSD05, O&E02	Population: People in Crisis Strategy: Mobile Crisis Unit CSS Program addressing issues: GSD02, O&E02
5	Population: Homeless/ Inadequately Housed Strategy: Crisis Hot Line, Enhance Current Programming, Expand Capacity CSS Program addressing issues: GSD02, GSD04, O&E01	Population: Homeless/ Inadequately Housed Strategy: Affordable Housing for Different Age Groups, Build Supportive Housing for TAY, Provide Rental/Housing Assistance CSS Program addressing issues: GSD01, O&E02	Population: Homeless/ Inadequately Housed Strategy: Transitional Housing CSS Program addressing issues: FSP01, O&E01, O&E02	Population: People Involved with Other Agencies Strategy: Outreach Team to close the gap w/ private Agencies CSS Program addressing issues: FSP03, FSP04, O&E01

Initially, the promise of a place to start included the idea that MHSA revenue would grow each year and more individuals would be served. It was soon realized that even with the infusion of new funding from MHSA, the county behavioral health budget would shrink dramatically. State and federal funding streams began in FY05-

06 to contract, and current projections indicate funding will continue to contract for several more years. BHRS leadership has each year included stakeholders in planning processes for MHSA and received input each fiscal year that confirms this initial prioritization of need that continues to guide CSS services. All decisions to augment or expand, in the few times additional CSS funds have been available and more recently when revenues shrink, are guided by stakeholder input on how to reduce or consolidate services.

Progress toward Outcomes:

Exhibit 6 Service Targets: CSS programs have met or exceeded service targets for FY09-10 with one exception, (GSD-04 CERT/Warm Line), which met 90% of the service target.

Service to Diverse Populations: The following chart shows local demographics data reflecting race/ethnicity of individuals served by funding type in FY09-10 with Census data as comparison. (more detail shown in D-1 program reports):

Race/Ethnicity	White/Caucasian	Hispanic	African American	Asian/Pacific Islander	Native American	Other/unknown
County Population U.S. Census 2009	48.7%	40.3%	2.7%	5.3%	0.8%	2.2%
Full Service Partnerships	47%	37%	8%	3%	1%	4%
General System Development	54%	34%	5%	3%	>1%	3%
Outreach & Engagement	19%	60%	12%	4%	2.4%	2.6%

Full Service Partnership Outcomes:

Major categories of data collected on Full Service Partnership services include homelessness; incarceration; acute medical hospitalizations; acute psychiatric hospitalizations; institutionalization (long term hospital and state hospital); and employment days individuals have worked. Service providers collect the information and report it to the California Department of Mental Health Data Collection and Reporting System (DCR) and to BHRS Data Management Program. An individual's information is gathered while enrolled in the FSP and from 12 months prior to enrolling in the FSP. The comparison between pre and post enrollment gives the number shown as the percent of reduction or increase.

The following table shows percent reductions/increases in five outcome categories in full service partnership services to 410 unique individuals in FY09-10: (percents are decreases except where noted, employment days are decreases unless noted, data is annualized and rounded to the nearest whole percent)

Outcomes/Program	Homelessness	Incarceration	Acute Medical	Acute Psychiatric	Employment (days worked)
FSP-01 SHOP	90%	87%	83%	38%	61%
FSP-02 J. J.	100%	54%	56% increase	90%	77%
FSP-03 SART	87%	100%	63%	99%	63%
FSP-04 HMHT	94%	299% increase	45%	58%	30% increase
FSP-05 IFT	96%	77%	112% increase	37%	86%

In FY09-10, as in past years, significant reductions in homelessness; incarceration; psychiatric and acute medical hospitalization; and out of home placement are being gained for individuals of all ages. Though the

percentages are impressive they are not easily relatable to improved community life for service recipients, their families, and other supports. The approaches currently available for collecting and analyzing data or measuring outcomes and results, while significant, do not necessarily inform us of whether people and communities are better off. Despite an abundance of quality services, the question of whether people are really better off as a result of receiving services has been raised by community stakeholders and BHRS leaders.

Success stories of individual lives being improved dramatically by services are plentiful and inspiring. Equally compelling are the cost savings through reduction in incarceration days and acute hospitalization days. Questions of whether individual successes can be sustained after services or whether individuals successfully connect with communities of support are largely unknown. Organizationally, there is a need to know how much service was delivered, how productive programs were, and the quality of service provided. This data will continue to be collected and reported. In FY09-10, BHRS took a new focus toward implementing a Results-Based Accountability framework. Starting with PEI programs and intended to be implemented throughout BHRS programs in the future, a new focus on results will be pursued.

PEI

1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	50	White	1078	English	1567	LGBTQ	75
Transition Age Youth (16-25)	210	African American	100	Spanish	124	Veteran	37
Adult (18-59)	1260	Asian	14	Vietnamese	0	Other	
Older Adult (60+)	208	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	425	Tagalog	0		
		Multi	55	Cambodian	37		
		Unknown	56	Hmong	0		
		Other		Russian	0		
				Farsi	0		
				Arabic	0		
				Other			

Total Served: 1728 individuals in over 64 community based presentations

2. Provide the name of the PEI program selected for the local evaluation[1]. ☐

Health/ Behavioral Health Integration

[1] Note that very small counties (population less than 100,000) are exempt from this requirement.

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY09-10 ACTIVITIES

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount[2]	**Target Audience/Participants**[3]
Stanislaus has assigned PEI funds to CalMHSA, a Joint Powers Authority (JPA) to join a small cohort of other Counties to participate in a Learning Collaborative Project to address building of capacity to conduct effective evaluation of PEI Program services. The goal is to learn effective skills for designing and implementing evaluations that achieve measurement of PEI outcomes. The methods learned will be taught to other counties and their community partners. A collaborative of counties, throughout California, will participate in this project. Though Counties will be evaluating different types of projects, a common evaluation framework will be utilized. The evaluation framework is expected to be replicable in other counties that have not participated in this learning collaborative. Estimated funding amount $77,400. Amount spent $77,000	Stanislaus County PEI Implementation team and 4 PEI implementing partners; community-based organizations and health service providers will participate in three face to face meetings and four to six webinars on the following topics: • Developing logic models with an emphasis on using them to guide the evaluation throughout the life of a program • Using data for program improvement and creating learning cultures • Engaging diverse stakeholders with an emphasis on engagement strategies as capacity building in community organizations • Measuring culturally relevant variables • Outcomes – explores various levels of analysis from individual to family to organization to community • Evaluation design – the relationship to the question one is attempting to answer <u>Names and categories of local partners who are participating:</u> **Health Behavioral Health Integration Project** Stanislaus County Health Services Agency – Staff TBD Golden Valley Health Clinic – Staff TBD **Early Psychosis Intervention Project** Sierra Vista Child and Family Services – Staff TBD Center for Human Services - Staff TBD <u>Names of county (BHRS) staff participating:</u> Ruben Imperial, PEI Implementation Manager Omer Njajou, BHRS-PEI Research and Outcome Specialist
2. **N/A**	
3. **N/A**	
4. **N/A**	

[2] Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

[3] Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

Community Services and Supports

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: FSP-01 Westside Stanislaus Homeless Outreach Program (SHOP)

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only – $7,892.60 each
Child and Youth (0-15 yrs.)	0	0	0	0
TAY (16-25 yrs.)	70	14	0	552,482
Adults (26-59 yrs.)	154	155	0	1,215,461
Older Adults (60+ yrs.)	2	2	0	15,785
Total	226	171 (153 unduplicated**)	0	1,783,728
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			Total served 397 in FSP and GSD levels combined. 379** is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10. (18 individuals were served by FSP and GSD levels of care)	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	224	English	365	LGBTQ	Not collected in 09-10
African American	37	Spanish	16	Veteran	Not collected in 09-10
Asian	20	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	4	Mandarin	0		
Hispanic	109	Tagalog	1		
Multi	0	Cambodian	3		
Unknown	2	Hmong	0		
Other	0	Russian	0		
		Farsi	0		
		Arabic	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Other, Assyrian, Mien	12		
Total served FSP/GSD:	397		397		

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY09-10, Westside Stanislaus Homeless Outreach Program (SHOP), a Full Service Partnership (FSP), continued to be successfully operated by Telecare Corporation. SHOP offers three full service partnership tracks that uniquely and successfully provide services to diverse unserved and underserved populations: Westside SHOP, Partnership TRAC, and Josie's TRAC. Full Service Partnership strategies include integrated, intensive community services and supports with 24-hour-a-day, 7-day-a-week availability with a known service provider. SHOP utilizes a "housing and employment first" approach with recovery and client- and family-centered focus that inspires hope. Housing support includes close collaboration with Garden Gate Respite Crisis transitional housing as well as temporary and permanent supportive housing.

Graduated levels of care are available (Full Service Partnership, Intensive Support Services, and Wellness/Recovery) allowing individuals to enter an appropriate level of service for their need and then move to less or greater intensities of service as needed. All levels of care are multi-disciplinary teams. Intensive Support Services is called Fast TRAC and the Wellness TRAC offers peer/consumer-led group support. Group support led by clinical service staff are offered to a significant number of individuals as are peer-led wellness/recovery support groups. This well-developed aspect of graduated levels of care allows more individuals to access full service partnership level of service when needed. Additionally, in FY09-10 service recipients were assisted to obtain full or partial health/disability benefits, achieve pending approval of health/disability benefits, and become employed or obtain other financial resources (100% within 6 months of enrollment in FSP).

In FY09-10, an expanded effort to engage unserved individuals was initiated. An important aspect of this outreach is community education in how to identify and support individuals who may have mental health issues/needs. SHOP outreach efforts successfully contacted a significant number of local community agencies and businesses (1071 individuals) and an equally significant number of unserved individuals (597 individuals).

Services were provided to individuals in three levels of care (Full Service Partnership, Intensive Support Services, and Wellness/Recovery). Local demographic service data are collected separately for the different components of this program. Numbers of individuals served may be duplicated between levels of care because some participants of the Full Service Partnership may also receive service from other levels of care. Service counts within programs are unduplicated. No demographic data was collected on outreach contacts in FY09-10.

Westside SHOP Full Service Partnership - Demographics of 63 participant/members served; 8% are 18-25 yrs, 89% are 26-59 yrs, 3% are 60+ yrs. 43% are male and 57% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (11%), Asian/Pacific Islander (2%), Caucasian (44%), Hispanic (30%), Native American (>1%), and unknown (1%). Languages spoken include English (86%), Spanish (2%), Assyrian (2%), Cambodian (6%), and all other non-English (4%).

Partnership TRAC Full Service Partnership - Demographics of 103 participant/members served; 5% are 18-25 yrs, 95% are 26-59 yrs. 45% are male, 54% female and 1% unknown gender, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African

American (11%), Asian/Pacific Islander (4%), Caucasian (55%), Hispanic (28%), Native American (>1%), and unknown (3%). Languages spoken include English (87%), Spanish (5%), Thai (3%), all other non-English (4%), and unknown (1%).

Josie's TRAC Full Service Partnership - Demographics of 61 participant/members served; 100% are 18-25 yrs. 56% are male and 44% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (8%), Asian/Pacific Islander (7%), Caucasian (48%), Hispanic (34%), Native American (2%), and other non-white (1%). Languages spoken include English (97%) and Thai (3%).

FSP outcomes are for all three FSP tracks combined and indicate the following results for 212 individuals in FY09-10: 90% reduction in homelessness, 89% reduction in incarceration, 83% reduction in acute medical hospitalization, 38% reduction in acute psychiatric hospitalization, and 100% reduction in institutionalization. Employment (days worked) decreased 61%.

Fast TRAC (Intensive Support Services) - Demographics of 74 participant/members served; 11% are 18-25 yrs, 88% are 26-59 yrs, 1% are 60+ yrs). 43% are male and 57% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (5%), Asian/Pacific Islander (3%), Caucasian (55%), Hispanic (34%), Native American (1%), and other non-white (2%). Languages spoken include English (88%), Spanish (10%), and all other non-English (2%).

SHOP Wellness (Wellness/Recovery Services) - Demographics of 97 participant/members served; 6% are 18-25 yrs, 93% are 26-59 yrs, 1% are 60+ yrs. 45% are male and 55% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (8%), Asian/Pacific Islander (3%), Caucasian (60%), Hispanic (28%), Native American (>1%), and unknown (1%). Languages spoken include English (93%), Spanish (3%), Thai (3%), all other non-English (1%).

Two Full Service Partnerships (Westside SHOP and Integrated Forensic Team) are co-located, and in FY09-10, began to expand group treatment/support options for service recipients by opening groups to individuals served in both programs.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create a sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population or service strategies, or to make signification reductions in overall CSS program costs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
2,461,463	2,461,098	0.0%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? **N/A**	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $14,420.50 each
Child and Youth	0	0	0	0
TAY	44	Open target	0	634,502
Adults	76	Open target	0	1,095,958
Older Adults	8	Open target	0	115,364
Total	128	105	0	1,845.824
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **233 unduplicated**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The previously approved program will continue to serve the target population of transition age youth, adults and older adults who are at risk due to mental illness or co-occurring issues of mental illness and substance abuse. Emphasis continues to be on individuals recently discharged from a psychiatric hospital and who are homeless or at risk for homelessness and/or have been high users of crisis-based services including hospital, mobile crisis, emergency rooms, and incarceration. Underserved/unserved diverse cultural and ethnic populations are to be served in the target population. Service providers are multi-cultural and include Spanish speaking individuals.

Telecare Corporation, Westside Stanislaus Homeless Outreach Program (SHOP) began as an AB-2034 program and was expanded in 2006 with MHSA-CSS funding. At all levels, community services and supports for consumers "start where they are" and consumers and family members participate as team members in multidisciplinary teams. To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate level of care in outpatient services, will be utilized in helping to determine the level of care needed. Three levels of care will be available for all individuals served in the consolidated program. The three levels of outpatient 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 (measured by our Milestones In Recovery survey) and treatment (measured by our Stages of Treatment instrument), 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, however, would benefit from time-limited intensive services. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support.

Westside SHOP staff is part of the Behavioral Health and Recovery Services (BHRS) Adult System of Care which provides additional housing resources (transitional housing, temporary, and permanent supportive housing), respite care, and wellness recovery services. Collaboration with other agencies continues to be an important approach to reducing disparities and achieving an integrated service experience for consumers and family members. Collaboration occurs with agencies including, but not limited to, Turning Point Community Programs, Salvation Army, United Samaritans Homeless Services, Golden Valley Health Clinics (a Federally Qualified Health Clinic), and the Modesto Police Department.

Goals of the Westside SHOP program are reductions in homelessness, incarceration, hospitalization, emergency room visits and institutionalization, and increases in employment and social community supports.

2. If this is a consolidation of two or more programs, provide the following information: **N/A**
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program. **N/A**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: FSP-02 Juvenile Justice – ART (TPS)

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only – $3,561.85 each
Child and Youth (0-15 yrs.)	12	0	0	42,742
TAY (16-25 yrs.)	35	0	0	124,665
Adults (26-59 yrs.)	0	0	0	0
Older Adults (60+ yrs.)	0	0	0	0
Total	47	0	0	167,407
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**47 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	11	English	39	LGBTQ	Not collected in 09-10
African American	2	Spanish	6	Veteran	N/A
Asian	1	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	2	Mandarin	0		
Hispanic	31	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other	0	Russian	0		
		Farsi	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Arabic	0		
		Other	2		
Total:	47		47		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Juvenile Justice Full Service Partnership (FSP) program is successfully providing services to the target population with an ongoing emphasis on reducing ethnic and cultural disparities and increasing access to service for unserved and underserved populations. The population served is high-risk youth (primarily ages 13-19) with serious emotional disturbance, on formal or informal probation, and their families. The Teaching Pro-Social Skills model of aggression replacement therapy is employed to assist the youth to address issues with aggressive behavior, immaturity, withdrawal, and other problem behaviors.

In fiscal year 09-10, services provided by the FSP included 47 youth and their families. Data collected to track demographics of service recipients show that the youth are 25% under 15 yrs of age, 68% 16-17 yrs and 7% 18-25 yrs, 62% male and 38% female and live in 10 cities throughout Stanislaus County. They represent the following ethnic/cultural groups; Hispanic (67%), White (23%), African American (4%), Native American (4%) and Asian/Pacific Islander (Laotian 2%), and include English (83%), Spanish (13%), Laotian (2%), and Thai (2%) languages.

Additionally, in assessing youth it is known that eighty-one percent (81%) identified some sort of specific trauma in their lives that contributes to their behavioral challenges and mental health issues. Over half of the services were provided offsite in homes, schools, and other locations.

Outcomes data collected in FY09-10 indicate the following results: 100% reduction in homelessness, 54% reduction in incarceration, 56% increase in acute medical hospitalization (due to emergency room contacts by several youth), 90% decrease in acute psychiatric hospitalization, and 100% reduction in institutionalization. Employment (days worked) decreased 77%. There were no issues with individuals served in FY09-10 related to institutionalization (state hospital or long term hospitalization).

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services were provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
247, 108	235,795	-4.6%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $9,431.80 each
Child and Youth	13	0	0	122,613
TAY	12	0	0	113,182
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	25	0	0	235,795
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **25**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The population to be served is high-risk children and transition age youth (primarily ages 13-19) diagnosed with serious emotional disturbance, on formal or informal probation, and their families. Emphasis is placed on services to unserved, underserved youth and reduction of disparities in access to service due to race, culture or ethnicity.

Behavioral Health and Recovery Services (BHRS) has successfully collaborated with Stanislaus County Probation Department since the early 1990's. This MHSA Juvenile Justice Full Service Partnership Program (FSP) has successfully added a new component and significantly expanded the already successful Juvenile Justice Behavioral Health Program.

This FSP provides 24-hour-a-day, 7-day-a-week crisis response services and onsite and offsite intensive mental health services in the Juvenile Justice Mental Health Program to a group of 25 high-risk youth and their families. All of the targeted youth have a diagnosis of a serious emotional disturbance and are on formal or informal probation. These high-risk youth are not successfully engaged by traditional methods for a number of reasons, often the structure of traditional mental health services offered do not fit cultural norms and needs of the youth. As a result of not getting timely or effective services symptoms may worsen, aggressive behavior persists or escalates and often results in arrest, incarceration or psychiatric institutionalization for symptom and behavior management. This FSP is designed to utilize the flexible, known provider method and creative methods to engage these youth. The Teaching Pro-Social Skills model of aggression replacement therapy is employed to address aggression, immaturity, withdrawal, and other problem behaviors.

Juvenile Justice FSP program goals are to reduce recidivism, out-of-home placement, homelessness, involuntary hospitalization and institutionalization.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: FSP-03 Senior Access & Resource Team (SART)

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY0910, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $10,731 each
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	7	0	0	75,117
Older Adults	48	0	0	515,088
Total	55	0	0	590,205
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**55 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY0910, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	39	English	51	LGBTQ	Not collected FY09-10
African American	4	Spanish	0	Veteran	Not collected FY09-10
Asian	3	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	1	Mandarin	0		
Hispanic	8	Tagalog	1		
Multi		Cambodian	0		
Unknown		Hmong	0		
Other		Russian	0		
		Farsi	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Arabic	0		
		Other - Thai	3		
Total	55		55		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

The Senior Access Resource Team (SART), a Full Service Partnership (FSP), successfully provided services to the target population with an ongoing emphasis on reducing ethnic and cultural disparities and increasing access to service for unserved and underserved populations. The population served is high-risk older adults (60+ yrs) and transition aged adults (55-59 yrs) with serious emotional disturbance, co-occurring issues of mental illness and substance abuse. Families and support people are included when available and appropriate to the service recipients desires.

Services were provided to 55 older adults (13% 55-59 yrs, 87% 60+yrs). Data collected to track demographics of service recipients show that service recipients are 22% male and 78% female and live throughout Stanislaus County. They represent the following ethnic/cultural groups: Hispanic (16%), White (71%), African American (7%), Native American (0%) and Asian/Pacific Islander (5%) and unknown/other (1%). Preferred languages of those served include English (93%), Spanish (0%), Tagalog (2%), Thai (4%), and Other (1%).

SART FSP outcomes indicate the following results; 88% reduction in homelessness, 100% reduction in incarceration, 63% reduction in acute medical hospitalization, 99% decrease in acute psychiatric hospitalization, and 56% reduction in institutionalization. Employment (days worked) decreased 63%.

SART has increased efforts in FY09-10 to reach out to unserved and underserved cultural populations of older adults through a number of strategies; 1) outreach to creative stronger collaborative efforts with community-based organizations (e.g., El Concilio, Los Promotores) serving older adult Hispanic individuals throughout Stanislaus County and 2) participation in the national depression screening day. In collaboration with BHRS programs and community-based mental health services, 245 depression screenings were provided in 14 locations throughout Stanislaus County.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in fiscal year 09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern in the future. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY11-12 – N/A

EFFECTIVE FY2010-11 THIS PROGRAM WILL BE CONSOLIDATED WITH FSP-04 INTO FSP-06

1) Is there a change in the service population to be served?	Yes ☐ No ☐ **N/A** ☒
2) Is there a change in services?	Yes ☐ No ☐ **N/A** ☒
3) a) Complete the table below: **N/A**	

FY10-11 funding	FY11-12 funding	Percent Change
-	N/A	N/A

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable. N/A

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **0**				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
N/A
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A - no consolidation proposed in this annual update
3. If you are not requesting funding for this program during FY 11-12, explain how the County intends to sustain this program.
EFFECTIVE FY10-11, THIS PROGRAM WILL BE CONSOLIDATED WITH FSP-04 INTO FSP-06.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: FSP-04 Health/Mental Health Team

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $8,133.64 each
Child and Youth	0	0	0	0
TAY	1	0	0	8,134
Adults	63	0	0	512,419
Older Adults	3	0	0	24,401
Total	67	0	0	544,954
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**67 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	23	English	54	LGBTQ	Not collected in 09-10
African American	5	Spanish	8	Veteran	Not collected in 09-10
Asian	1	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	2	Mandarin	0		
Hispanic	33	Tagalog	0		
Multi		Cambodian	0		
Unknown		Hmong	0		
Other	2	Russian	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Farsi	0		
		Arabic	0		
		Other, Sign ASL, Thai, Japanese	5		
Total	67		67		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In FY09-10, the Health/Mental Health Team (HMHT) continued to provide intensive, integrated services to individuals who have both a serious mental illness and significant co-occurring health conditions, e.g., diabetes mellitus (DM), hypertension (HTN), that require ongoing and often frequent and costly treatment from primary care providers as well as cooperation from the individual to remain stable. These health conditions are prevalent among individuals from diverse racial and ethnic populations and may be worsened by the psychotropic medications prescribed to mental health service recipients of all ages and ethnicities. Whenever possible, evidence-based, disease management "protocols" are used to support critical education with consumers and family members/support people. The goals of the Health/Mental Health Team are to reduce homelessness, acute medical and acute psychiatric hospitalizations, reduce institutionalization, homelessness, incarceration and increase employment whenever possible. The following additional goals are also impacted: decreased social isolation, increased ability to manage well-being and independence and increased social community supports.

Services were provided to 67 individuals (1% 18-25 yrs, 94% 26-59 yrs, 5% 60+ yrs). Data collected to track demographics of service recipients show that service recipients are 52% male and 48% female and live throughout Stanislaus County. They represent the following ethnic/cultural groups; Hispanic (49%), White (34%), African American (8%), Native American (3%) and Asian/Pacific Islander (3%) and unknown/other (3%). Preferred languages of those served include English (81%), Spanish (12%), Japanese (1%), Thai (1%), American Sign (1%), and Other/Unknown and unreported (4%).

FSP outcomes indicate the following results; 94% reduction in homelessness, 299% increase in incarceration due to substance abuse related crimes, 45% reduction in acute medical hospitalization, 58% decrease in acute psychiatric hospitalization, as well as a 30% increase in employment (days worked). There were no issues with individuals served in FY09-10 related to institutionalization (state hospital or long term hospitalization).

Increased efforts have been made to reach out to unserved and underserved cultural populations of older adults through a number of strategies including outreach to community-based organizations who work closely in Hispanic neighborhoods throughout Stanislaus County. HMHT staff participated in the national depression screening day in FY09-10 as an outreach method. This community-wide collaborative effort of behavioral health providers accomplished 245 individual depression screenings in 14 locations through-out Stanislaus County. Outreach and collaboration with primary care clinics and individuals providers is ongoing.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding, due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12 - N/A

EFFECTIVE FY10-11 THIS PROGRAM WAS CONSOLIDATED WITH FSP-03 INTO FSP-06

1) Is there a change in the service population to be served?	Yes ☐ No ☐ **N/A** ☒
2) Is there a change in services?	Yes ☐ No ☐ **N/A** ☒
3) a) Complete the table below: **N/A**	

FY10-11 funding	FY11-12 funding	Percent Change
-	N/A	N/A

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable. N/A

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **0**				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

N/A

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A – no consolidation proposed in this annual update

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

EFFECTIVE FY10-11, THIS PROGRAM WAS CONSOLIDATED WITH FSP-03 INTO FSP-06

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: FSP-05 Integrated Forensic Team (IFT)

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only -$10,892.15 each
Child and Youth (0-15 yrs)	0	0	0	0
TAY(18-25 yrs)	12	7	0	130,706
Adults (26-59 yrs)	47	48	0	511,931
Older Adults (60+ yrs)	0	0	0	0
Total	59	55	0	642,637
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**114 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	55	English	105	LGBTQ	Not collected in 09-10
African American	6	Spanish	2	Veteran	Not collected in 09-10
Asian	4	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	1	Mandarin	0		
Hispanic	45	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	1	Hmong	0		
Other-unspecified non-white	1	Russian	0		
		Farsi	0		

		Arabic	0		
		Other, Thai, Laotian, Portuguese,	7		
Total	114		114		

B. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Integrated Forensic Team (IFT), a Full Service Partnership (FSP), continued to work in collaboration with Stanislaus County Criminal Justice System to serve 80 adult and transition age young adults with serious mental illness and co-occurring substance abuse disorders who have significant levels of contact with criminal justice interventions; probation, adult drug court, and incarceration.

Services were provided to 114 individuals in three levels of care (Full Service Partnership, Intensive Support Services and Wellness/Recovery). Levels of care allow service recipients to enter the individually appropriate level of service and move between levels of care when less intense services are needed. Local demographic service data are collected separately for the two components of this program. Numbers of individuals served may be duplicated between levels of care as some participants of the Full Service Partnership may also receive service from other levels of care. Service counts within programs are unduplicated.

IFT Full Service Partnership - Demographics of participant/members served (20% are 18-25 yrs, 80% are 26-59 yrs), 61% are male, and 39% are female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: Hispanic (42%), White (48%), African American (5%), Native American (0%), and Asian/Pacific Islander (3%), unknown (2%). Languages spoken include English (93%), Spanish (2%), Thai (3%), and other non-English (2%).

IFT FSP outcomes indicate the following results: 96% reduction in homelessness, 77% reduction in incarceration, 111% increase in acute medical hospitalization (due to individuals in treatment being able to access needed medical care previously unavailable to them), 37% decrease in acute psychiatric hospitalization, and 100% reduction in institutionalization. Employment (days worked) decreased 86%.

Intensive Support Services and Wellness/Recovery - Demographics of participant/members served, 13% are 18-25 yrs, 87% are 26-59 yrs, 47% are male, and 53% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: Hispanic (40%), Caucasian (47%), African American (4%), Native American (none reported), Asian/Pacific Islander (5%), other non-white (2%), and unknown (2%). Languages spoken include English (89%), Spanish (2%), Portuguese (2%), Cambodian (2%), Thai (2%), and other non-English (1%).

Two Full Service Partnerships (Westside SHOP and Integrated Forensic Team) are co-located and in FY09-10, began to expand group treatment/support options for service recipients by opening up groups to those served in both programs.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. However, decreases in funding in the county have resulted in some issues: 1) County hiring freeze caused delays and 2) due to reductions, criminal justice partners have adjusted how they collaborate. However, they continue to be dedicated to the benefits of the full service partnership to the population served.

Overall reductions in MHSA funding, due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
1,226,372	1,212,535	-1.1%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $22,057.33 each
Child and Youth	0	0	0	0
TAY	8	Open targets	0	176,459
Adults	32	Open targets	0	705,834
Older Adults	0	Open targets	0	
Total	40	40	0	882,293
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **80**				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The population to be served is adults and transition age young adults with serious mental illness including those individuals with co-occurring substance abuse disorder, who are homeless or at risk for homelessness and/or who have historically been high users of crisis-based services including hospital, mobile crisis, emergency rooms, probation and incarceration.

The Integrated Forensic Team (IFT) partners with the Stanislaus County Criminal Justice System to serve 80 adult and transition age young adult consumers; some are also served in the Adult Drug Court Program. An integrated, multidisciplinary program, IFT staff is available 24 hours a day, 7 days a week. IFT partners with the Drug Court Program to make court-accountable case management services available to consumers with co-occurring disorders. IFT provides crisis response, peer support, alternatives to jail, re-entry support from state hospital, and housing and employment supports using engagement and “whatever it takes” treatment strategies learned from AB-2034 programs and the Mentally Ill Offender Crime Reduction program. Culturally and linguistically appropriate services are provided to locally unserved and underserved racially and ethnically diverse consumers. A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provides step-down levels of care.

To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate level of care in outpatient services, will be utilized in helping to determine the level of care needed. Three levels of care will be available for all individuals served in the consolidated program. The three levels of outpatient 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 (measured by our Milestones In Recovery survey) and treatment (measured by our Stages of Treatment instrument), and are ready for a higher level of recovery service that is less intensive yet maintains the important relationship with treatment

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

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, however, would benefit from time-limited intensive services. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support.

Goals of the IFT program are reduced homelessness, reduced incarceration and institutionalization, reduced use of emergency room care, reduced inability to work, reduced inability to manage independence, reduced isolation and reduced involuntary care.

2. If this is a consolidation of two or more programs, provide the following information: **N/A**
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program. **N/A**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: FSP-06 High Risk Health and Senior Access

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10 – N/A

This FSP did not exist during FY09-10.

☒ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Number of Individuals Served (all service categories) by the Program during FY09-10: **0**				

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White		English		LGBTQ	
African American		Spanish		Veteran	
Asian		Vietnamese		Other	
Pacific Islander		Cantonese			
Native American		Mandarin			
Hispanic		Tagalog			
Multi		Cambodian			
Unknown		Hmong			
Other		Russian			

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Community Services and Supports

		Farsi			
		Arabic			
		Other			

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

This program is an already approved consolidated program in FY10-11

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
1,729,298	1,863,983	7.8%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only - $14,183.70 each
Child and Youth	0	0	0	0
TAY	0	0	0	0
Adults	50	0	0	709,185
Older Adults	60	0	0	851,022
Total	110	0	0	1,560,207
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **110**				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

This already approved program is a consolidation of two programs in FY10-11. The consolidated program is designed to serve the same target populations originally identified and utilize the same strategies originally outlined in the Community Planning Process. Graduated levels of care will be added in the consolidated program to replicate the three levels of outpatient care currently offered within other FSP programs in Stanislaus County. Community issues identified during planning are continuing to be addressed in the new program: serve all age groups, serve diverse communities, serve individuals with co-occurring issues, serve uninsured/underinsured, serve people with co-occurring health issues, and serve individuals involved with other agencies (e.g. reduce risk for emergency room use, law enforcement, homelessness).

The program will serve adults (18 - 59 years) and older adults (60+ years) with significant, ongoing, possibly chronic, health conditions co-occurring with Serious Mental Illness (SMI) as well as functional impairments related to aging. The sub-group of transition-aged adults (55-59 years) with SMI, co-occurring substance abuse disorders and/or other physical health conditions is included in the target population. Within the identified group of service recipients, the priority population is individuals who are primarily uninsured as well as individuals from racially and/or culturally diverse communities (including LGBTQ) who may not have access to well-coordinated health/mental health services. They may also be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, nursing home care or frequent users of emergency rooms for health care.

Service strategies include 24/7 access to a known service provider, individualized service plan, multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of both health and mental health issues as well as benefits advocacy support and housing support. Additionally, introduction of graduated levels of service within the FSP will allow service recipients to move through services of varying intensity, connect with community supports, and exit services when appropriate.

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Community Services and Supports

To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate level of care in outpatient services, will be utilized in helping to determine the level of care needed. Three levels of care will be available for all individuals served in the consolidated program. The three levels of outpatient 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 (measured by our Milestones In Recovery survey) and treatment (measured by our Stages of Treatment instrument), 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, however, would benefit from time-limited intensive services. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support.

Goals of the program are reduced homelessness, reduced incarceration and institutionalization, reduced use of emergency room care, reduced inability to work, reduced inability to manage independence, reduced isolation and reduced involuntary care.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A – no consolidation proposed in this annual update

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A - *CONSOLIDATION WITH FSP-03 INTO FSP-06 WAS APPROVED IN FY10-11*

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: GSD-01 Transition Age Young Adult Drop-in Center (Josie's Place)

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	1	0	0
TAY (18-25 yrs)	0	345	0	0
Adults (26 yrs)	0	3	0	0
Older Adults	0	0	0	0
Unknown	0	1	0	0
Total	0	350	0	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**350 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	185	English	333	LGBTQ	Not collected in 09-10
African American	24	Spanish	9	Veteran	Not collected in 09-10
Asian	9	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	2	Mandarin	0		
Hispanic	121	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	0	Hmong	0		
Other - unspecified	8	Russian	0		
		Farsi	0		
		Arabic	0		

		Other, unspecified, Thai (3)	8		
TOTAL	350		350		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Josie Drop-in Center is a bustling center of activity with diverse transition age youth interacting with the culturally diverse staff that includes African American, Caucasian, Hispanic, and Asian individuals and cultural experiences. Interactions and services are offered in English, Spanish, Laotian, and Thai languages at all levels of service. Outreach to and participation from LGBTQ youth is present in the social milieu and cultural sensitivity of services. In addition, Stanislaus County Transitional Aged Young Adult Partnership (STAY) is a key collaborative that brings together BHRS, Community Service Agency, Probation, Health Service Agency and other key community providers working with transitional aged young adults to work on strengthening collaborative and resources for the young adult population. In FY 09-10, STAY was responsible for the TAYA conference at Modesto Junior College and in ongoing planning for this annual event.

Services were provided to 350 transition aged youth and young adults (15 – 26 yrs of age) exceeding the service target by 40%. Local demographic service data are collected separately for the two components of this General System Development (GSD) funded program; Josie's Place Drop-in Center and Josie's Place Intensive Services and Supports team described separately in this report. Count of individuals served may be duplicated between the two programs because some participants of the Drop-in Center also receive services from Josie's Place-ISS. Count of individuals served within programs are unduplicated and all descriptive demographic information is voluntarily self-reported by youth.

Josie's Place Drop-in Center - Demographics of participant/members show that the youth are .7% 15 yrs or younger, 12% 16-17 yrs, 85% 18-25 yrs 2% 26 yrs and less than 1% unknown, 63% male and 37% female, and residing throughout Stanislaus County. They represent the following ethnic/cultural groups; Hispanic (27%), White (65%), African American (5%), Native American (>1%), Asian/Pacific Islander (1%), and other non-white (>1%). Languages spoken include English (80%), Spanish (>1%), and unreported/unknown (18%).

Josie's Place Intensive Services and Supports - Demographics show that the youth are .5% 16-17 yrs, 99.5% 18-25 yrs, 49% male and 51% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups; Hispanic (41%), Caucasian (42%), African American (8%), Native American (none reported), Asian/Pacific Islander 5%, and other non-white (4%). Languages spoken include English (96%) and Spanish (4%).

Josie's TRAC Full Service Partnership (operated by Telecare Corporation) - Demographics of 61 participant/members served; 100% are 18-25 yrs. 56% are male and 44% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (8%), Asian/Pacific Islander (7%), Caucasian (48%), Hispanic (34%), Native American (2%), and other non-white (1%). Languages spoken include English (97%) and Thai (3%). (Service targets for Josie's TRAC are part of FSP-01 SHOP and are fully reported there.)

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
848,215	647,004	-23.7%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

A. List the estimated number of individuals to be served by this program during FY 11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	250	0	0
Adults	0	0	0	0
Older Adults	0	0	0	0
Total	0	250	0	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **250**				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

"Josie's Place" Drop-In Center for Transition Age Young Adults (TAYA) originally expanded from a small AB-2034 Transition Age Young Adult program. As an MHSA General System Development (GSD) funded center, it is a vital hub of improved services, supports, and infrastructure for transition aged young adults. Josie's Place is a membership-driven "clubhouse" type model that also has service teams in the center: Josie's Place Intensive Services and Supports (ISS) and a Full Service Partnership (FSP) called Josie's TRAC (operated by Telecare Recovery Access Center).

Josie's Drop-in Center includes an active Young Adults Advisory Counsel (YAAC) that is involved in creating consumer driven services on site. Three (3) TAYA-aged peer support staff with lived experience are members of the center's support team. In addition, volunteers and interns help provide peer support on site. Outreach to young adults of color is done through existing community agencies and other organizations. All are partners who coordinate services to empower youth. Josie's Place provides an array of community and agency resources (both on site and in the community) with self-help and peer support geared to assist young adults in the four transition domains of employment, educational opportunities, living situation (housing), and community life.

Since Josie's Place opened in 2006, partner agency collaboration has increased. Currently at Josie's Place, work space/meeting rooms that are confidential and flexibly scheduled are available for partner service providers. The following agencies are very involved in support to youth at the center: Stanislaus Pride Center (resources to strengthen and support LGBTQ), Stanislaus County Health Services Agency (free, confidential STD testing), Stanislaus County Community Services Agency (housing for foster youth), and Center for Human Services-Pathways Program (supported housing). Service providers from Stanislaus County Children's System of Care programs have contact with youth at Josie's Place. Often it is to assist with transition out of the children's service system into a different service and support structures as well as into employment, educational opportunities, new independent living situation (housing), and other aspects of community life.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Josie's Service Team is an intensive service and supports program located on site since the center opened. This team serves young adults that require more assistance than the Drop-in Center offers. Josie's Service team provides comprehensive mental health services to 105 high risk young adults, at a time, who have multiple needs (treatment for mental health, substance abuse and/or co-occurring disorders, housing etc.) The program offers service coordination, counseling, medication and peer support services in addition to housing, education, and employment support.

Co-located on site for TAY who may need a full service partnership level of service is Josie's TRAC (Telecare Recovery Access Center) operated by Telecare Corporation, serving 35 transition age youth using an Assertive Community Treatment (ACT) model with 24/7 access.

Staff and volunteers at these 3 programs work together to provide levels of care that support transition aged young adults. This level of care model permits movement through services, intensive supports, and graduation into wellness/recovery, all within one location as well as drop-in resources and support of peers from diverse cultures. The following groups are offered: Independent Living Skills Program (ILSP); Seeking Safety; Aggression Reduction Therapy (Pro-social skills); and Pregnant and Parenting group. All groups are available to all young adults who drop in or are provided mental health services at this site.

The goals of Josie's Place Drop-In Center are to provide an empowering and diverse cultural environment where transition age young adults can seek peer support and recovery-minded input from staff as well as peers in recovery to reduce isolation, increase the ability to manage independence, increase linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, and provide housing and employment opportunities.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: GSD-02 Commuity Emergency Response Team/Warm Line

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	269	0	0
TAY (16 – 25 yrs)	0	745	0	0
Adults (26 – 59 yrs)	0	1718	0	0
Older Adults (60+ yrs)	0	95	0	0
Unknown	0	8	0	0
Total	0	*2835	0	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			***2835 duplicated count that includes some individuals who were served in both programs. 2710 is the unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	1493	English	2609	LGBTQ	Not collected in 09-10
African American	137	Spanish	98	Veteran	Not collected in 09-10
Asian	71	Vietnamese	2	Other	
Pacific Islander	10	Cantonese	0		
Native American	8	Mandarin	0		
Hispanic	1023	Tagalog	1		

Multi	0	Cambodian	6		
Unknown	71	Hmong	0		
Other- other non white	22	Russian	0		
		Farsi	1		
		Arabic	0		
		Other, Assyrian, Japanese, Laotian, Portuguese, Thai, unknown	118		
Total	2835		2835		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Services continued to be focused on providing crisis intervention and peer support in this collaborative partnership of clinical staff and consumer/family member Warm Line. Target population is acute and sub-acute situations with individuals of all ages; children and youth with serious emotional disturbances (SED) ,and Transition Age Young Adults (TAYA), adults, and older adults with serious mental illness (SMI). Overall emphasis continues to include outreach to culturally/ethnically diverse individuals. Strategies and services continue to include engagement and support that bridges people to a recovery process and to crisis intervention with clinical professionals. The clinical assessment staff of Community Emergency Response Team (CERT) and its Mobile component provided site-based as well as mobile crisis response in the community. Mobile-CERT continues to be a successful partnership of Behavioral Health and Recovery Services (BHRS) and Modesto Police Department. CERT/Warm Line is co-located in a community-based site, on a major bus line with a number of behavioral health services that work together collaboratively to serve the community.

The program met 90% of the service target and provided service to 2710 unique individuals of all ages. Local demographic service data are collected separately for the two components of this General System Development (GSD) funded program: Community Emergency Response Team and Consumer/Family Member Warm Line. As a result, some individuals are served by both programs and there is some duplication between the two programs in the demographic data. Individuals served within programs are unduplicated and all descriptive demographic information is voluntarily self-reported by service recipients.

Community Emergency Response Team - Services were provided to 2060 individuals of all ages (12% 0-15 yrs, 8% 16-17 yrs, 21% 18-25 yrs, 57% 26-59 yrs, 2% 60+yrs). Individuals served were 48% male, 51% female, 1% unknown/undisclosed, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (5%), Caucasian (47%), Hispanic (41%), Native American (>1%), Asian/Pacific Islander (4%), and other non-white/unknown (3%). Languages spoken include English (90%), Spanish (4%), Cambodian (>1%), Thai (2%), and other non-English (4%).

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Warm Line - Services were provided to 775 individuals of all ages (4% 0-15 yrs, 1% 16-17 yrs, 19% 18-25 yrs, 68% 26-59 yrs, 7% 60+yrs and, 1% unknown). Individuals served were 34% male, 66% female, residing throughout Stanislaus County. They represent the following ethnic/cultural groups: African American (4%), Caucasian (67%), Hispanic (23%), Native American (>1%), Asian/Pacific Islander (3%), and other non-white/unknown (3%). Languages spoken include English (70%), Spanish (2%), other non-English (1%), and unknown (27%).

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

Modesto Police Department has experienced fiscal impacts that resulted in reductions and have adjusted how they collaborate with M-CERT. However, they continue to be dedicated to the benefits of the collaboration and the population served.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
427,251	436,963	2.3%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable. N/A

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	Open targets	0	0
TAY	0	Open targets	0	0
Adults	0	Open targets	0	0
Older Adults	0	Open targets	0	0
Total	0	3000	0	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **3000**				0

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The population to be served includes all ages: children, transition age youth, adults and older adults of all racial and ethnic groups and throughout Stanislaus County. Languages spoken by CERT/Warm Line team are Cambodian and Spanish. Primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI). Emphasis is placed on provision of outreach, engagement in the recovery process, and crisis intervention. The clinical assessment staff of Community Emergency Response Team (CERT) and its Mobile component provided site-based as well as mobile crisis response in the community. Mobile-CERT continues to be a successful partnership of BHRS and Modesto Police Department.

This program combines consumer and/or family volunteers and employees and peer self-help with professional emergency services interventions needed in crisis situations. The consumer-operated “Warm Line” is administered under contract with Turning Point Community Programs. Warm Line staff is the first point of contact for all incoming calls and provides non-crisis support, referrals and follow-up contacts. On-site peer support is available for consumers who walk-in. Emphasis is placed on peer support, recovery and resiliency.

The Community Emergency Response Team (CERT) and its Mobile component will provide site-based as well as mobile crisis response in the community. Clients may see a mental health provider in a location outside of a traditional mental health office. Alternative temporary housing may be used, when appropriate, as an alternative to hospitalization. Goals of this GSD program are reduced hospitalization, reduced involuntary care, reduced incarceration and institutionalization, decreased isolation, increased ability to manage independence, reduced frequency of emergency medical care, reduced out-of-home placement, and increased social supports and community functioning.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.
N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: GSD-04 Families Together

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth (0-15yrs)	0	51	0	0
TAY (16-25yrs)	0	15	0	0
Adults (26-59 yrs)	0	173	0	0
Older Adults (60+yrs)	0	24	0	0
Unknown	0	5	0	0
Total	0	268	0	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**268 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	135	English	207	LGBTQ	Not collected in 09-10
African American	7	Spanish	56	Veteran	Not collected in 09-10
Asian	3	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	3	Mandarin	0		
Hispanic	116	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	2	Hmong	0		
Other non white	1	Russian	0		
		Farsi	0		
		Arabic	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Other, unknown	5		
Total	268		268		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Families Together (FT) continues to provide support groups for youth, men, and parents/caregivers in this expansion to the Family Partnership Center (FPC). The program is a busy hub of activity and highly resourceful in its mission to education and empower healthy family life. In FY09-10 Services to Hispanic families has continued to thrive and a partnership with Modesto Junior College has resulted in three additional Spanish language parenting classes. Groups are formatted in a 6-week series that focus on parenting with emphasis on age-appropriate discipline/consequences, coping with domestic violence issues, and recognizing signs of child sexual abuse. Transportation is an important resource that is offered to center participants. Spanish language is spoken by 4 staff and one volunteer.

The Youth Advisory Committee has continued to grow and approximately 6 youth attend meetings regularly. Through their participation they learn leadership skills and have the opportunity to provide input regarding youth services and activities to be offered at Family Partnership Center. For example in FY09-10, the youth assisted with activities at the Annual FPC Fall Festival providing no-cost games, crafts, food, and emphasis on healthy family activities.

The service target of service to 80 individuals was exceeded and 268 individuals were served. Data collected to track demographics of service recipients show that service recipients were 19% 0-15 yrs, 3% 16 – 17 yrs, 3% 18-25 yrs, 66% 26-59 yrs, 9% 60+ yrs, 28% male, 72% female and come from throughout Stanislaus County to access the center. They represent the following ethnic/cultural groups; African American (3%), Caucasian (50%), Hispanic (43%), Native American (1%), Asian/Pacific Islander (2%), and other non-white/unknown (1%). Languages spoken include English (43%), Spanish (12%), all other non-English (>1%) and unknown (45%). All information is collected by voluntary, self-report, and some individuals do not provide complete information.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any effort to reduce overall CSS program costs to the level of MHSA funding expected over the next couple of years.

Decreased funding from local partner agencies has resulted in cuts to the Independent Living Skills program which was provided through contract with a community-based organization.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
236,053	180,502	-23.5%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	Open targets	0	0
TAY	0	Open targets	0	0
Adults	0	Open targets	0	0
Older Adults	0	Open targets	0	0
Total	0	80	0	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12:			**80**	0

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

In 2006, Families Together was added to the well-established Children's System of Care (CSOC) Family Partnership Center utilizing MHSA funds. The expansion significantly improved supports and services for diverse youth with serious emotional disturbance (SED) and their families, and kin care providers (family other than biological or adoptive parents). Services to families include one-to-one peer support; service coordination; advocacy; respite for youth, adults, and families; transportation; and wraparound-style services.

As originally approved, the population to be served continues to include children and youth with serious emotional disturbances (from birth to 18 years of age) and their families including kin care providers. Youth and families served are from underserved and/or unserved racially and ethnically diverse communities and families of all ethnicities who require family support services. English and Spanish are the primary languages spoken at the center. Spanish is spoken by 4 staff and one volunteer. Collaboration with the education system continues to include participation in two committees in the Stanislaus County Department of Education Special Education Local Plan Area (SELPA). In each of these committees, children and youth are identified and the family referred to the Family Partnership Center for support and service.

Josie's Place Drop-In Center for Transition Age Young Adults serves 16-25 year old individuals and the Family Partnership Center/Families Together program also serves some individuals in the TAYA age group and their families. Youth and adults have opportunities to participate on the respective advisory committees, providing input and feedback on everything from day-to-day services and activities to input about Center processes and protocols. Family members, parents of youth with SED, and kinship caregivers (Parent Partners) are employed as staff and are involved in service provision, program leadership, and policy development. The addition of the advisory boards expands the consumer/family-driven philosophy of MHSA and has resulted in further enhancement through increased youth, parent, and family member volunteerism at Family Partnership Center.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: GSD-05 Consumer Employment & Empowerment Center

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	0	0	0
TAY (16–25 yrs)	0	52	0	0
Adults (26-59 yrs)	0	449	0	0
Older Adults (60+ yrs)	0	26	0	0
Unknown	0	8	0	0
Total	0	535	0	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**535 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	344	English	525	LGBTQ	Not collected in 09-10
African American	31	Spanish	2	Veteran	Not collected in 09-10
Asian	9	Vietnamese	0	Other	
Pacific Islander	1	Cantonese	0		
Native American	5	Mandarin	0		
Hispanic	109	Tagalog	0		
Multi	0	Cambodian	0		
Unknown	29	Hmong	0		
Other non white, Assyrian-Iran	7	Russian	0		
		Farsi	0		
		Arabic	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Other, Assyrian	8		
Total	535		535		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In the reporting period FY09-10, The Empowerment Center served 535 individuals exceeding the service target of 500. Data collected to track demographics of service recipients show that service recipients are >1% 16 – 17 yrs, 9% 18-25 yrs, 84% 26-59 yrs, 5% 60+ yrs, 55% male and 45% female and come from throughout Stanislaus County to access the center. They represent the following ethnic/cultural groups: African American (6%), Caucasian (64%), Hispanic (21%), Native American (>1%), Asian/Pacific Islander (2%), and other non-white/unknown (6%). Languages spoken include English (78%), Spanish (>1%), all other non-English (>1%) and unknown (19%). All information is collected by voluntary, self-report and some individuals are reluctant to provide any information.

In FY09-10, The Empowerment Center staff and key stakeholders engaged in a facilitated, consensus-driven process to define the ongoing focus and essential role of this vital program in the behavioral health system. The process was organized around the results-based accountability framework. This framework, developed by Mark Friedman, is designed to help programs and communities assess and improve the benefits of programs for the people who participate in them. BHRS leadership has adopted this framework for implementation of the local PEI plan and hopes to extend it eventually to all BHRS programs. A report was developed and submitted to the Behavioral Health Director for action.

Two key groups were identified for specialized outreach effort: individuals having first contact with behavioral health services and individuals who cannot yet begin a behavioral health program they want to join. Data is currently being collected to determine the effectiveness of these outreach efforts to engage participation in the center by these unserved/underserved populations.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any effort to reduce overall CSS program costs to the level of MHSA funding expected over the next couple of years.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
331,078	357,902	8.1%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒ **N/A**
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	Open targets	0	0
Adults	0	Open targets	0	0
Older Adults	0	Open targets	0	0
Total	0	500	0	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **500**				0

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

3. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Consumer/Family Member Employment & Empowerment Center as it was originally named in FY05-06 has come to be known simply as "The Empowerment Center." There is no change in the approved program regarding the target ages of population to be served, which includes transition age young adults, adults and older adults with serious mental illness, and their families. Emphasis is placed on outreach to race/ethnicity and cultural groups. A majority of the staff are consumers and family members with lived experience that allows them to relate to members from a place of hope and empowerment. A strong recovery and strength-based approach is used in all center activities. Meeting spaces are available for use by all consumer and family organizations as well as self-help groups.

The Empowerment Center is operated under contract with Turning Point Community Programs. The Empowerment Center is a consumer-and family member-driven resource center in an easily accessible location, on a main bus line. Contract agency staff, BHRS leadership, and the Consumer and Family Steering Committee provide oversight and guidance to overall programming and day-to-day operations. The Steering Committee meets every 2nd Tuesday of the month. An additional Advisory Council Committee comprised of center members meets every 3rd Friday of the month to discuss what is happening at the center, what they would like to see, and other information they seek. This committee also covers any housekeeping issues such as rules, changes in programming, and other announcements.

Transportation service continued to be offered in support of all aspects of consumer/family member participation in community and organizational activities and employment opportunities. The supported transportation service is called Community Activities and Rehabilitation Transportation (CART).

Goals of the program are to provide a center where consumers can participate in a diverse cultural environment, and seek support and recovery-minded input from peers in recovery. Goals also include reduced isolation, increased ability to manage independence, increased linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, and increased housing and opportunities for employment and other meaningful activities.

Supported employment services are available at the Empowerment Center to assist individuals with personal development goals related to volunteerism, supportive employment settings, and competitive employment options with salary and benefits. The supported employment program is a successful job training program called "Career Exploration." The emphasis of the program is on helping individuals who have had a lapse in employment due to mental health issues and want to refresh and regain work skills. Typically, receptionist and janitorial jobs are available. These temporary job placements are designed to help individuals regain confidence and skills to step forward into more gainful employment in the community. In addition, co-located with the Empowerment Center is a fully furnished kitchen facility, called "The Garden of Eat'n," (a collaborative program with California Department of Rehabilitation) that offers consumers and family members career development and paid employment. Garden of Eat'n offers catering services for meetings and take-out meals for staff and others to purchase at low cost.

2. If this is a consolidation of two or more programs, provide the following information: **N/A**
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.
3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program. **N/A**

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: OE0-1 Outreach and Engagement

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	130	0
TAY	0	0	204	0
Adults	0	0	1211	0
Older Adults	0	0	106	0
Unknown	0	0	43	0
Total	0	0	1694	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**1694 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	197	English	1034	LGBTQ	Not collected in 09-10
African American	214	Spanish	626	Veteran	Not collected in 09-10
Asian	58	Vietnamese	0	Other	
Pacific Islander	10	Cantonese	0		
Native American	44	Mandarin	0		
Hispanic	1132	Tagalog	0		
Multi	0	Cambodian	12		
Unknown	28	Hmong	0		
Other non white	11	Russian	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Farsi	0		
		Arabic	0		
		Other, Laotian, Thai	22		
Total	1694		1694		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Progress in providing outreach to unserved and underserved populations has continued through contractual agreements between Behavioral Health and Recovery Services (BHRS) and two local community-based organizations, El Concilio and West Modesto King Kennedy Neighborhood Collaborative. The focus of outreach service is on education, support, and stigma reduction. Services are culturally competent and client- and family-focused and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of the individuals served.

The target population continues to be unserved, underserved or inappropriately served individuals of all ages in racially and ethnically diverse communities who are reluctant or unable to access mental health services as they have been traditionally provided. Emphasis is placed on diverse consumers including, but not limited to, Hispanic; African American; Southeast Asian (Pacific Islander); Native American; and Lesbian, Gay, Bisexual, and Transgender (LGBT). Service strategies are focused on developing capacity to provide community-based, culturally, racially, and ethnically appropriate supports to individuals in a non-stigmatizing way and make referrals of individuals with serious emotional disturbance or serious mental illness to more intensive services when appropriate.

The Outreach and Engagement Project served a total of 1694 diverse individuals of all age groups and exceeded the service target of 1200. Data collected to track demographics of service recipients are shown to describe individuals served by each contractor separately.

El Concilio served 1072 individuals (12% 0-15 yrs, 2% 16-17 yrs, 8% 18-25 yrs, 67% 26-59 yrs, 7% 60+ yrs) that were 30 % male and 70% female and live throughout Stanislaus County access the center. They represent the following ethnic/cultural groups: African American (3%), Caucasian (8%), Hispanic (85%), Native American (>1%), Asian/Pacific Islander (2%), and other non-white/unknown (2%). Languages spoken include English (31%), Spanish (36%), all other non-English (>1%), and unknown (33%). All information is collected by voluntary, self-report and some individuals are reluctant to provide information.

West Modesto King Kennedy Neighborhood Collaborative served 622 individuals (15% 18-25 yrs, 79% 26-59 yrs, 6% 60+ yrs) that were 48% male and 52% female who live throughout Stanislaus County access the center. They represent the following ethnic/cultural groups: African American (29%), Caucasian (18%), Hispanic (35%), Native American (7%), Asian/Pacific Islander (9%), and other non-white/unknown (2%). Languages spoken include English (49%), Spanish (2%), all other non-English (2%), and unknown (47%). All information is collected by voluntary, self-report and some individuals are reluctant to provide information.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

No key differences or major challenges in how services are provided in FY09-10 as a result of the fluctuation in MHSA funding. Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County considered ways to create sustainable approach to CSS funding that is expected to consolidate programs, create administrative efficiencies, and possibly eliminate programs. Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

Note for FY10-11: As mentioned in the previous paragraph, a stakeholder process was convened in FY10-11 to accomplish revisions to the CSS plan. This 0&E program was transferred from the CSS plan funding to an already approved project in the PEI plan. Stakeholders did not want to see the program be eliminated and felt that it aligned with PEI goals of the Community Capacity Building Project and could move to target the Priority Populations and Key Community Needs identified for PEI projects. Consideration of PEI fiscal sustainability was included in the discussion and decision. The funds are part of a reduction in the overall CSS plan to achieve a sustainable level of programming that will match up with anticipated MHSA revenues in the years to come. The program funds eliminated in FY10-11 will be retained in operating reserve for CSS programs in FY11-12.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

N/A - THIS PROGRAM WAS TRANSFERRED TO THE PEI PLAN IN JANUARY 2011

1) Is there a change in the service population to be served?	Yes ☐	No ☐	**N/A** ☐
2) Is there a change in services?	Yes ☐	No ☐	**N/A** ☐
3) a) Complete the table below:			

FY10-11 funding	FY11-12 funding	Percent Change
232,680	N/A	N/A

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☐	**N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐	**N/A** ☒

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable. N/A

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth				
TAY				
Adults				
Older Adults				
Total				
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **0**				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

N/A

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A - *THIS PROGRAM WAS TRANSFERRED TO THE PEI PLAN IN FY10-11.*

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Stanislaus ☐ **No funding is being requested for this program.**

Program Number/Name: OE-02 Garden Gate Respite

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

A. List the number of individuals served by this program during FY09-10, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only
Child and Youth	0	0	0	0
TAY	0	0	57	0
Adults	0	0	238	0
Older Adults	0	0	18	0
Total	0	0	313	0
Total Number of Individuals Served (all service categories) by the Program during FY09-10:			**313 is the total unduplicated count of individuals served as reported in CSS Exhibit 6 FY09-10.**	

B. List the number of individuals served by this program during FY09-10, as applicable.

Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
White	182	English	295	LGBTQ	Not collected in 09-10
African American	32	Spanish	4	Veteran	Not collected in 09-10
Asian	8	Vietnamese	0	Other	
Pacific Islander	0	Cantonese	0		
Native American	4	Mandarin	0		
Hispanic	74	Tagalog	1		
Multi	0	Cambodian	1		
Unknown	10	Hmong	0		
Other non white	3	Russian	0		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

		Farsi	0		
		Arabic	0		
		Other, Thai, unknown	12		
Total	313		313		

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY09-10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Garden Gate Respite Center is operated by Turning Point Community Programs and is a collaborative effort with Telecare Corporation who contract to provide adult mental health services in Stanislaus County and Stanislaus County Behavioral Health and Recovery Services. In FY09-10, Garden Gate Respite continued to maximize efforts to provide respite to individuals with serious mental illness who currently may not be receiving services for a variety of reasons. Respite staff worked closely with law enforcement, outreach services from Telecare Stanislaus Homeless Outreach Program (SHOP), and other behavioral health programs to assist individuals to get the help they need including community-based supports such as physical health resources, Salvation Army, Alcoholics Anonymous, NAMI, and others.

Law enforcement officers have continued to be a primary source of referral. Garden Gate Respite is an established alternative to arrest for homeless individuals who are exhibiting mental health symptoms and who may be at risk for victimization if they remain on the streets.

The Respite Center is staffed almost entirely by people with lived experience as mental health consumers and as family members of mental health consumers. Their experiences are a key part of their qualification to offer dynamic and effective support to the individuals served. The Respite Center team understands very well the stigma, discrimination, and detachment that others feel and are resilient and persistent in their efforts to offer hope to the people served. Ethnic/cultural backgrounds of Respite Center staff include Hispanic, Asian, East Indian, and Assyrian heritages. Languages spoken at Respite are Spanish, Hindi, and Punjabi.

Services were provided to 313 individuals well exceeding the service target of 97. Data collected to track demographics of service recipients show that service recipients were 18% 18-25 yrs, 76% 26 – 59 yrs, and 6% 60+yrs, 52% male and 48% female and come from all geographic areas of Stanislaus County. They represent the following ethnic/cultural groups: African American (10%), Hispanic (24%), White (59%), Native American (1%) Asian/Pacific Islander (2%), and unknown/other (4%). Preferred languages of those served include English (70%), Spanish (1%), Thai (1%), and other/unknown (28%). These percentages show an increase in service to Asian and Native American individuals from the previous fiscal year.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

Due to decreased funding in FY09-10, the number of beds was reduced from 9 to 6 beds. Transportation is no longer provided. Staffing was reduced as well. Program staff continued to maximize resources available in providing services.

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Community Services and Supports

Overall reductions in MHSA funding due to the downturn in California's economy combined with the reality of level or rising program costs is of concern. In FY10-11, Stanislaus County will be considering more ways to create a sustainable approach to CSS funding that is anticipated to consolidate programs, create administrative efficiencies, and possibly eliminate programs.

Stakeholder input will be central to any action to change target population, service strategies or to make signification reductions in overall CSS program costs.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY10-11 funding	FY11-12 funding	Percent Change
1,129,718	1,385,832	22.7%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY11-12, as applicable.

Age Group	# of individuals FSP	# of individuals GSD	# of individuals OE	Cost per Client FSP Only

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Child and Youth	0	0	0	0
TAY	0	0	Open targets	0
Adults	0	0	Open targets	0
Older Adults	0	0	Open targets	0
Total	0	0	97	0
Total Estimated Number of Individuals Served (all service categories) by the Program during FY11-12: **97**				0

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The population to be served includes transition age young adults, adults and older adults from diverse populations with serious mental illness who are homeless or at risk of becoming homeless, at risk of psychiatric hospitalization or institutionalization, medically ill high risk, law enforcement involved, hard to engage, racially and ethnically underserved, and/or individuals with co-occurring disorders. The target population includes men and women.

This Outreach and Engagement (O&E) program is a collaborative effort between Turning Point Community Programs (which has an excellent history of hiring consumers), Telecare Corporation, and Stanislaus County Behavioral Health and Recovery Services. Originally developed as an AB-2034 program, this O&E program serves many at-risk for homeless individuals with serious mental illness each year with short-term respite housing. In addition to providing respite, Garden Gate Respite Center serves as a point of contact for MHSA and other programs to outreach to consumers who are homeless and not yet engaged in services. Linkages to services are part of the program including 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, and respite housing.

Garden Gate Respite Center is co-located with a 13 apartment and 1 house transitional supportive housing complex offering three levels of temporary housing (3 to 5 day respite housing; 5 to 20 day extended respite housing; and 6 months to 2 years of temporary supportive housing). BHRS housing specialists are co-located at the center and Stanislaus County Affordable Housing Corporation, a housing developer is an important partner in this supported housing project. Referrals are made to Garden Gate by law enforcement, homeless outreach programs and other programs that serve individuals with serious mental illness. Crisis intervention and services for medically at-risk individuals are linked to the center. Garden Gate is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved. Goals of the project include reduced homelessness, reduced hospitalizations, reduced emergency room visits, reduced isolation and institutionalization, and promotion of recovery and wellness.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY11-12, explain how the County intends to sustain this program.

N/A

Workforce Education and Training

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: WORKFORCE STAFFING SUPPORT: Action/Program #1- Workforce Education & Training Plan Coordination and Implementation

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Workforce Education and Training (WE&T) coordination is implemented as a function of the BHRS Human Resources (HR) Department. The WE&T Coordinator is a management level assignment and directly accountable to the BHRS HR Director. This level of leadership has established sufficient administrative and policy support to successfully achieve all aspects of implementation. Working in collaboration with the BHRS HR Director, BHRS Training Coordinator, MHSA Workforce Development Council, and other key partners significant progress was made in FY09-10.
Within this annual update, progress is described on all program objectives achieved, including but not limited to, trainings, programs and administrative structures that were established to support career pathways and ensure barriers are reduced or eliminated for consumers, family members and individuals from diverse communities who wish to enter the publicly-funded behavioral health system. Additional efforts to evaluate WE&T Program effectiveness are being developed.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,** For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☐ **N/A** ☒ Yes ☐ No ☐ **N/A** ☒
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category - N/A – to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: WORKFORCE STAFFING SUPPORT: Action/Program #2 – WE&T Plan Consultation

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Progress toward this program objective has been met. Workforce Education and Training (WE&T) community planning process, plan development and technical assistance were completed with the approval of the WE&T plan in May 2007.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐	No ☒	
2) Is there a change in the activities and strategies?	Yes ☐	No ☒	
3) a) Complete the table below: **N/A – no funds requested.**			
b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☐	**N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐	**N/A** ☒

FY10-11 funding	FY11-12 funding	Percent Change

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category – N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: **TRAINING AND TECHNICAL ASSISTANCE – Action/Program #3 – Consumer and Family Member Training and Support**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Initial objectives of this program (such as needs assessment and community event outreach) were achieved in FY07/08 and FY08/09. In FY09-10, ongoing efforts to efficiently manage stipend programs and continue to progress toward goals of workforce development are reported.

In FY09-10 an eight week training series for volunteers, consumers and family members was launched. This innovative training was developed with stakeholder input and served as an orientation for consumer and family member volunteerism and/or future employment in public mental health. One hundred eight (108) individuals attended from January 13 through March 3, 2010. The training was designed for people to attend all or any individual week of interest; eleven (11) individuals attended the complete series of 8 sessions. The eight week training incorporated a discussion of how the Mental Health Services Act values are intended to transform public mental health and ultimately develop the public mental health workforce. An open invitation was extended to existing and potential volunteers, consumers and family members to attend the training. Content was developed from stakeholder input including consumer & family members, contract agencies and BHRS staff. Speakers included the Behavioral Health Director, BHRS Medical Director, and BHRS Director of Human Resources. Topics included: Community capacity building, wellness, recovery and resilience, resources and supports for individuals and families, the role of culture and impact of stigma, an overview of psychiatry and treatment, patients rights, job roles for volunteers and providers, self help facilitation, and how to apply for entry level employment within BHRS and at BHRS contract agencies. A participant commented, “I feel more prepared to enter a position with County or another agency. Last class gave me great hope and encouragement to proceed forward.” Course evaluations were very favorable, with many participants expressing that the topics helped prepare them to work in public mental health. A significant topic of participant questions was focused on the limited opportunities for employment due to economic downturn in California and overall shrinking of new jobs creation in publicly funded mental health. Participants offered suggestions for future trainings that included topics such as self-help and the consumer movement, alcohol and other drugs, and insights about consumers working in mental health.

Progress toward the objective to implement the psychosocial rehabilitation certificate program (referred to as CASRA) is significant with completion of the 3rd semester at Modesto Junior College. Students in the courses are eligible to receive financial stipends for college fees, some transportation

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

costs, books and supplies. In FY09-10, forty-four (44) financial stipends were awarded to consumer or family member applicants from the following race/ethnic groups; 52% European American (23), 24% Latino (10), 20% African American (9), 2% Native American (1), 2% Asian/Pacific Islander (1). A significant number of these students who completed the courses and received the psychosocial rehabilitation certification are continuing their education and working toward an Associate of Arts in Human Services at Modesto Junior College. Continuing students are also eligible for stipends.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category - N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

B. Answer the following questions about this program

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: TRAINING AND TECHNICAL ASSISTANCE: Action/Program #4 – Workforce Development

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The overarching goal of this action is to further development of the publicly funded mental health workforce toward the transformational goals of MHSA and inclusion of evidence-based practices. Initial objectives of this program (such as completion of a training/technical assistance needs assessment, assisting development of psychosocial rehabilitation curriculum at Modesto Jr. College and establishment of the Mental Health Workforce Development Council) were achieved in FY07/08 and FY08/09. In FY09-10 ongoing efforts to continue to progress toward goals of workforce development are reported.

The BHRS Training Coordinator, WE&T and the Workforce Development Council have worked collaboratively to achieve progress toward identification of evidence based curriculum and models. Two such trainings are currently offered; Seeking Safety, Aggression Replacement Training. Additionally, significant progress has been achieved in incorporating MHSA values into the BHRS three year training plan and trainers are being identified on an ongoing basis.

With input from consumers and family members training was launched in FY09-10 designed to help supervisors and managers learn how to create welcoming workplaces for newly hired staff with lived experience as consumers or family members. Twenty-two program managers and coordinators from BHRS completed the first training entitled “Supervision of Staff with Lived Experience”. Participant evaluations indicated that an especially helpful aspect was the panel of current consumer staff sharing their experiences working in mental health. Additional training is being developed for service and support staff of County and community-based organizations and is based on lessons learned from the initial training with supervisors.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category - N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A

2. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: **MENTAL HEALTH CAREER PATHWAY PROGRAMS: Program/Action #5 – Consumer and Family Member Volunteer Program**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program/action addresses stakeholder input to increase volunteer opportunities, preparation for future employment, and opportunity to try out volunteerism through the following objectives:

- Expand existing volunteer opportunities to establish a consumer-and family member-oriented volunteer program within the public mental health system
- Develop the necessary policies and processes to successfully implement the volunteer program
- Provide resources within BHRS and organizational providers for supervision and support of volunteers
- Provide training for supervisors of volunteers
- Establish and maintain volunteer records

Objectives of this program are closely linked with objectives in Action/Program #3 **-** Consumer and Family Member Training and Support and in support of an overarching goal to creatively design a program that recruits, trains, and supports volunteers of all ages. Initial efforts achieved in FY07/08 and FY08/09 included review of agency policy and processes, assessment of volunteer opportunities and development of training, as well as review and development of record keeping methods.

In FY09-10, ongoing efforts to expand and support volunteer opportunities in the public mental health workforce included surveys from community-based organizations, community partners, and BHRS staff regarding volunteer opportunities and procedures, gathered in March 2009. Subsequently, program coordinators/managers that have had volunteers, now and in the past, met and discussed benefits, operational issues and barriers to ongoing and expanded volunteerism at their respective organizations. Organizations that host volunteers commonly cited learning and

teaching opportunities, providing "real life" supports and the enthusiasm of volunteers as some of the incentives. Programs currently not utilizing volunteers cited financial disincentives (e.g. costs for background checks, etc.) as the key reason. As a result of these discussions, volunteer opportunities were developed for fifteen California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College, referred to as 'field placements.' The placements were located in BHRS programs as well as community-based organizations. They were varied and specifically designed to meet the requirement of the CASRA certification. This was an important breakthrough due to the lack of placements available for para-professional students (especially at the junior college level) in public mental health settings previously.

Volunteer positions were established under the direct supervision of the WE&T Manager as a support to WE&T implementation. The overarching goal of providing recovery-oriented, culturally diverse group and individual support to aspiring volunteers/students is central to this effort. The volunteers offer a focus to students on how they can be organized to succeed in their studies, how being an effective student is preparation for future employment as well as practical hands-on support with enrollment and registration processes. WE&T volunteers support efforts are toward consumers and family members attending the psychiatric rehabilitation certification program (CASRA) at Modesto Junior College, especially for re-entry or first time college student. The volunteers also created an orientation/welcome packet for new students, organized the distribution of the WE&T loan program, and maintained weekly drop-in hours in the WE&T volunteer office.

In collaboration with Modesto Junior College, a volunteer orientation was offered. Enrolled students in Human Services received course credit for their participation. The orientation had an educational focus on topics such as mental health agency confidentiality, use of first person language, and understanding roles and boundaries of service providers and volunteers. Additionally, a skill development portion of the orientation included training in the practical use of the Self Help Group Model. The enrolled students were primarily seeking to augment their classroom experience and meet volunteer requirements of Human Services classes. The 8-week, 32 hour orientation was conducted twice in FY09-10. Twenty-one students completed the orientation.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds are requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☐ **N/A** ☒
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category - N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: MENTAL HEALTH CAREER PATHWAY PROGRAMS Program/Action #6 – Title: Outreach and Career Academies

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The community planning process identified a strong need to acquaint students in secondary education (Junior High and High School) to the idea that there are a number of career possibilities in the publicly funded mental health workforce for those who have the interest and aptitude.

Progress toward this program began with initial outreach efforts in FY08/09 to students and parents from diverse ethnic communities to interest them in behavioral health careers. Initial discussions between BHRS Workforce Education and Training (WE&T) Manager and school district representatives revealed that extensive meetings and detailed negotiations would need to occur for an agreement to be established between the two entities. Discussions continued through most of 2009 and eventually all issues were resolved. A contract was signed between Modesto City School District and BHRS to add a behavioral health component to the Health Academy at Davis High School. As a result, for the first time, in March 2010, twelve Health Academy students had the opportunity and BHRS was added as part of the experiential 'rotation' along with physical health care, to their Academy Practicum requirement. This experience, in conjunction with classroom presentations to academy freshman, has opened up the possibility and begun the process of behavioral health careers being a viable alternative for all health academy students.

The Junior High Wellness Project is a collaborative project with BHRS and West Modesto King Kennedy Neighborhood Collaborative designed to introduce and encourage student curiosity about careers in behavioral health as well as engage students in participating in their neighborhood/community. In FY09-10, six African American junior high students completed the Wellness Project. A highpoint in their participation experience included volunteering at the anti-stigma information table at the annual Day of Hope event which takes place at the King-Kennedy Center. Day of Hope includes an inspirational program of sharing by individuals in recovery, a display of Peer Recovery Art Project work and other educational, fun, and inspiring activities.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☐ **N/A** ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category- N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A

2. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: RESIDENCY, INTERNSHIP PROGRAMS-Program/Action #7 – Expanded Internship and Supervision Program

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Progress toward addressing the identified need for flexible and expanded internships and clinical supervision is being accomplished through this action/program. The overarching theme of this action during community program planning was “grow our own” in reference to clinical staff, (MSW, MFT, Nurse Practitioner). With that in mind, local clinicians, BHRS and community contractors held a series of meetings to create a plan and structure for the addition of clinical supervision slots for master’s level MSW/MFT interns and students in public mental health settings.

Clinical supervision within BHRS and community based organizations was identified as a priority with a goal of addressing development of a competent and transformed workforce as well as supervision of pre-licensed clinical staff to enter the workforce. In FY09-10 a series of meetings, including BHRS and community-based organizations, focused on existing clinical supervision practices and identifying resources to expand supervision and training to support supervisors. The supervision planning process built on the progress of the existing supervision structure within the agency partners. Sixteen additional supervision slots were created and implemented in this fiscal year and WE&T funding is budgeted for up to 1500 hours of this supervision time. Beginning FY10-11, clinical supervisors are expected to participate in BHRS sponsored training about the essential elements of MHSA and actively include these elements in their supervision of interns and students.

In June 2010, BHRS coordinated and secured a contract for practicum opportunities with Modesto Junior College undergraduate nursing students (RN) to complete their psychiatric clinical field practicum at BHRS. Additionally, BHRS has an existing arrangement with California State University (CSU)-Stanislaus allowing nursing students to have a 4 hour practicum in BHRS out-patient programs; 15 undergraduate RN students participate annually.

Progress toward development of internship opportunities with the Masters of Nursing program at CSU-Stanislaus and the Psychiatric Nurse Practitioner program at CSU-Fresno was accomplished. In particular, negotiations with the psychiatric certification program at CSU Fresno are promising. The program is for Nurse Practitioners who need field placements or preceptorships in community mental/behavioral health settings to complete psychiatric certification. Negotiations are complex and ongoing in FY09-10.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
1) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below. **N/A**	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

A. Type of Funding by Category – N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.

N/A

2. If this is a consolidation of two or more previously approved programs, provide the following information:
   a) Name of the programs.
   b) The rationale for the decision to consolidate programs.
   c) How the objectives identified in the previously approved programs will be achieved.

N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Stanislaus ☒ **No funding is being requested for this program.**

Program Number/Name: **FINANCIAL INCENTIVE PROGRAMS-Program/Action #8-Targeted Financial Incentives to Increase Workforce Diversity**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **This program did not exist during FY09-10.**

1. Describe progress on the objectives achieved in this program during FY09-10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

Stakeholders recommended financial incentives be linked with ongoing assessment of 'hard to fill or retain' positions in the local publicly funded behavioral health workforce. Assessment of "hard-to-fill or retain" is based on skills and licensure, languages spoken, cultural diversity and for all cultures and languages consumer and/or family member lived experience ranked as a top priority for incentives.

Progress toward this program began with initial outreach efforts in FY08/09 when discussions began between BHRS Workforce Education and Training (WE&T) Manager, BHRS Training Coordinator and representatives of CSU, Stanislaus School of Social Work to negotiate a contract to offer financial stipends. A long history of excellent collaboration between the two organizations quickly established shared agreement of how financial stipends could be facilitated. Selection criteria for stipends was based on results of the workforce needs assessment data included in the approved WE&T plan. In FY09-10, four MSW students from culturally diverse backgrounds and/or students who had lived experience as consumers/family members received financial stipends. Policies and processes were developed to facilitate clear expectations for stipend recipients (e.g. how to receive and pay back). The stipend selection committee included CSU Stanislaus staff, BHRS staff and a representative from community based contract programs providing mental health services. Using the MSW contract as a template, BHRS began the process of adding Marriage Family Therapist (MFT) students to the stipends opportunity in FY10-11. As a result, goal of 3 educational stipends and/or scholarships annually to existing or potential employees was met.

When statewide guidelines were developed, BHRS assisted submission of 10 loan repayment applications - 5 were awarded in Stanislaus County.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes ☐ No ☒
2) Is there a change in the activities and strategies?	Yes ☐ No ☒
3) a) Complete the table below: **N/A – no funds requested.**	

FY10-11 funding	FY11-12 funding	Percent Change

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	
N/A	
NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.	

A. Type of Funding by Category - N/A - to be completed only if requesting additional funds.

WE&T Funding Category	Check the Box that Applies
Workforce Staffing Support	☐
Training & Technical Assistance	☐
Mental Health Career Pathway	☐
Residency & Internship	☐
Financial Incentive	☐

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

Prevention and Early Intervention

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus

Program Number/Name: PEI-01 The Community Capacity Building Project ☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation included a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Community Capacity Building Project includes two program prevention/early intervention strategies: 1) Asset-based Community Development, a prevention strategy, and 2) Promotores/Community Health Outreach Workers program, a prevention/early intervention strategy. Asset-based Community Development is intended to build behavioral health capacity within communities at three levels: 1) Leadership, 2) Community-based Organizations, and 3) Community. The Promotores/Community Health Outreach Workers Program expands and builds behavioral health capacity of existing Promotores/Community Health Outreach Workers who provide education and serve as liaisons with at risk individuals in a variety of settings who need services.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

No PEI services were delivered in FY09-10 largely due to an overall delay in implementation due to a local hiring freeze that was unrelated to fluctuations in MHSA funding. FY09-10 was dedicated to establishing a PEI Team comprised of BHRS staff and community based organizations to deliver PEI services beginning in FY10-11. Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program

b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken

c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants

d) Specific program strategies implemented to ensure appropriateness for diverse participants

e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
1,118,689	1,380,338	23.4%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	Early Intervention
Total Individuals:	2000	1000
Total Families:	0	

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus County

Program Number/Name: PEI-02 Emotional Wellness Education/Community Support Development

☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation includes a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took a focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Emotional Wellness Education/Community Support Project includes two prevention strategies: 1) Mental Health Promotion Campaign (contracted to a community partner for implementation) and 2) Friends are Good Medicine program (County operated program). This project will establish two new community-based programs using prevention strategies designed to increase mental health wellness, education and awareness, and link to a countywide strategic effort to expand access and develop local social and emotional support groups. The primary focus is on reducing stigma and discrimination and addressing disparities in access to behavioral health services.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

An implementing partner was identified and a contract executed in 2010 for Mental Health Promotion Campaign, BHRS staff were identified for implementation of Friends are Good Medicine and implementation of these programs began in FY10-11 – no services were delivered in FY09-10.

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

No PEI services were delivered in FY09-10 largely due to an overall delay in implementation unrelated to fluctuations in MHSA funding. FY09-10 was dedicated to establishing a PEI Team comprised of BHRS staff and community based organizations to deliver PEI services beginning in FY10-11. Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond “counting” the number and types of services, but more meaningful, to report about “participant results” or more specifically “Is anybody better off?”

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
422,344	516,758	22.4%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐ **N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	Early Intervention
Total Individuals:	50,500	0
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus County

Program Number/Name: PEI-03 Adverse Childhood Experience Interventions ☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation included a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY1011. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Adverse Childhood Experience Interventions Project includes three prevention/early intervention strategies: 1) Teaching Pro-Social Skills (TPS) a county operated early intervention program), 2) Expanded Child Sexual Abuse Prevention and Early Intervention (contracted services), and 3) Early Psychosis Intervention Program (contracted services). The programs in this project address the needs expressed by stakeholders for expanded responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and juvenile justice involvement. This project addresses key community needs of the psychosocial impact of trauma, at-risk children and youth, as well as focusing on trauma-exposed youth and their families, persons experiencing the early onset of serious mental disorders, and early involvement in the juvenile

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

justice system.

Implementation began in FY09-10 and Expanded Child Sexual Abuse Prevention and Early Intervention delivered services beginning in November 2010.

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	50	White	480	English	969	LGBTQ	Not collected
Transition Age Youth (16-25)	210	African American	70	Spanish	12	Veteran	Not collected
Adult (18-59)	700	Asian		Vietnamese	0	Other	
Older Adult (60+)	21	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	320	Tagalog	0		
		Multi	55	Cambodian	0		
		Unknown	56	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		
Total	981	981			981		
Total Served: 981 individuals served in 32 community locations.							

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

In January 2010, Teaching Pro-Social Skills (TPS) Program began with the identification of a BHRS mental health clinician to implement the program. Initially, staff focused on becoming familiar with the evidenced-based TPS model and developing relationships with community partners such as family resource centers, schools, and faith-based partners, and how they can support their youth with the TPS model. BHRS staff and community partners will be trained in the TPS model. Because of the limited time of the program, there are no service data to report at this time.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Expanded Child Sexual Abuse Prevention and Early Intervention began with the expansion of an existing contract with Parents United/Child Sexual Abuse Treatment Team. The expansion provided the addition of Spanish-speaking programming for adults who were molested as children, established a 24 hour/7 day a week Warm Line for individuals and families affected by child sexual abuse, and expanded the capacity of the existing peer sponsorship program and speakers bureau to provide education about child sexual abuse to Spanish-speaking and other audiences. Outreach is a critical aspect to address cultural taboos to seeking help with sexual abuse. In FY09-10, 32 group presentations to 981 diverse individuals were conducted in a variety of community settings ranging from schools and colleges, behavioral health service programs (e.g. clean and sober living), and other community-based service and support organizations (e.g. Haven Shelter for Battered Women).

The County initiated implementation for the Early Psychosis Intervention Project by releasing a Request for Proposal in May 2010. No services were delivered in FY09-10.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

3. a) Complete the table below: **FY10-11 funding** | **FY11-12 funding** | **Percent Change** 497,309 | 482,744 | -2.9% b) Is the FY 11-12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	 Yes ☐ No ☒ Yes ☐ No ☐ N/A ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	**Early Intervention**
Total Individuals:	200	140
Total Families:	100	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus

Program Number/Name: PEI-04 Child and Youth Resiliency and Development ☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation included a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Child and Youth Resiliency and Development Project includes two prevention strategies: 1) Leadership and Resiliency Program (contracted services) and 2) Children are People (county operated program). The Child and Youth Resiliency and Development Project addresses the needs expressed by stakeholders to focus on facilitating emotional resiliency among high-risk children and youth through mentoring, education, life skills training, peer support, and community leadership opportunities. It addresses key community needs of at-risk children, youth, and young adult populations by focusing on these priority populations: children and youth in stressed families, at risk for school failure, at risk of or experiencing juvenile justice Involvement, and underserved cultural populations. Implementing partners were identified and four contracts executed in FY10-11 for youth leadership and resiliency programs – no services were delivered in FY09-10.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

Implementation of Leadership and Resiliency Program began with the release of a Request for Proposal in FY09-10 which resulted in the identification of four community-based organizations to deliver services beginning July 2010.

Children are People Program began with hiring a mental health clinician in May 2010 to implement the program. Initial focus was on developing relationships with community partners such as Adult Alcohol and Other Drugs (AOD) Treatment Center, family resource centers, schools, and faith-based partners that would be critical in strengthening the community's capacity to support children with parents who are abusing alcohol or other drugs. No services were delivered in FY09-10. Because of the limited time of the program there is no service data to report at this time.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
371,309	378,482	1.9%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒	
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐	**N/A** ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.			

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	Early Intervention
Total Individuals:	520	0
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus County

Program Number/Name: PEI-05 Adult Resiliency and Social Connectedness

☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10.**
Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11-12.

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation included a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Adult Resiliency and Social Connectedness Project includes three prevention strategies: 1) In Our Own Voice (IOOV) – Anti-Stigma Program (contracted services) and 2) Arts for Adult Resiliency and Social Connectedness (contracted services), and 3) Faith/Spirituality-Based Resiliency and Social Connectedness (county operated program). The Adult Resiliency and Social Connectedness Project is designed to build capacity in the community to reduce stigma and discrimination as prevention services specifically address reducing stigma among adults/older adults who may experience stigma and discrimination related to mental illness and who desire more social support. The project is intended to reduce barriers to access early mental health interventions by addressing stigma associated with mental illness and emotional health problems.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	598	English	598	LGBTQ	75
Transition Age Youth (16-25)	0	African American	30	Spanish	112	Veteran	37
Adult (18-59)	560	Asian	14	Vietnamese	0	Other	
Older Adult (60+)	187	Pacific Islander		Cantonese	0		
		Native American		Mandarin	0		
		Hispanic	105	Tagalog	0		
		Multi		Cambodian	37		
		Unknown		Hmong	0		
		Other		Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		
Total	747		747		747		
TOTAL SERVED:	**747 adult/older adult individuals in 32 community-based sites.**						

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The Adult Resiliency and Social Connectedness Project includes three prevention strategies: 1) In Our Own Voice (IOOV) – Anti-Stigma Program (contracted services) and 2) Arts for Adult Resiliency and Social Connectedness (contracted services), and 3) Faith/Spirituality-Based Resiliency and Social Connectedness (county operated program).

In Our Own Voice (IOOV) program began when BHRS expanded an existing contract with the local chapter of NAMI to include the IOOV program. IOOV hired and trained 15 diverse men and women to deliver the IOOV program to small groups of interested individuals throughout the County. In FY09-10, 32 group presentations to approximately 747 diverse individuals were conducted in community settings ranging from churches (five local churches of different denominations), schools and colleges, mental health service programs, service clubs (e.g. Kiwanas), government (e.g. law enforcement) and community-based service and support organizations (e.g. Parents, Families and Friends of Lesbians And Gays (PFLAG) and Alanon). Four of the presentations were done in Spanish.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Arts for Adult Resiliency and Social Connectedness Program began by releasing a Request for Proposal in FY09-10.

Faith/Spirituality-Based Resiliency and Social Connectedness program began with BHRS convening leaders in Stanislaus County who are involved in faith-based recovery efforts. Between November 2009 and May 2010, four (4) meetings with 85 participants were held in which program leaders explored possible partnerships and collaborations to support and develop resiliency and social connectedness related to behavioral health issues. This prevention effort is designed to better serve individuals who prefer faith-based services in times of emotional health crisis. BHRS invited the City Ministry Network and the Celebrate Recovery Ministry at Modesto's Big Valley Grace Church to invite their partners in the broader faith-based recovery community to explore interest in two focus areas; 1) Is there interest to identify and map the existing network of faith-based recovery efforts, and strategically act together to expand these efforts in Stanislaus County, and 2) is there interest in strengthening the capacity of the existing network of faith-based recovery efforts to support their members in their emotional health and wellbeing. Planning and collaborative efforts continued into FY10-11.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Is there a change in the type of PEI activities to be provided?	Yes ☐ No ☒
3. a) Complete the table below: **FY10-11 funding** | **FY11-12 funding** | **Percent Change** 424,610 | 368,458 | -13.2% b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☒ Yes ☐ No ☐ **N/A** ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program. – N/A

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11-12.

	Prevention	**Early Intervention**
Total Individuals:	750	0
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus

Program Number/Name: PEI-06 Older Adult Resiliency & Social Connectedness ☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation includes a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Older Adult Resiliency & Social Connectedness includes three prevention/early intervention strategies: 1) The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS), an early intervention strategy and 2) Senior Peer Counseling, a prevention strategy, and 3) Senior Center Without Walls, a prevention strategy. This project will establish new programs and prevention/early intervention strategies designed to reach physically impaired and socially isolated seniors who are at higher risk of depression and suicide. The project has three types of programming that address psychosocial impacts of trauma and onset of depression, and other disorders including co-occurring disorders in older adults.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

The county initiated implementation of the Older Adult Resiliency & Social Connectedness Program by releasing a Request for Proposal in FY09-10 resulting in identification of a collaborative of agencies sponsored by Aging & Veteran Services to implement the project starting in 2010. No services were delivered in FY09-10.

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The county initiated implementation of the Older Adult Resiliency & Social Connectedness Program by releasing a Request for Proposal in FY09-10 resulting in identification of a collaborative of agencies sponsored by Aging & Veteran Services to implement the project starting in 2010. No services were delivered in FY09-10.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
551,512	463,634	-15.9%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒	
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☐	N/A ☒

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	Early Intervention
Total Individuals:	175	225
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus

Program Number/Name: PEI-07 Health/ Behavioral Health Integration ☒ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation include a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The Health/ Behavioral Health Integration is an early intervention strategy designed to add behavioral health clinicians and psychiatric consultation services with primary care health clinics serving primarily underserved cultural communities. The project will interface with several other projects in this plan to ensure continuity of care to older adults, children/youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues. The project includes one program implemented at numerous sites throughout the county to begin to address stakeholder identified needs related to increasing supports in the community, include all age groups, and improve access to services.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

The county initiated implementation of the Health/ Behavioral Health Integration Program by releasing a Request for Proposal FY09-10 and identification of two implementing partners; Golden Valley Health Clinics and Stanislaus County Health Services Agency. No services were delivered in FY09-10.

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The county initiated implementation of the Health/ Behavioral Health Integration Program by releasing a Request for Proposal in FY09-10 resulting in identification of two implementing partners; Golden Valley Health Clinics and Stanislaus County Health Services Agency. No services were delivered in FY09-10.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the

framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

No data available - implementation began in FY10-11.

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
375,000	383,214	2.2%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☐	N/A ☒
For Consolidated Programs, is the FY11-12 funding requested outside the ± 25%	Yes ☐	No ☐	N/A ☒

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	Early Intervention
Total Individuals:	0	2500
Total Families:	0	0

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Stanislaus

Program Number/Name: PEI-08 School-Behavioral Health Integration ☐ **Please check box if this program was selected for the local evaluation**

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☐ **Please check box if your county did not begin implementation of this PEI program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus County's PEI plan was approved in May 2009 and implementation began in FY09-10. Progress of implementation includes a BHRS leadership decision to assign overall administrative supervision of PEI to the Children's System of Care Chief and delay the hiring of staff due to an overall hiring freeze in Stanislaus County. As a result of the delay, the PEI Implementation Manager/Coordinator and other key PEI staff were identified from October 2009 to June 2010. All PEI contracts – with the exception of one – were fully executed by July 2010 and services began in FY10-11. FY09-10 implementation efforts necessarily took focus on training, community networking and education, and PEI program development. Two projects began services in FY09-10. All PEI service providers are participating in training to utilize a Results-based Accountability framework with PEI outcomes.

As the PEI team was being formed, it was necessary to focus on training for staff and community partners, community networking and education of what PEI would be, and PEI program development including identification of community partners/agencies to implement the programs/services. The PEI Implementation Manager and staff initiated conversations across the county with community leaders of all types including, but not limited to, neighborhood collaborative networks, family resource centers, school districts, and Promotores networks. The intent of this extensive networking was to develop an understanding of community capacity building (CCB) and how as the cornerstone of all PEI program and services, CCB was intended to reduce disparities in access to mental/behavioral health services, serve underserved cultural populations, and ultimately fulfill the overall intent of the PEI plan to create a "help first' system of behavioral health supports in Stanislaus County.

The School-Behavioral Health Integration includes two prevention/early intervention strategies: 1) Student Assistance and School-Based Consultation Program and 2) Parents and Teachers as Allies (PTASA). These strategies include prevention and early intervention with some elements of prevention that serve at-risk children, youth, educational professionals, and parents. The early intervention focus is on preventing school failure and other psychosocial problems resulting from early onset of mental illness, trauma, and family stress. The project consists of a range of multi-faceted activities including embedding a mental health clinician within a school setting to provide behavioral health consultation, substance abuse problem identification, screening and referral, support for educational professionals and parents, and screening and early interventions for behavioral and emotional problems of students.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

The county initiated implementation of the School-Behavioral Health Integration by releasing a Request for Proposal in FY09-10 resulting in identification of two community-based organizations to implement services beginning in FY10-11 - no services were delivered in FY09-10.

PTASA implementation began with an expansion of the existing contract with the local National Alliance on Mental Illness (NAMI) organization for services to begin in FY10-11.

A. List the number of individuals served by this program during FY09-10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# of Individuals	Race and Ethnicity	# of Individuals	Primary Language	# of Individuals	Culture	# of Individuals
Child and Youth (0-17)	0	White	0	English	0	LGBTQ	0
Transition Age Youth (16-25)	0	African American	0	Spanish	0	Veteran	0
Adult (18-59)	0	Asian	0	Vietnamese	0	Other	0
Older Adult (60+)	0	Pacific Islander	0	Cantonese	0		
		Native American	0	Mandarin	0		
		Hispanic	0	Tagalog	0		
		Multi	0	Cambodian	0		
		Unknown	0	Hmong	0		
		Other	0	Russian	0		
				Farsi	0		
				Arabic	0		
				Other	0		

B. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

The county initiated implementation of the School-Behavioral Health Integration by releasing a Request for Proposal in FY09-10 resulting in identification of two community-based organizations: Center for Human Services and Sierra Vista Child, and Family Services to implement services beginning in FY10-11 - no services were delivered in FY09-10.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Parents and Teachers as Allies program implementation began with an expansion of the existing contract with the local National Alliance on Mental Illness (NAMI) organization for services to begin in FY10-11. NAMI will be required to develop new partnerships with individuals and groups in the community, community-based agencies who successfully bid for other programs in the PEI plan and schools throughout the county.

Preparation for a significant effort including training was directed by the county to all implementers of PEI services in adopting the Results-based Accountability (RBA) framework with outcomes to be established by June 2011. The RBA framework provides the contractor and county staff with the framework and tools to report program performance measures beyond "counting" the number and types of services, but more meaningful, to report about "participant results" or more specifically "Is anybody better off?"

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
   a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
   b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
   c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
   d) Specific program strategies implemented to ensure appropriateness for diverse participants
   e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

SECTION II: PROGRAM DESCRIPTION FOR FY11-12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY10-11 funding	FY11-12 funding	Percent Change
444,309	533,232	20.0%

b) Is the FY11-12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒

[1] Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

For Consolidated Programs, is the FY11-12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ No ☐ **N/A** ☒

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY11-12.

	Prevention	**Early Intervention**
Total Individuals:	620	470
Total Families:	0	0

Innovation

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Stanislaus

Program Number/Name: INN-01 - Evolving a Community-Owned Behavioral Health System of Supports/Services

Date: March 25, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY09-10

☒ **Please check box if your county did not begin implementation of this INN program in FY09-10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY11-12.**

Stanislaus' first Innovation Project was approved in FY10-11 (September 2010).

A. Please complete the following questions about this program during FY09-10.

1. Briefly report on the performance of the program during FY09-10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

N/A

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
   a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
   b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
   c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
   d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

N/A

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY11-12		
1. Is there a change in the primary purpose[1]?	Yes ☐	No ☒
2. Is there a change to the learning goals?	Yes ☐	No ☒
NOTE: If you answered YES to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.		
3. Please include a description of any additional proposed changes to this INN program, if applicable.		
N/A		

[1] The term "essential purpose" has been replaced with the term "primary purpose" for INN.

County: Stanislaus **Date:** 3/25/2011

	MHSA Funding					
	CSS	**WET**	**CFTN**	**PEI**	**INN**	**Local Prudent Reserve**
A. FY2011-12 Component Allocations						
1. Published Component Allocation	$9,620,600			$2,318,800	$627,800	
2. Transfer from FY11-12[a/]						
3. Adjusted Component Allocation	$9,620,600					
B. FY2011-12 Funding Request						
1. Requested Funding in FY2011-12	$11,108,742		$1,333,520	$5,701,178		
2. Requested Funding for CPP	$31,980					
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY09-10 Annual MHSA Revenue and Expenditure Report	$2,943,230			$6,672,910		
b. Amount of Unexpended Funds from FY09-10 spent in FY10-11 (adjustment)	$1,423,108			$3,290,532		
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	$1,520,122	$0		$3,382,378	$0	
4. Total FY2011-12 Funding Request	**$9,620,600**	**$0**	**$1,333,520**	**$2,318,800**	**$0**	
C. Funds Requested for FY2011-12						
1. Unapproved FY06-07 Component Allocations						
2. Unapproved FY07-08 Component Allocations			**$1,333,520**			
3. Unapproved FY08-09 Component Allocations						
4. Unapproved FY09-10 Component Allocations[b/]						
5. Unapproved FY10-11 Component Allocations[b/]						
6. Unapproved FY11-12 Component Allocations[b/]	**$9,620,600**			$2,318,800		
Sub-total	**$9,620,600**	**$0**	**$1,333,520**	**$2,318,800**	**$0**	
7. Access Local Prudent Reserve						
8. FY2011-12 Total Allocation [c/]	**$9,620,600**	**$0**	**$1,333,520**	**$2,318,800**	**$0**	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY10-11.

2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY10-11.

3. Line 3.a. should be consistent with the amount listed on the FY09-10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.

4. Line 3.c. should be consistent with the amount listed on the FY10-11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.

5. Line 3.c. will be verified upon receipt of the FY10-11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

[a/] Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

[b/] For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

[c/] Must equal line B.4. for each component.

FY2011-12 ANNUAL UPDATE **EXHIBIT E1**

CSS FUNDING REQUEST

County: Stanislaus **Date:** 3/25/2011

	CSS Programs		FY11-12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group				
	No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult	
Previously Approved Programs												
1.	FSP01	Westside Stanislaus Homeless Outreach	$2,461,098	$1,845,824	$615,274				$492,220	$1,722,768	$246,110	
2.	FSP02	Juvenile Justice	$235,795	$235,795				$117,897	$117,898			
3.	FSP05	Integrated Forensics Team	$1,212,535	$882,293	$330,242				$242,507	$970,028		
4.	FSP06	High Risk Health & Senior Access	$1,863,983	$1,560,207	$303,776					$838,792	$1,025,191	
5.	GSD01	Transition Age Young Adult Drop-In Center	$647,004		$647,004				$647,004			
6.	GSD02	Community Response Team	$436,963		$436,963			$113,610	$65,544	$192,264	$65,545	
7.	GSD04	Families Together	$180,502		$180,502			$162,452	$18,050			
8.	GSD05	Consumer Employment & Empowerment Center	$357,902		$357,902				$71,580	$178,951	$107,371	
9.	OE02	Garden Gate Respite	$1,385,832			$1,385,832			$277,166	$831,500	$277,166	
10.			$0									
11.			$0									
12.			$0									
13.			$0									
14.			$0									
15.			$0									
16.	Subtotal: Programs [a/]		$8,781,614	$4,524,119	$2,871,663	$1,385,832	$0	$393,959	$1,931,969	$4,734,303	$1,721,383	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$1,317,242									15%
18.	Plus up to 10% Operating Reserve		$1,009,886									10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$11,108,742									
New Programs/Revised Previously Approved Programs												
1.			$0									
2.			$0									
3.			$0									
4.			$0									
5.			$0									
6.	Subtotal: Programs[a/]		$0	$0	$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											#VALUE!
8.	Plus up to 10% Operating Reserve											#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0									
10.	**Total MHSA Funds Requested for CSS**		$11,108,742									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs= 51.50%

Additional funding sources for FSP requirement:
County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.] Refer to DMH FAQs at http://www.dmh.ca.gov/Prop_63/ MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

CSS Majority of Funding to FSPs

		Other Funding Sources								
	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	$4,524,119	$0	$0	$0	$0	$0	$0	$0	$0	$4,524,119	52%

FY2011-12 ANNUAL UPDATE **EXHIBIT E3**

PEI FUNDING REQUEST

County: Stanislaus **Date:** 3/25/2011

	PEI Programs		FY11-12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
	No.	Name		Prevention	Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult	
		Previously Approved Programs								
1.	1	Community Capacity Building	$1,380,338	$920,225	$460,113	$414,100	$345,085	$276,068	$345,085	
2.	2	Emotional Wellness Education/Community Support Development	$516,758	$516,758	$0	$155,027	$155,027	$103,352	$103,352	
3.	3	Childhood Adverse Experience Intervention	$482,744	$283,967	$198,777	$24,605	$103,340	$344,466	$10,333	
4.	4	Child & Youth Resiliency and Development	$378,482	$378,482	$0	$189,241	$189,241	$0	$0	
5.	5	Adult Resiliency and Social Connectiveness	$368,458	$368,458	$0	$0	$0	$276,220	$92,238	
6.	6	Older Adult Resiliency and Social Connectiveness	$463,634	$202,840	$260,794	$0	$0	$0	$463,634	
7.	7	Health/Behavioral Health Integration	$383,214	$0	$383,214	$114,964	$95,804	$76,643	$95,803	
8.	8	School/Behavioral Health Integration	$533,232	$303,306	$229,926	$266,616	$266,616	$0	$0	
9.			$0							
10.			$0							
11.			$0							
12.			$0							
13.			$0							
14.			$0							
15.			$0							
16.	Subtotal: Programs*		$4,506,860	$2,974,036	$1,532,824	$1,164,553	$1,155,113	$1,076,749	$1,110,445	Percentage
17.	Plus up to 15% Indirect Administrative Costs		$676,029							15%
18.	Plus up to 10% Operating Reserve		$518,289							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		$5,701,178							
	New/Revised Previously Approved Programs									
1.			$0							
2.			$0							
3.			$0							
4.			$0							
5.			$0							
6.	Subtotal: Programs*		$0	$0	$0	$0	$0	$0	$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									#VALUE!
8.	Plus up to 10% Operating Reserve									#VALUE!
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		$0							
10.	**Total MHSA Funds Requested for PEI**		$5,701,178							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 yea 51%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

CFTN FUNDING REQUEST

County: Stanislaus

	Capital Facilities and Technological Needs Work Plans/Projects			TOTAL FY11-12 Required MHSA Funding	Funding Requested by Type of Project		
	No.	Name	New (N) Existing (E)		Capital Facilities	Technological Needs	
1.	SU-01	Electronic Health Record (EHR) System	(E)	$1,021,699		$1,021,699	
2.	SU-02	Consumer Family Access to Computer Resources	(E)	$311,821		$311,821	
3.							
4.							
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18.							
19.							
20.							
21.							
22.							
23.							
24.							
25.							Percentage
26.	Subtotal: Work Plans/Projects			$1,333,520	$0	$1,333,520	
27.	Plus up to 15% Indirect Administrative Costs			0			0.0%
28.	Plus up to 10% Operating Reserve			0			#DIV/0!
29.	Total MHSA Funds Requested			$1,333,520			

TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Stanislaus

Project Name: Electronic Health Record

Project Number: SU-01

Select One:
- ☐ New
- ☒ Existing
- ☐ Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT - This section N/A

Check at least one box from each group that describes this MHSA Technological Needs project category:

- ☐ New system
- ☐ Increases the number of users of an existing system
- ☐ Extends the functionality of an existing system
- ☐ Supports goal of modernization/transformation
- ☐ Supports goal of client and family empowerment

Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:

ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)	
☐ **Needs Assessment and Vendor Selection** ☐ Needs Assessment ☐ Vendor Selection Process	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Infrastructure, Security, and Privacy**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Practice Management** ☐ Electronic Registration ☐ Electronic Scheduling ☐ Billing Interface with State ☐ Billing Interface with Contract Providers	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Clinical Data Management** ☐ Assessment and Treatment Plan ☐ Document Imaging ☐ Clinical Notes Module	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Computerized Provider Order Entry** ☐ Lab – Internal ☐ Lab – External ☐ Pharmacy – Internal ☐ Pharmacy – External	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Interoperability Components** ☐ Messaging – Data transfer between different systems with different data standards. ☐ Record Exchange – Data transfer between two systems that share a common structural design.	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Full Electronic Health Record (EHR) with Interoperability Components** (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
CLIENT AND FAMILY EMPOWERMENT PROJECTS	
☐ **Client/Family Access to Computing Resources**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Personal Health Record (PHR) System**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Online Information Resource (Expansion / Leveraging Information Sharing Services)**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

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OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS	
☐ **Telemedicine and Other Rural / Underserved Service Access Methods**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Pilot Projects to Monitor New Programs and Service Outcome Improvement**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Data Warehousing /Decision Support**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Imaging/Paper Conversion**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

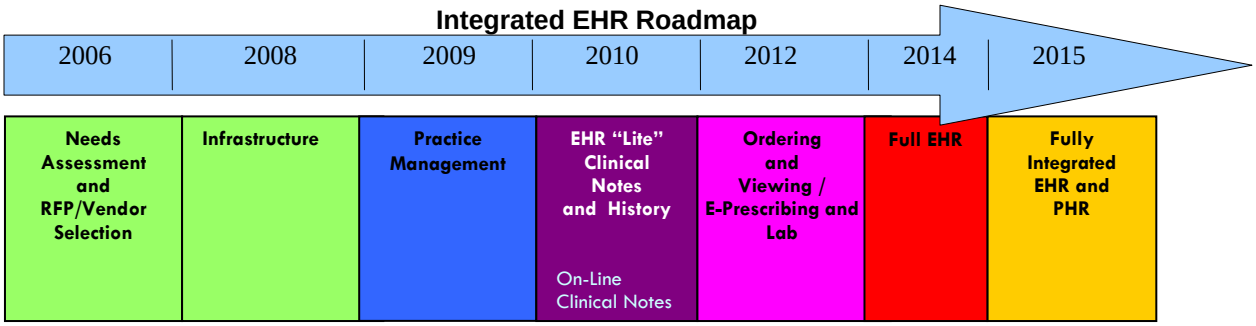
1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☐ Yes or ☐ No

a. Independent Project Oversight	g. Human Resource Management
b. Integration Management	h. Communication Management
c. Scope Management	i. Procurement Management
d. Time Management	j. Risk Assessment
e. Cost Management	k. Change Control Plan
f. Quality Management	l. Needs Assessment

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☐ Yes or ☐ No

6. EHR and PHR Standards and Requirements:
If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:
Proposed Start Date: _____ **Proposed End Date:** _____

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TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

Stanislaus County Behavioral Health and Recovery Services received a letter from DMH dated June 16, 2010 stating that the proposed technological needs project for electronic health records (EHR) system been approved. That letter stated that $2,636,090 of the total project budget of $3,657,789.00 had been approved and released for costs in the first 3 years of the project.
At this time, Stanislaus County is requesting 100% of the funds remaining ($1,021,699) for this already approved project. There are no insufficiencies, changes or updates. The remaining funds budgeted for years 4 and 5 of this project are requested and will allow more flexibility at the local level for efficient management of resources, timelines and vendor costs.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

a.	☐ Project manager performance	h.	☐ Change in Vendor/Contract services cost
b.	☐ Project staffing	i.	☐ Change in cost of materials (hardware, software, etc.)
c.	☐ Requirements not completely defined	j.	☐ Personnel cost increase
d.	☐ Change in scope	k.	☐ Delay in RFP process
e.	☐ Difficulties in customizing COTS	l.	☐ Insufficient management support
f.	☐ Delay in project start date	m.	☐ Training issues
g.	☐ Completion date has lapsed	n.	☒ Other – request for 100% of funds

Explanation: Stanislaus County is requesting 100% of funds for this already approved project – no additional funds are requested and funding is sufficient at this time for the project as already approved.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

a.	☐ Project organization	j.	☐ Project phasing
b.	☐ Project management resources	k.	☐ Change management plan
c.	☐ Support resources	l.	☐ Risk management plan
d.	☐ Development and maintenance resources	m.	☐ Contract services costs
e.	☐ Quality assurance testing resources	n.	☐ Hardware costs
f.	☐ Project plan dates (schedule)	o.	☐ Software costs
g.	☐ Project scope	p.	☐ Personnel costs
h.	☐ Project roles and responsibilities	q.	☐ Other costs
i.	☐ Project monitoring and oversight	r.	☐ Training provisions

Explanation: No changes - Stanislaus County is requesting 100% of funds for this already approved project – no additional funds beyond the total project amount of $3,657,789 are being requested.

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel		349,070	366,522	715,592
2.	Hardware		0	0	0
3.	Software		183,967	193,165	377,132
4.	Contract Services		0	0	0
5.	Indirect Administrative Cost		29,527	31,003	60,530
6.	Mileage & Supplies		2,120	2,228	4,348
	Total Proposed Expenditures		**564,684**	**592,918**	**1,157,602**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues		66,294	69,609	135,903
	Total Revenues		66,294	69,609	135,903
C. TOTAL FUNDING REQUESTED			**498,390**	**523,309**	**1,021,699**

Stanislaus County Behavioral Health and Recovery Services
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D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

A. Expenditures

1. Personnel: $715,648

Project Managers to oversee implementation and staff training of Electronic Health Record (EHR) Project
$46.52/hr x 2,080 hrs x 2 FTEs plus 38% Fringe Benefits includes Retirement, FICA, Health Insurance, Worker's Comp & Unemployment Insurance - $267,062

Systems Engineer Is to assist with server implementation and training equipment for EHR
$39.07/hr x 2,080 hrs x 2 FTEs plus 38% Fringe Benefits includes Retirement, FICA, Health Insurance, Worker's Comp & Unemployment Insurance - $224,293

Software Developers II to assist with software implementation and maintenance for EHR
$39.07/hr x 2,080 hrs x 2 FTEs plus 38% Fringe Benefits includes Retirement, FICA, Health Insurance, Worker's Comp & Unemployment Insurance - $224,293

2. Hardware: N/A

3. Software: $377,132

Annual maintenance and licensing fees for EHR software, operating system and standard desktop applications

4. Contract Services: N/A

5. Indirect Administrative Cost: $60,530

8.458% of Personnel salaries and benefits.

6. Mileage & Supplies: $4,292

Staff mileage to/from EHR meetings with vendor and other Anasazi counties @ approved county mileage rate - $2,146
Supplies for on-going training materials and supplies including paper and printer ink cartridges - $2,146

Total Expenditures: $1,157,602

B. Revenues

1. New Revenues

a. Medi-Cal (FFP only): N/A

b. State General Funds: N/A

c. Other Revenues: $135,903

Stanislaus County Behavioral Health & Recovery Services is an integrated department, providing both mental health and substance abuse services. Therefore, the EHR will also be used for substance abuse services. Other revenue in the amount of $135,903 is the portion to be paid by Drug and Alcohol Services funding based on the allocation methodology of total active unique clients for Mental Health (88.26%) vs Drug and Alcohol Services (11.74%).

Total MHSA Request: $1,021,699

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TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER) - This section N/A

Basic Information

Actual Start Date: ___/___/_____ ☐ Check if different than planned start date in original project proposal
Actual Completion Date: ___/___/_____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____
☐ Project was completed under budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

a. ☐ Scope (planning, defining, verifying, and controlling)
b. ☐ Documentation (requirements and use cases)
c. ☐ Development (design, coding, and data)
d. ☐ Quality (assurance, control, metrics, and testing)
e. ☐ Implementation (installation and deployment)
f. ☐ Risk (identification, response, and control)
g. ☐ Time (sequencing, estimating, and scheduling)
h. ☐ Cost (estimating, budgeting, and control)
i. ☐ Human Resources (team acquisition, development, management, and turnover)
j. ☐ Communications (info distribution and reporting)
k. ☐ Procurement (purchase, acquisitions, and contracting)
l. ☐ Training (system education)
m. ☐ User acceptance (sponsorship and buy-off)

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

Stanislaus County Behavioral Health and Recovery Services
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CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul Gibson

Chief Information Officer/Security Officer (Print)	**Signature**	**Date**

Ron Gandy

HIPAA Privacy Officer (Print)	**Signature**	**Date**

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TECHNOLOGICAL NEEDS NEW and EXISTING PROJECT DESCRIPTION

County: Stanislaus

Project Name: Consumer Family Access to Computing Resources

Project Number: SU-02

Select One:
- ☐ New
- ☒ Existing
- ☐ Completed Project (PIER)

TECHNOLOGICAL NEEDS NEW PROJECT – This section N/A		
Check at least one box from each group that describes this MHSA Technological Needs project category:		
☐ New system ☐ Increases the number of users of an existing system ☐ Extends the functionality of an existing system ☐ Supports goal of modernization/transformation ☐ Supports goal of client and family empowerment		
Indicate the type (and subtype if applicable) of MHSA Technological Needs Project and provide the Vendor/Consultant information:		
ELECTRONIC HEALTH RECORD (EHR) SYSTEM PROJECTS (Check All That Apply)		
☐ **Needs Assessment and Vendor Selection** ☐ Needs Assessment ☐ Vendor Selection Process	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Infrastructure, Security, and Privacy**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Practice Management** ☐ Electronic Registration ☐ Electronic Scheduling ☐ Billing Interface with State ☐ Billing Interface with Contract Providers	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Clinical Data Management** ☐ Assessment and Treatment Plan ☐ Document Imaging ☐ Clinical Notes Module	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Computerized Provider Order Entry** ☐ Lab – Internal ☐ Lab – External ☐ Pharmacy – Internal ☐ Pharmacy – External	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Interoperability Components** ☐ Messaging – Data transfer between different systems with different data standards. ☐ Record Exchange – Data transfer between two systems that share a common structural design.	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Full Electronic Health Record (EHR) with Interoperability Components** (Example: Standard data exchanges with other counties, contract providers, labs or pharmacies)	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
CLIENT AND FAMILY EMPOWERMENT PROJECTS		
☐ **Client/Family Access to Computing Resources**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Personal Health Record (PHR) System**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	
☐ **Online Information Resource (Expansion / Leveraging Information Sharing Services)**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal	

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OTHER TECHNOLOGICAL NEEDS PROJECTS THAT SUPPORT MHSA OPERATIONS	
☐ **Telemedicine and Other Rural / Underserved Service Access Methods**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Pilot Projects to Monitor New Programs and Service Outcome Improvement**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Data Warehousing /Decision Support**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal
☐ **Imaging/Paper Conversion**	☐ Vendor/Consultant Not Selected ☐ Vendor/Consultant Selected Name _____ ☐ Internal

TECHNOLOGICAL NEEDS NEW PROJECT DESCRIPTION

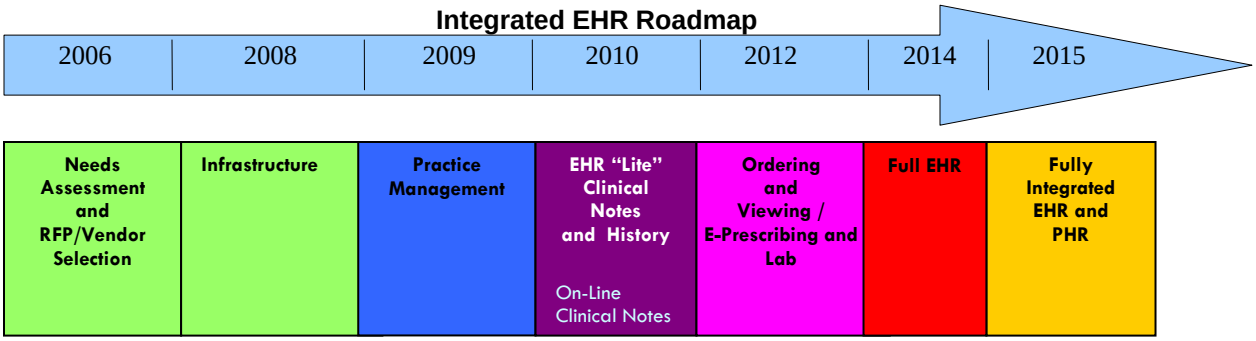
1. Provide an Executive Summary of your Project:

2. Describe how your Technological Needs Projects will meet MHSA's goal of the Integrated Information Systems Infrastructure (IISI):

3. A Project Management Overview is required. Do you certify that you have completed or will complete each of the following plans? ☐ Yes or ☐ No

a. Independent Project Oversight	g. Human Resource Management
b. Integration Management	h. Communication Management
c. Scope Management	i. Procurement Management
d. Time Management	j. Risk Assessment
e. Cost Management	k. Change Control Plan
f. Quality Management	l. Needs Assessment

4. Complete a proposed implementation timeline with the following major EHR categories (Example below):



NOTE: Your implementation plan may not be in this order.

5. Will funding be used for Data Collection Reporting (DCR)? ☐ Yes or ☐ No

6. EHR and PHR Standards and Requirements:
If the project includes an EHR or PHR, please follow the standards found in Appendix B of Enclosure 3 located at:
http://www.dmh.ca.gov/Prop_63/MHSA/Technology/forms/Published/TemplatesUserFriendly_Enc3_AppB_FILLABLE.pdf

7. Project:
Proposed Start Date: _____ **Proposed End Date:** _____

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TECHNOLOGICAL NEEDS EXISTING PROJECT

Please provide the following information when requesting additional funds for existing projects only:

1. Provide a justification how this request is a continuation of a previously approved project and not a new project.

Stanislaus County Behavioral Health and Recovery Services received a letter from DMH dated June 16, 2010 stating that the proposed technological needs project for consumer family access to computing resources had been approved. That letter stated that 348,614.00 of the total project budget of $660,435 had been approved and released for costs in the first 3 years of the project.
At this time, Stanislaus County is requesting 100% of the funds remaining ($311,821) for this already approved project. There is no insufficiency, changes or updates. The remaining funds budgeted for years 4 and 5 of this project are requested and will allow more flexibility at the local level for efficient management of resources, timelines and other costs.

2. Why was the initial funding insufficient? Check all boxes that apply and provide a brief explanation.

a.	☐ Project manager performance	h.	☐ Change in Vendor/Contract services cost
b.	☐ Project staffing	i.	☐ Change in cost of materials (hardware, software, etc.)
c.	☐ Requirements not completely defined	j.	☐ Personnel cost increase
d.	☐ Change in scope	k.	☐ Delay in RFP process
e.	☐ Difficulties in customizing COTS	l.	☐ Insufficient management support
f.	☐ Delay in project start date	m.	☐ Training issues
g.	☐ Completion date has lapsed	n.	☒ Other – requesting 100% of funds

Explanation: Stanislaus County is requesting 100% of funds for this already approved project – no additional funds are requested and funding is sufficient at this time for the project as already approved.

3. Which sections, if any, of your original project are being changed or updated? Check all boxes that apply and provide a brief explanation.

a.	☐ Project organization	j.	☐ Project phasing
b.	☐ Project management resources	k.	☐ Change management plan
c.	☐ Support resources	l.	☐ Risk management plan
d.	☐ Development and maintenance resources	m.	☐ Contract services costs
e.	☐ Quality assurance testing resources	n.	☐ Hardware costs
f.	☐ Project plan dates (schedule)	o.	☐ Software costs
g.	☐ Project scope	p.	☐ Personnel costs
h.	☐ Project roles and responsibilities	q.	☐ Other costs
i.	☐ Project monitoring and oversight	r.	☐ Training provisions

Explanation: Stanislaus County is requesting 100% of funds for this already approved project – no additional funds beyond the total project amount of $660,435 are being requested.

PROJECT BUDGET

A. EXPENDITURES

	Type of Expenditure	FY 11/12	FY 12/13	FY 13/14	Total
1.	Personnel		9,285	9,750	19,035
2.	Hardware				0
3.	Software				0
4.	Contract Services		136,589	143,418	280,007
5.	Indirect Administrative Cost		984	1,033	2,017
6.	Mileage & Supplies		5,250	5,512	10,762
	Total Proposed Expenditures		**152,108**	**159,713**	**311,821**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues				
	Total Revenues		0	0	0
C. TOTAL FUNDING REQUESTED			**152,108**	**159,713**	**311,821**

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D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

1. Personnel: $19,036

.2 FTE Application Specialist II to install and maintain consumer and family access equipment
$33.16/hr x 2,080 hrs x .2 FTE plus 38% Fringe Benefits includes Retirement, FICA, Health Insurance, Worker's Comp & Unemployment Insurance

2. Hardware: N/A

3. Software: N/A

4. Contract Services: $280,007

4 TN Technical Support Technicians to assist consumers in accessing information
$27.82/hr x 2,000 hrs x 4 FTEs plus 20% Fringe Benefits includes FICA, Health Insurance, Worker's Comp & Unemployment Insurance - $267,072

Internet Access for all Consumer & Family Access computers @ $1,078/month - $12,935

5. Indirect Administrative Cost: $2,017

10.6% of Personnel salaries and benefits

6. Mileage & Supplies: $10,761

Mileage for Personnel to and from outstations @ approved county mileage rate - $4,305
Supplies – includes paper and printer ink cartridges - $6,456

Total MHSA Request: $311,821

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TECHNOLOGICAL NEEDS POST IMPLEMENTATION EVALUATION REPORT (PIER) - This section N/A

Basic Information

Actual Start Date: ___/___/_____ ☐ Check if different than planned start date in original project proposal

Actual Completion Date: ___/___/_____ ☐ Check if different than planned completion date in original project proposal

What was the final Project Schedule Status?

☐ Project was completed on time
☐ Project was completed early
☐ Project was completed late

What was the final Project Budget Status?

☐ Project was completed within approved budget
☐ Project was completed over budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____
☐ Project was completed under budget – Final Cost: MHSA funds - $_____ Non-MHSA funds - $_____

Objectives Achieved

Describe the achieved objectives of the project. Also describe the User and Management Acceptance of the Completed Project.

Lessons Learned

Please select the categories which best describe your lessons learned:

a. ☐ Scope (planning, defining, verifying, and controlling)
b. ☐ Documentation (requirements and use cases)
c. ☐ Development (design, coding, and data)
d. ☐ Quality (assurance, control, metrics, and testing)
e. ☐ Implementation (installation and deployment)
f. ☐ Risk (identification, response, and control)
g. ☐ Time (sequencing, estimating, and scheduling)
h. ☐ Cost (estimating, budgeting, and control)
i. ☐ Human Resources (team acquisition, development, management, and turnover)
j. ☐ Communications (info distribution and reporting)
k. ☐ Procurement (purchase, acquisitions, and contracting)
l. ☐ Training (system education)
m. ☐ User acceptance (sponsorship and buy-off)

Describe lessons learned, best practices used for the Project, any notable occurrences or factors that contributed to the Project's success or problems, or other information which could be helpful during future Project efforts. Describe problems that were encountered and how they were overcome.

Corrective Actions

This section will have to be included when the Project is deemed to be a Limited Success or Failure, or when there are Significant Differences between Project Expectations and Project Results. If this condition applies, summarize alternatives for improving the outcome.

Next Steps

Describe if the Project has any future phases or enhancements; or if it be in maintenance phase.

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CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul Gibson

Chief Information Officer/Security Officer (Print)	**Signature**	**Date**

Ron Gandy

HIPAA Privacy Officer (Print)	**Signature**	**Date**

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Training, Technical Assistance and Capacity Building Funds Request Form (Prevention and Early Intervention Statewide Program)

☒ **Previously approved with no changes**

☐ **New**

Date: March 25, 2011	County Name: Stanislaus
Amount Requested for FY2011-12: $77,400	

A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).

This funding will be used to assist Stanislaus County Prevention & Early Intervention program staff and community partners to obtain technical assistance from one or more qualified contractors, yet to be identified, that have the ability to provide statewide training as well as partner with local community partners. The following training content is anticipated to be needed:

1. Training and technical assistance related to the evidence based models that were included in the PEI plan;
2. Specific training and technical assistance related to results-based accountability as a framework to assess the impact of community capacity building element of PEI Plan;
3. Program evaluation methods and strategies;
4. Periodic review and preparation of analyses of data to inform, assist and enable program and policy decision-making;
5. Quality improvement: processes to ensure fidelity and continuous improvement;
6. Creation of an annual data report that summarizes all evaluation-related process and outcome data, which will be shared with policy makers, community partners, stakeholders, staff in other programs, and the community-at-large;

Additional training and technical assistance to be determined as programs are implemented.

B. The County and its contractor(s) for these services agree to comply with the following criteria:

1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the county's Three-Year Program and Expenditure Plan.
2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services.
3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892.
4) These funds may not be used to pay for any other program.
5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892.
6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.
7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines.

Certification

I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.

_____

Denise Hunt, RN, MFT, Director, County Mental Health Program (original signature)