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

Madelyn Schlaepfer, Ph.D., CEAP
Behavioral Health Director

800 Scenic Drive, Modesto, CA 95350
Phone: 209-525-6225 Fax: 209-525-6291

July 26, 2016

Mental Health Services Oversight and Accountability Commission (MHSOAC)
1325 J. Street, Suite 1700
Sacramento, CA 95814

RE: MHSA ANNUAL UPDATE FOR FISCAL YEAR 2016-2017

Dear Colleagues:

Attached please find our Mental Health Services Act (MHSA) Annual Update Fiscal Year 2016-2017 for Stanislaus County.

This Annual Update was developed to include a progress report on all MHSA-funded programs and projects. The document incorporates MHSA values, Behavioral Health and Recovery Services (BHRS) Mission and Vision, and valuable input from community stakeholders.

In addition, the document for your review includes three MHSA components, Community Services and Supports (CSS), Workforce Education and Training (WE&T), and Innovation (INN)), where funding will be augmented or used to start up new endeavors. Funding for these projects was approved by the MHSA Representative Stakeholder Steering Committee. With the exception of two proposed CSS program expansions detailed in this report, all other project expansions listed in the Annual Update were unanimously approved by the Stanislaus County Board of Supervisors.

Per statute AB 1467, we are required to submit Annual Updates and Plan Updates to the Mental Health Services Oversight and Accountability Commission (MHSOAC). We would appreciate an acknowledgement that you have received this document.

The Annual Update was posted for a 30-day public review and comment period from April 8, 2016 – May 7, 2016. A Public Hearing/Informational Meeting was conducted by the Stanislaus County Mental Health Board and the Advisory Board on Substance Abuse Programs at its joint meeting on April 28, 2016.

On July 19, 2016, the Stanislaus County Board of Supervisors adopted and certified the Annual Update. It authorized the Auditor-Controller to certify that the fiscal requirements had been met. The document was signed by the Auditor Controller and the Behavioral Health Director on July 22, 2016.

If you have any questions, please do not hesitate to contact me or Dan Rosas, MHSA Planning Coordinator, at (209) 525-6225.

Sincerely,

Madelyn Schlaepfer, Ph.D.
Behavioral Health Director

cc: Dan Rosas

Enclosure

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

DEPT: Behavioral Health And Recovery Services BOARD AGENDA #: B-5

AGENDA DATE: July 19, 2016

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2016-2017 and Authorize the Behavioral Health Director to Submit the Annual Update to the Mental Health Services Oversight and Accountability Commission; and Related Actions

BOARD ACTION AS FOLLOWS:

No. 2016-375

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

1)_____ **Approved as recommended**
2)_____ **Denied**
3)_X___ **Approved as amended**
4)_____ **Other:**

MOTION: **Amended** the FY 2016-2017 Mental Health Services Act (MHSA) annual update as follows: (1) removed the expansion of the Community Activities and Rehabilitation Transportation (CART) program in the amount of $68,671 per year, (2) removed the expansion of the High Risk Health and Senior Access FSP program in the amount of $36,932 per year, (3) approved funding for one year for all other programs, and directed staff to return to the Board for annual ratification and funding approval for multi-year programs, and (4) directed staff to evaluate the difference in increasing capacity at the Stanislaus Recovery Center from 40 to 44 beds and to return to the Board with recommendations; adopted the FY 2016-2017 MHSA annual update as amended by the Board; authorized the BHRS Director to sign and submit the amended FY 2016-2017 MHSA annual update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); authorized the Auditor-Controller or her designee to sign the amended Annual Update certifying that the fiscal requirements on the certification form have been met; authorized the GSA purchasing division to issue request for proposal (RFP) on behalf of BHRS for services discussed in this agenda item as amended; and, directed the Auditor-Controller to adjust the FY 2016-2017 appropriations and estimated revenue as detailed in the budget journal

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

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health And Recovery Services BOARD AGENDA #: B-5
Urgent ○ Routine ⊙ AGENDA DATE: July 19, 2016

CEO CONCURRENCE: [signature] 4/5 Vote Required: Yes ⊙ No ○

SUBJECT:
Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2016-2017 and Authorize the Behavioral Health Director to Submit the Annual Update to the Mental Health Services Oversight and Accountability Commission; and Related Actions

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2016-2017 Mental Health Services Act (MHSA) Annual Update.
2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2016-2017 MHSA Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Authorize the Auditor-Controller or her designee to sign the Annual Update certifying that the fiscal requirements on the certification form have been met.
4. Authorize the General Services Agency (GSA) Purchasing Division to issue Requests for Proposal (RFP) on behalf of Behavioral Health and Recovery Services for services discussed in this agenda item.
5. Direct the Auditor-Controller to adjust the Fiscal Year 2016-2017 appropriations and estimated revenue as detailed in the Budget Journal.

DISCUSSION:

In November 2004, residents of California passed Proposition 63, the Mental Health Services Act (MHSA). Enacted into law on January 1, 2005, the measure provides funding to counties to transform the public mental health system in the following areas:

- Community Services and Supports (CSS) which funds service delivery systems for mental health services and supports for children, transition age youth, adults, and seniors
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CF/TN)
- Innovation (INN)

Stanislaus County was the first county in California to submit its MHSA Plan and implement the Community Services and Supports (CSS) component in 2006. Since that time, all

remaining MHSA components have been implemented. MHSA regulations require counties to submit an Annual Update to their plans on an annual basis that includes outcomes from the previous full fiscal year and any planned changes for the upcoming fiscal year. Assembly Bill 1467, chaptered on June 27, 2012, contains language requiring the following:

- Updates are required to be adopted by the County Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption: and
- All Annual Updates and Plans are required to include:
    - Certification by the County Mental Health Director to ensure county compliance with pertinent regulations, laws, and status of the Act, including stakeholder engagement and non-supplantation requirements, and
    - Certification by the County Mental Health Director and the County Auditor-Controller that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the Act.

Behavioral Health and Recovery Services (BHRS) held Representative Stakeholder Steering Committee (RSSC) meetings on January 29, 2016, February 26, 2016, and March 17, 2016, to review the content of the MHSA Annual Update, to determine stakeholder approval of Community Services and Supports (CSS) and Innovation (INN) funding proposals, and to establish funding priorities for Prevention and Early Intervention (PEI)

A draft of the Annual Update was then posted for a 30-day public review and comment period on April 8, 2016 through May 7, 2016. A Public Hearing was held by the Mental Health Board on April 28, 2016.

At the Public Hearing, in addition to a review of the Annual Update, there was advocacy for expansion of Garden Gate Respite (GGR) beds. One of the staff from Behavioral Health and Recovery Services asked that five additional beds be added to GGR. These beds are located in a house next to the current Community Services and Supports (CSS) Garden Gate Respite emergency housing. It had been used for the GGR Innovation program that ended on April 30, 2016 and is now available for other use.

Garden Gate Respite was one of the initial programs that was funded with MHSA funding in 2006. It is a valuable part of our ongoing efforts to outreach and engage individuals with serious mental health challenges, who are experiencing homelessness and/or are at imminent risk of homelessness in Stanislaus County. These hard to engage populations that are referred to the Respite Center typically do not do well in shelters or hotels due to significant mental health and/or substance use issues. The 24/7 on-site staff at Garden Gate Respite Center with lived experience are a key component to engaging these vulnerable folks, developing trusting relationships, and providing much needed support. Garden Gate Respite is a critical option in the county's continuum of housing, utilized by many agencies, such as law enforcement, emergency services, outreach teams, and Behavioral Health and Recovery Services staff.

Garden Gate Respite has produced good outcomes for many years. For instance, the Annual Update for Fiscal Year 2016-2017 indicates that 48% of the individuals were referred to respite to avoid acute psychiatric hospitalization. The data in the Annual Update reflects the prior full fiscal year, i.e., Fiscal Year 2014 – 2015. This program aligns extremely well with the Focus on Prevention efforts as quality emergency housing is clearly in need in the County. Garden Gate Respite is not a hotel, and, as noted above, it is staffed on a 24/7 basis with support staff.

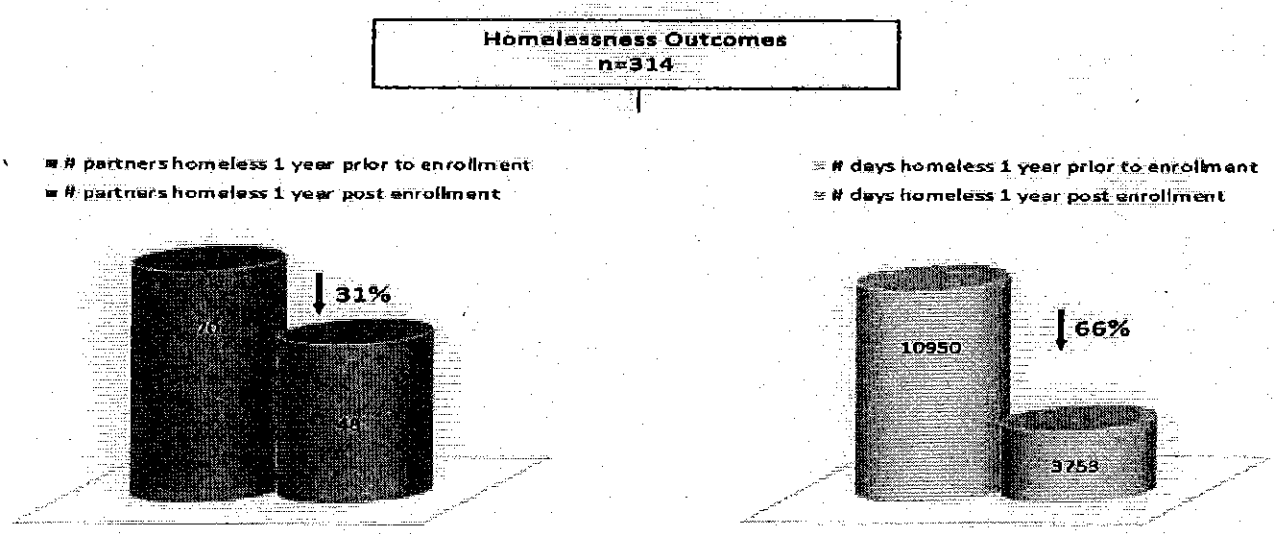
This request for expansion was not a request to continue the Innovation program that was just ending. INN projects are time limited. If those projects are to continue in some fashion, other funding sources must be sought and outcomes must warrant the continuation. The request was to expand the original Garden Gate Respite program using the five beds that are now available because the Innovation project has ended. Since these beds are in a house that has been used for respite, there should be no environmental issues or neighborhood issues.

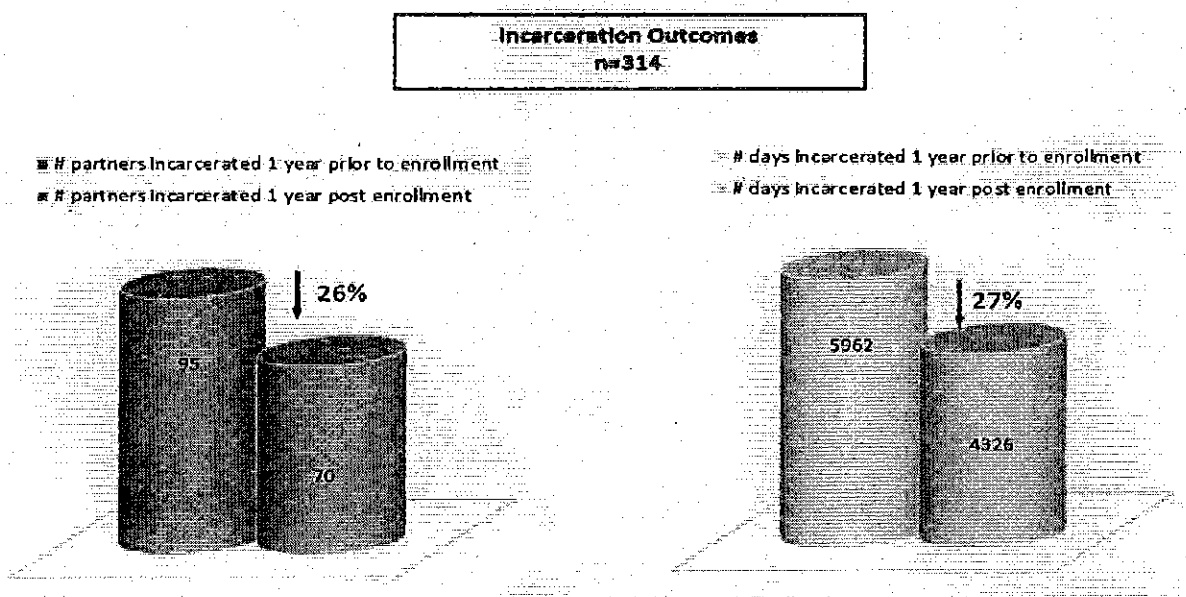
The cost of the program expansion (five additional beds) will be almost the same as the annual cost of the original Garden Gate Respite since it will result in almost doubling the number of beds from 6 to 11 and require staff on a 24/7 basis at that house. In the most recent MHSA stakeholder planning process prior to the addition of the Garden Gate Respite program expansion, all of the other suggestions for expansions and new programs for the Community Services and Supports funding were accepted. The total cost of these expansions and new programs, if approved by the Board of Supervisors, will be $1,499,709. This left approximately $800,000 unspent of the $2,300,000 per year that was available each year for the next three years. The Garden Gate Respite expansion will utilize $526,694 of the remaining $800,000. The cost is reflective of the need for 24/7 staffing of at least two staff on site at all times.

Ultimately, MHSA stakeholders approved the expansion of Garden Gate Respite program by a vote of 27-1. There were no other substantive changes to the Annual Update draft, either during the 30-day public review and comment period or at the Public Hearing.

As noted above, the MHSA Annual Update for Fiscal Year 2016 - 2017 highlights activities and services in MHSA programs during Fiscal Year 2014-2015. BHRS uses the Results-Based Accountability (RBA) framework to measure program outcomes. This framework is designed to answer the question, "Is anyone better off?", as well as measuring how much was done and how well it was done. The attached report details outcomes in this format for each MHSA program.

The charts below highlight three specific outcomes of the four intensive Full Service Partnership programs, which are the highest, most intensive level of intervention. The reference to partners is the language that the State requires us to use and is reflective of the fact that the client and provider work closely together in partnership, doing "whatever it takes" to effect recovery.


Homelessness Outcomes
n=314
# partners homeless 1 year prior to enrollment
# partners homeless 1 year post enrollment
31%
76
days homeless 1 year prior to enrollment
days homeless 1 year post enrollment
66%
10950
3758
Psychiatric Hospitalization Outcomes
n=314
# partners hospitalized 1 year prior to enrollment
# partners hospitalized 1 year post enrollment
49%
152
days hospitalized 1 year prior to enrollment
days hospitalized 1 year post enrollment
Legend
23%
3486
2693



Outcomes based on the 314 partners who were active in FY'14-'15 *and* in the program at least one year: n=314 (67% of the active partners)

The decrease in days in a psychiatric hospital reflects an estimated savings of $754,936. The decrease in days incarcerated reflects an estimated cost avoidance of $150,905.

The proposed Annual Update includes funding to enhance several currently funded projects or components as well as start-up funding for three new Innovation projects.

The proposed funding for Community Services and Supports (CSS) will allow important expansions of programs that provide services to the mentally ill of Stanislaus County. The CSS component includes Full Service Partnership (FSP) programs, General System Development (GSD) programs, and Outreach and Engagement (O&E) services. The expansions are as follows:

- The Co-Occurring Residential Treatment program at Stanislaus Recovery Center, funded in part by MHSA funds for the mental health services offered there, is proposed to increase the capacity from 30 beds to 40 beds by adding four Clinical Services Technicians (CSTs) to the program. This program is one of the original CSS programs that was created as a resource to FSPs. The estimated cost of this county-operated program expansion is $420,000 per year.

- An FSP expansion is proposed at Modesto Recovery Services (MRS) and Turlock Recovery Services (TRS) that will enable MRS to expand its capacity from 12 to 24 slots and enable the establishment of a new FSP level at TRS with 12 slots to serve clients who live in Turlock and other outlying areas of Stanislaus County. The estimated cost of this contract program expansion is $300,000 per year.

- A proposed expansion of Community Activities and Rehabilitation Transportation (CART) will provide mental health clients with transportation to community events and

activities and will include child car seat purchases and staff training to assist clients with young children. This has been a gap for transition aged young adults. This will be a GSD program expansion of a contract program, costing $68,671 per year. This cost includes one-time cost of $36,640 to purchase a van, infant and toddler car seats, and booster seats, and on-going costs for a driver and operating costs. The target populations for this service include the Leaps and Bounds program serving families with children who are zero to five in age, and transition aged youth at Josie's Place. Approximately 500 trips are made in one year by Leaps and Bounds. Transition aged individuals involved at Josie's Place would account for about 1,000 trips per year. Though the priority would be given to these programs, our clients being served at Child Welfare could also take advantage of this service. Having this resource encourages clients to keep appointments, to engage in supportive activities to maintain mental health and wellbeing. Currently, BHRS staff provides transport when available. Approval of this program expansion would allow staff to do other direct services.

- A proposed expansion of the High Risk Health and Senior Access FSP program will entail hiring a Stock/Delivery Clerk to transport clients from their home to clinics to receive mental health services including individual and group counseling, medication services, and peer support. Currently, this operates with extra-help staff, but the need is increasing to a point that a full-time staff person is needed. The estimated cost of this county-operated program expansion is $36,932 per year.

- Two proposed program expansions under Outreach and Engagement (O&E) would increase services for the mentally ill seeking and/or receiving housing services. For the Housing Outreach and Engagement program, one Behavioral Health Specialist is being requested to work with the housing multidisciplinary team to provide case management and advocacy for clients and potential clients to assist them in accessing and receiving services. This additional staff person is also needed to deal with safety issues so that two individuals are together as they do outreach work to the homeless. The cost of this co-operated program expansion is estimated to be $97,106 per year.

- The other program, the Adult Community Living Project, would provide enhanced services to individuals in adult community housing (Board and Care, Room and Board, and Sober Living Environments). This would be a contracted program that would go out for Request for Proposal (RFP) to develop a mental health team of professionals and peers to support individuals and promote positive movement through the housing continuum. Training and education would be provided to clients, as well as to housing landlords. The estimated cost of this new contract program is $500,000 per year.

- In partnership with the Chief Executive Office, BHRS also proposes to fund up to 50% of the salary of a County Homelessness Manager with GSD funding. This individual will help coordinate countywide Focus on Prevention community efforts. The estimated cost of this endeavor is $77,000.

- A new Workforce Education & Training (WE&T) project is proposed that would provide leadership and capacity building training to community-based organizations to build on

the lessons learned from a Wisdom Transformation Initiative Innovation project. The organizations that participated in this INN effort were very enthusiastic about the changes that this model has brought to their organizations. Understanding this model makes it easier to interface with BHRS on joint ventures and to have a common approach to adaptive dilemmas in our communities. The estimated cost of this one-year, contracted program is $120,000.

- An expansion of the Garden Gate Respite beds by five beds is proposed. This expansion is possible due to the ending of the Garden Gate Respite Innovation program during the Fiscal Year 2015-2016. These beds are located in a house adjacent to the current Garden Gate Respite program. This would create a total of 11 respite beds. Similar to the current Garden Gate Respite program, these additional beds will have 24/7 staff on-site to take the opportunity to try to engage individuals in treatment and assist them with referrals for additional services. Currently, Garden Gate Respite is part of the Department's emergency housing component of the continuum of housing options. This expansion of a CSS Outreach and Engagement contract program is estimated to be $526,694.

The proposed funding for Innovation projects will support the development of two projects aimed at providing services to the Lesbian, Gay, Bisexual, Transgender, and Questioning (LBGTQ) community and one project to address homelessness and community outreach and engagement. Up to $433,000 is available for Innovation projects for Fiscal Year 2016-2017. The proposed projects are as follows:

- A collaboration between the Probation Department and MoPride to create and facilitate peer support groups for adolescents in the Juvenile Hall who identify as LGBTQ. In addition, the intent is to build a community of support for them, both in Juvenile Hall and in the community after their release. Activities would include communication and leadership skills, promotion of positive self-esteem, suicide prevention awareness, and increased self-care.

- A Community Outreach and Engagement Program that would increase access to mental health services for underserved groups. In collaboration with existing outreach and engagement teams, this project would focus on building capacity in neighborhoods impacted by high rates of homelessness to provide strategic outreach and engagement action plans. The project would also aim to improve safety of both community residents and homeless as well as ensure that appropriate connections are made to assist homeless individuals coping with a serious mental illness in getting help.

- A project designed to focus on seniors who identify as LGBTQ by providing outreach and engagement, community support, peer counseling, and peer support. The intent would be to increase access for an underserved population. Activities would include developing and providing resources for this population including, but not limited to, resources for medical care, socialization, mental health treatment, end of life supports. This project aims at reducing the effects of a lifetime of stigma and prejudice.

Approval to Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2016-2017 and Authorize the Behavioral Health Director to Submit the Annual Update to the Mental Health Services Oversight and Accountability Commission; and Related Actions

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POLICY ISSUE:

The Mental Health Services Act is designed to expand and improve mental health services. Over the years, treatment and prevention services in Stanislaus County have been greatly increased. There has been a major focus on outcomes in the various endeavors. For the most part, outcomes have demonstrated that the funds are well spent. The County's current initiatives that are part of the Focus on Prevention are in alignment with many of MHSA Prevention and Early Intervention efforts. Every effort is made to adhere to the priorities for use of the funding that have been established by the Board of Supervisors and by the Representative Stakeholder Steering Committee. Getting the right help at the right time is good public policy.

The recommendations contained in this agenda item were presented for review to the Board of Supervisors' Health Executive Committee, comprised of Supervisors Withrow and O'Brien, on July 12, 2016.

FISCAL IMPACT:

The services described in this Annual Update are funded through the State Mental Health Services Act. $1,619,709 of the $2,579,403 in appropriations and estimated revenue were included in the Behavioral Health and Recovery Services Adopted Proposed Budget for Fiscal Year 2016-2017. An additional $526,694 in appropriations and estimated revenue is needed in support of a forthcoming increase to the Turning Point Garden Gate Respite contract, which will be initiated as a separate Board agenda item. Additionally, $433,000 in appropriations and estimated revenue is being reserved for forthcoming Innovations projects' contracts that will follow after a Request for Proposal process is initiated. A budget journal is attached in support of these recommendations for the additional $959,694. There is no impact to County General Fund.

Cost of recommended action:		$ 2,579,403
Source(s) of Funding:		
Mental Health Services Act	$ 2,579,403	
Funding Total:		$ 2,579,403
Net Cost to County General Fund		$ -

Fiscal Year:	2016-2017
Budget Adjustment/Appropriations needed:	**Yes**

Fund Balance as of May 31, 2016
Mental Health Services Act $0

BOARD OF SUPERVISORS' PRIORITY:

Approval of this agenda item supports the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships, and Efficient Delivery of Public Services by providing continued and improved access for constituents to appropriate behavioral health services.

STAFFING IMPACT:

New staff requests for those programs that are county-operated were approved by the Board of Supervisors on June 14, 2016, as part of the Fiscal Year 2016-2017 Adopted Proposed Budget. These included:

- 4 Clinical Services Technicians for the expansion of the 10 beds at the Co-Occurring Residential Treatment Program at Stanislaus Recovery Center;
- 1 Stock/Delivery Clerk for the High Risk Health and Senior Access (HRHSA) Program expansion to provide transportation for disabled and older adults to the HRHSA program;
- 1 Behavioral Health Specialist for the Housing Outreach and Engagement Expansion to provide case management services and improve staff safety in the outreach areas; and
- 1 Psychiatric Nurse for the Full Service Partnership Co-Occurring Treatment Innovation Program. Funding for this Innovation program was included in the Annual Update for Fiscal Year 2015-2016, but it was not requested at the time that the program was approved by the Board of Supervisors on June 2, 2015.

The following position was approved by the Board of Supervisors on March 8, 2016:

- Funding 50% of 1 Manager III position for the Chief Executive Office to function as a Homelessness Manager in coordinating county-wide Focus on Prevention efforts to reduce homelessness.

CONTACT PERSON:

Madelyn Schlaepfer, Ph.D. Behavioral Health Director Telephone 525-6205

ATTACHMENT(S):

1. Mental Health Services Act Annual Update of June 2016

2. Budget Journal

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Annual Update FY 2016-2017

July 2016

WELLNESS • RECOVERY • RESILIENCE

TABLE OF CONTENTS

Stanislaus County Behavioral Health and Recovery Services (BHRS)

MHSA Planning Office

800 Scenic Drive

Modesto, CA 95350

Phone: (209) 525-6247 Fax: (209) 558-4323

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Stanislaus

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director	Program Lead
Name: Madelyn Schlaepfer, Ph.D	Name: Dan Rosas
Telephone Number: (209) 525-6205	Telephone Number: (209) 525-5324
E-mail: mschlaepfer@stanbhrs.org	E-mail: drosas@stanbhrs.org
Local Mental Health Mailing Address: 800 Scenic Drive Modesto, CA 95350	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 19, 2016.

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.

All documents in the attached annual update are true and correct.

Madelyn Schlaepfer, Ph.D
Local Mental Health Director (PRINT)

Madelyn Schlaepfer Ph.D 7-22-2014
Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Stanislaus

☐ Three-Year Program and Expenditure Plan
☒ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Madelyn Schlaepfer, Ph.D	Name: Lauren Klein, CPA
Telephone Number: 209-525-6205	Telephone Number: 209.525-5673
E-mail: mschlaepfer@stanbhrs.org	E-mail: kleinl@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive, Modesto, CA 95351	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

Madelyn Schlaepfer, Ph.D
Local Mental Health Director (PRINT)

Madelyn Schlaepfer 7-22-2016
Signature Date

I hereby certify that for the fiscal year ended June 30, 2015, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 2015 for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Lauren Klein, CPA
County Auditor Controller / City Financial Officer (PRINT)

Lauren Klein 7/22/16
Signature Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Message from the Director

A simple green ribbon but it's so much more.

It's a symbol of Mental Health Month and every May we don these green ribbons to observe the occasion to help raise awareness about mental illness and related issues.

But for those of us in the behavioral health field in Stanislaus County, every day and every month is about the campaign to fight negative attitudes and stigma associated with mental health.

The Mental Health Services Act (MHSA) is helping us do that and we're making a difference. MHSA funding has allowed us to better serve the needs of our community and, through our mental health services, dramatically change lives in the process.

This year's Annual Update highlights MHSA activities from FY 2014-2015 and reflects our ongoing commitment to improve the Stanislaus County mental health system and create recovery driven programs and services. We couldn't do this work alone.

Behavioral Health and Recovery Services (BHRS) wishes to thank members of the MHSA Representative Stakeholder Committee, Mental Health Board, and representatives of partner agencies and community based organizations for their support in the development of our planning process to help create this document. We also want to acknowledge the work of BHRS employees to fulfill the promise of Proposition 63 which created the MHSA and its mission and vision.

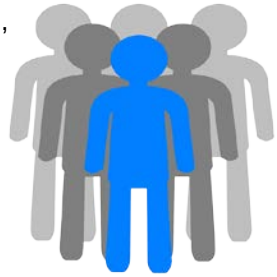
We are also thankful to our many consumers and family members who provided information for this Annual Update by sharing their remarkable stories of recovery and resilience.

As an agency, we believe mental health is something everyone should care about during the month of May and throughout the year. The MHSA is helping us to spread that message.

Sincerely,

Madelyn Schlaepfer, Ph.D
Director

Mental Health Services Act (MHSA) Overview



California voters passed Proposition 63, the Mental Health Services Act (MHSA), in November 2004 to expand and improve mental health services in the state. Enacted into law on January 1, 2005, the goal is to transform the mental health system and improve the quality of life for Californians living with a mental illness.

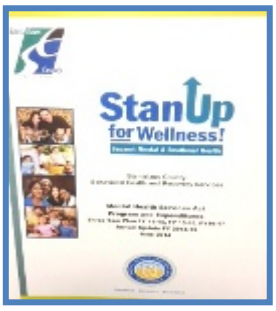
MHSA is made up of 5 components:

- Community Services and Support (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CF/TN)
- Innovation (INN)

Stanislaus County Behavioral Health and Recovery Services is working to expand mental health services using a "help first" approach that enables community members to access services before they are in crisis, and invest dollars in services that comprise a full continuum of care.

In partnership with the community, our mission is to provide and manage effective prevention and behavioral health services that promote our community's capacity to achieve wellness, resiliency, and recovery outcomes. MHSA services require five essential elements: community collaboration, cultural competence, consumer and family driven systems of care, a focus on wellness, recovery, and resiliency, and integrated services experiences for consumers and families.

Annual Update Overview



An Annual Update is required by MHSA statute (W&I Code §5847).

This report summarizes Stanislaus County's progress in implementing services funded by the Mental Health Services Act (MHSA) and highlights activities during the last full fiscal period of July 1, 2014 through June 30, 2015. In addition, the report provides an overview of programs and expenditures that make up the scope of services for each of the MHSA components.

Each plan must be developed with feedback from the MHSA Representative Stakeholder Steering Committee (RSSC). The committee is comprised of primary members and alternates from the following groups and communities: Behavioral Health and Recovery Services; Stanislaus County Chief Executive Office; Community Consumer Partners; Contract Providers of Public Mental Health Services; Stanislaus County Courts; Diverse Communities; Education; Family Member Partners; Health Care: Public and Private; Law Enforcement; Stanislaus County Probation department; Housing; Public Mental Health Labor Organization; Regional Areas; South and Westside; Senior Services; Social Services; and Veterans.

The Annual Update must also include a public review/comment period and a public hearing conducted by the Stanislaus County Mental Health Board. Comments are incorporated into the final version of the Annual Update before being submitted to the Stanislaus County Board of Supervisors for approval.

The completed documents must be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the Stanislaus County Board of Supervisors.

Stanislaus County Demographic Profile at a Glance

Located in the heart of California's fertile San Joaquin Valley, Stanislaus County is home to one of the greatest agricultural areas in the nation. Nuts, dairy products, fruits, wine grapes, and poultry products are among some of the top commodities.

Stanislaus County encompasses more than 1,500 square miles in size with a mix of rural areas and urban communities along the Highway 99 and Highway 5 corridors.

The city of Modesto is the county seat. It is the largest city in the county.

Stanislaus County is home to **518,336** residents. It includes the cities of Ceres, Turlock, Oakdale, Riverbank, Patterson, Hughson, Newman, and Waterford.

Stanislaus County has a total of **166,948** households.

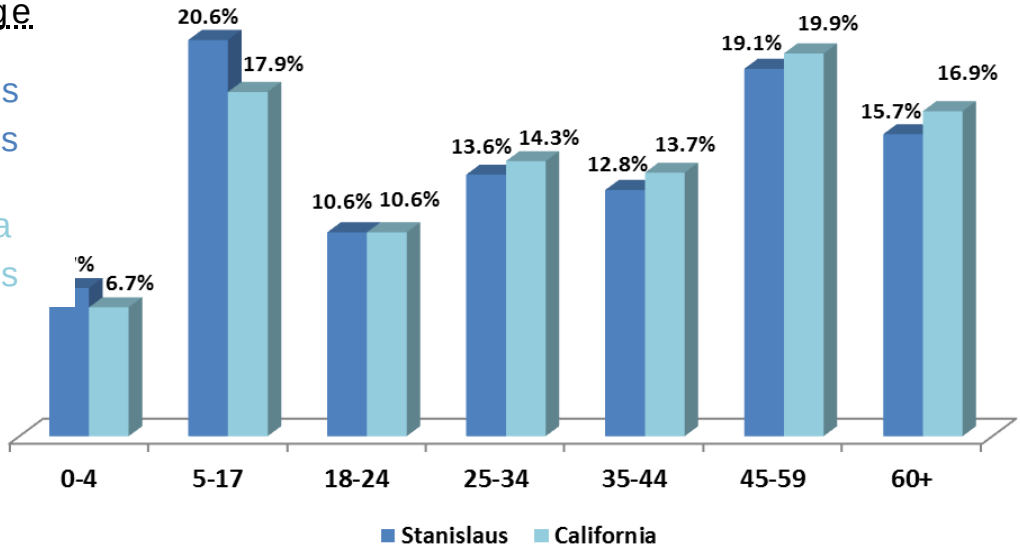
Age[1]

(percentage of residents by age category)

Median Age

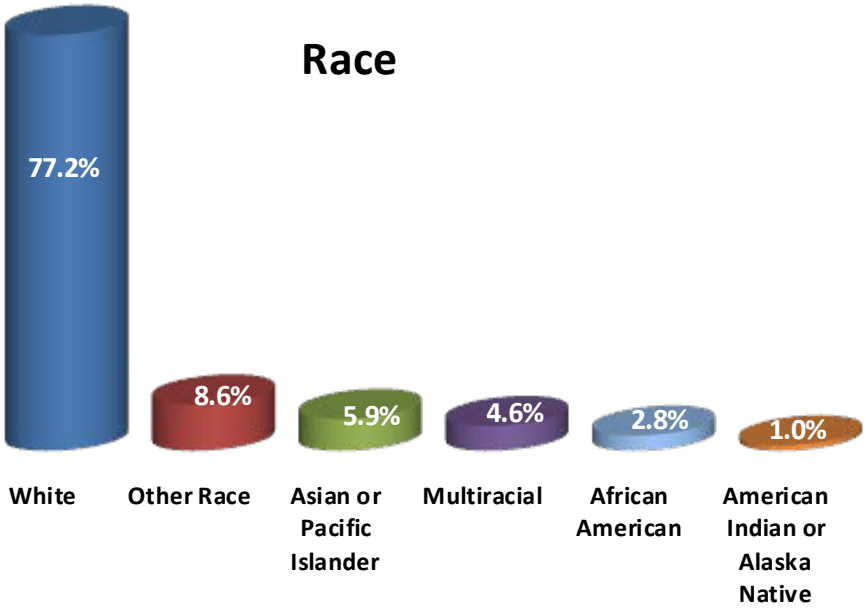
Stanislaus
33.0 years

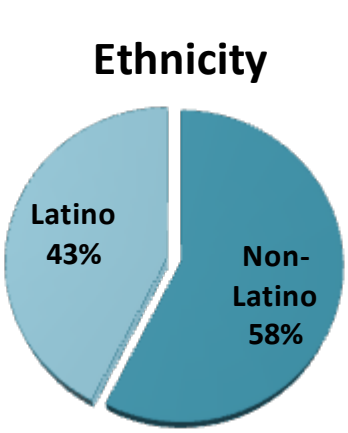
California
35.4 years



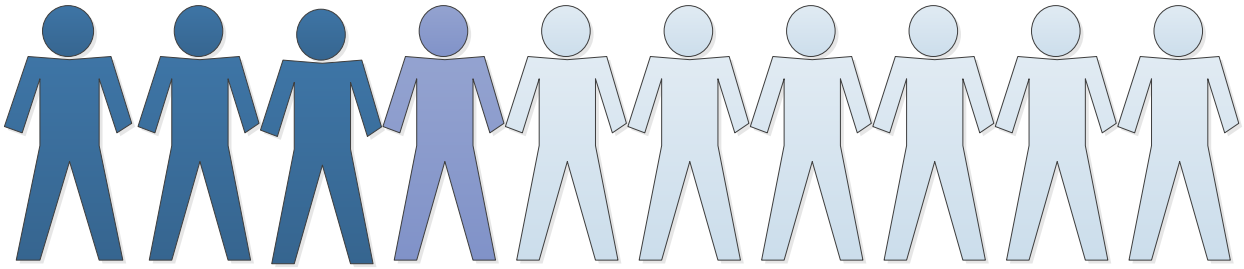
1. U.S. Census Bureau (2013). 2012 American Community Survey (three-year estimates).

Population by Race and Ethnicity[1]





Language[1]



3 in 10 speak Spanish at home

4 in 10 speak a language other than English at home

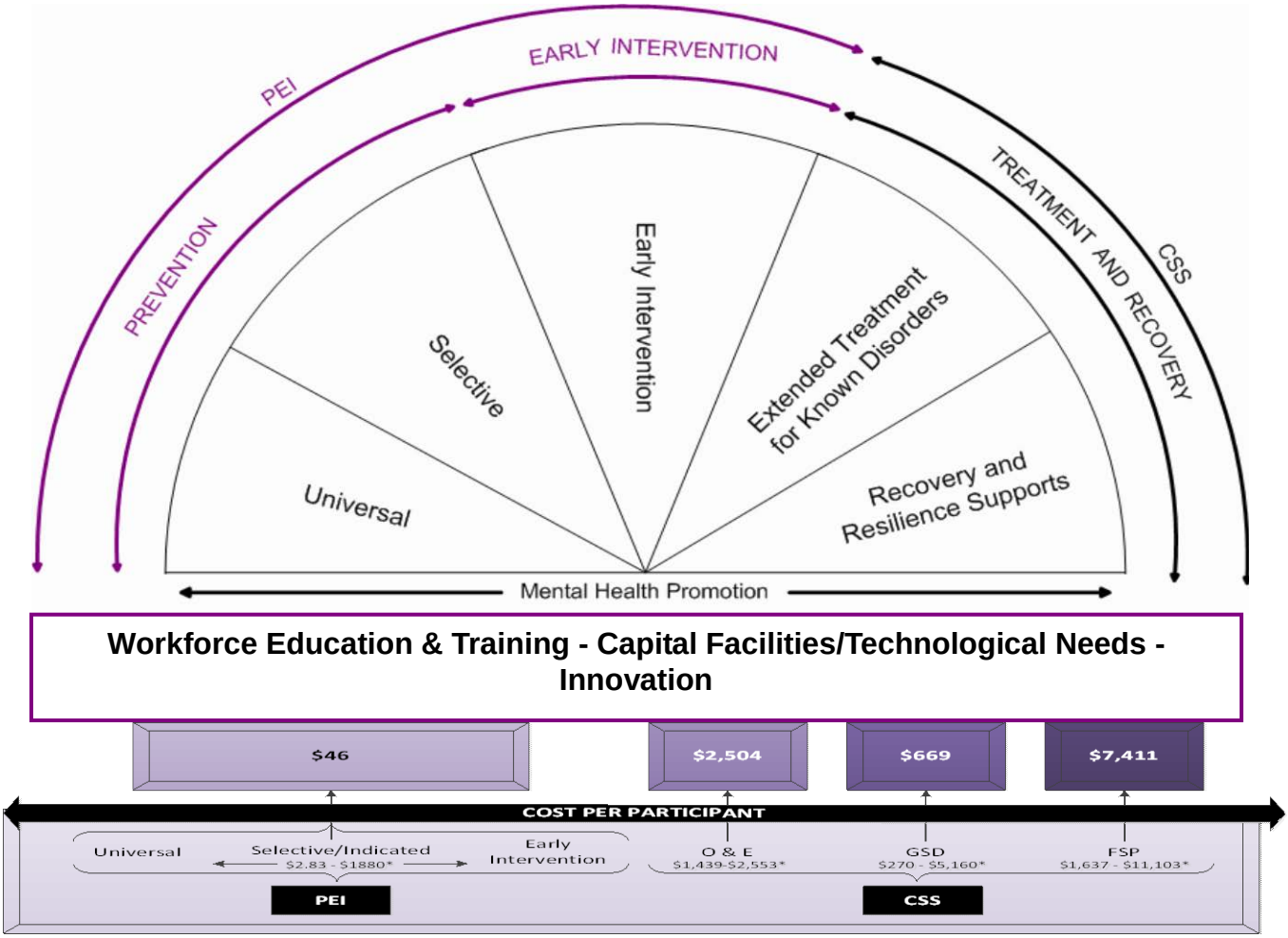
1. U.S. Census Bureau (2013). 2012 American Community Survey (three-year estimates).

MHSA Funding Summary

Integrated Plans for MHSA:

By statute (W&I 5847), each county shall prepare and submit a three year plan that is based on existing approved plans. BHRS has developed a local approach to show how MHSA programs are integrated into the county behavioral health system. We have incorporated the Mental Health Intervention Spectrum Diagram initially adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000). BHRS previously used the model to showcase the continuum of mental health intervention in Prevention and Early Intervention (PEI) planning. The diagram below now shows the spectrum of services and MHSA components that reach across the entire system. It illustrates levels of behavioral health care currently available from universal prevention, treatment, and recovery. The MHSA components CSS and PEI are shown in relationship to the levels of service. Cross-system components that support all services are shown across the entire spectrum; WE&T and CFTN support essential infrastructure; and INN supports learning and contribution to new and better practices.

The diagram also highlights the cost per participant along the service continuum from PEI and INN to the most intensive services in CSS programs. The PEI average cost per participant is $46. The CSS average cost per participant ranges from $669 to $7,411.



Calculations based on FY14-15 actual expenditures
***Range of cost per participant for programs in each category**

Focus on Results:

BHRS continues to refine data systems, reporting methods, and develop learning structures to align with the framework of Results Based Accountability (RBA). The focus on results is not solely to collect data but to determine priority measures to learn from the data collection and ultimately improve programs. A number of BHRS and contracted programs are using the RBA framework to assess their work and impact, and improve participant results. In future annual updates, data and outcomes will continue to be presented in this framework.

Fiscal Sustainability:

Beginning in FY12–13, the distribution of Mental Health Services Act funds takes place on a monthly basis (W&I Code Section 5892(j)(5)). Counties are responsible for ensuring that funds are spent in compliance with W&I Code Section 5892(a) - 20% for Prevention and Early Intervention programs, 80% for Community Services and Supports (System of Care), 5% of total funding shall be utilized for Innovative programs. Annually, based on an average of the past five years allocation, up to 20% of CSS funds may be used for any one or a combination of Workforce, Education and Training; Capital Facilities/Technological Needs or Prudent Reserve.

Counties now receive monthly payments from the California State Controllers office based on a cash available basis. The Mental Health Services Act is a volatile funding source driven by the state of the economy and the way in which state taxes are paid. Cash flow issues are a possibility and BHRS will continue to allocate MHSA funds based on the recommendations set forth by the County Behavioral Health Directors Association of California's (CBHDA) fiscal consultant.

This Annual Update includes FY 2016-17 budget plans.

County: Stanislaus Date: 7/27/16

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	16,280,564	4,157,344	2,371,390	84,476	853,507	500,000
2. Estimated New FY2016/17 Funding	17,196,478	4,299,119	1,131,347			
3. Transfer in FY2016/17[a/]	(1,750,000)			750,000	1,000,000	
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	31,727,042	8,456,463	3,502,737	834,476	1,853,507	
F. Estimated FY2016/17 Expenditures	19,902,019	5,392,903	1,947,057	763,395	1,243,702	
G. Estimated FY2016/17 Unspend Fund Balance	11,825,023	3,063,560	1,555,680	71,081	609,805	500,000

J. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	500,000
2. Contributions to the Local Prudent Reserve in FY 2014/15	0
3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	500,000
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	500,000
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	500,000

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP-01 Westside Stanislaus Homeless Outreach	4,710,392	3,169,142	1,500,000			41,250
2. FSP-02 Juvenile Justice	781,316	386,316	200,000			195,000
3. FSP-05 Integrated Forensic Team	1,973,822	1,579,822	386,000			8,000
4. FSP-06 High Risk Health & Senior Access	2,077,969	1,427,969	620,000			30,000
5. FSP-07 Turning Point-ISA	751,274	751,274				
6. FSP-08 FSP for Children/Youth with SED	795,132	660,135	134,997			
Non-FSP Programs						
1. O&E-02 Housing Program - Garden Gate Respite	2,958,463	2,769,292		45,847		143,324
2. O&E-02 Employment - Garden Gate Respite	668,059	517,418		65,218		85,423
3. O&E-03 Outreach and Engagement	140,000	140,000				
4. GSD-01 Transition Age Young Adult Drop in Cente	1,412,091	757,091	535,000			120,000
5. GSD-02 CERT/Warmline	974,884	974,884				
6. GSD-04 Families Together	587,895	587,895				
7. GSD-05 Consumer Empowerment Center	550,112	550,112				
8. GSD-06 Crisis Stabilization Unit	1,752,001	1,070,478	584,871			96,652
9. GSD-07 Crisis Intervention Program for Children a	631,061	324,123	306,938			
10. GSD Portion of Westside Stanislaus Homeless Ou	1,570,131	1,056,381	500,000			13,750
11. GSD Portion of Integrated Forensic Team	259,144	259,144				
12. GSD Portion of High Risk Health & Senior Access	196,321	196,321				
CSS Administration	2,864,222	2,724,222				140,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	25,654,289	19,902,019	4,767,806	111,065	0	873,399
FSP Programs as Percent of Total	55.7%					

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	1,523,509	1,523,509				
2. Outreach for Increasing Recognition	46,131	46,131				
3. of Early Signs of Mental Illness	0					
4. Stigma Discrimination Reduction	38,331	38,331				
5. Suicide Prevention	251,566	251,566				
6. Outcomes and Evaluation	178,913	178,913				
7. Statewide Initiative	0					
PEI Programs - Early Intervention						
11. Early Intervention	2,530,431	2,427,131	60,000			43,300
PEI Administration	971,122	927,322				43,800
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	5,540,003	5,392,903	60,000	0	0	87,100

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. INN-13 - Quiet Time	139,684	139,684				
2. INN-14 - Father Involvement	99,330	99,330				
3. INN-15 - Youth Peer Navigators	43,028	43,028				
4. INN-16 - Co-Occurring Disorders Project	1,054,517	755,538	298,979			
5. INN-17 - Suicide Prevention	213,241	213,241				
6. RPFs	433,000	433,000				
INN Administration	287,236	263,236				24,000
Total INN Program Estimated Expenditures	2,270,036	1,947,057	298,979	0	0	24,000

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce, Education and Training	765,395	763,395				2,000
WET Administration	0					
Total WET Program Estimated Expenditures	765,395	763,395	0	0	0	2,000

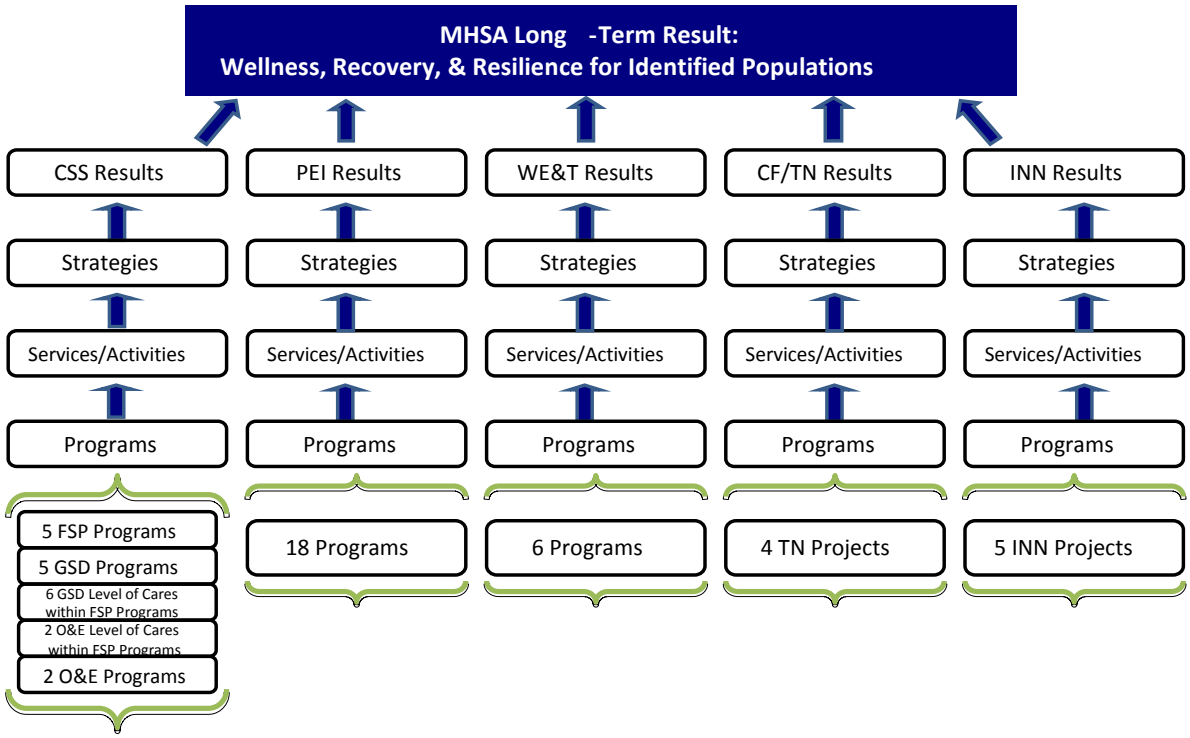
	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
CFTN Programs - Technological Needs Projects						
11. SU-01 Electronic Health Record	915,847	910,847				5,000
12. SU-02 Consumer Family Access	108,372	108,372				
13. SU-03 EH Data Warehouse	133,493	133,493				
14. SU-04 Document Imaging	90,990	90,990				
15.						
16.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,248,702	1,243,702	0	0	0	5,000

Adjustment Notes - Budget Variances	
CSS	
(68,671)	Removed CART expansion from 16/17 Annual Plan -removed in 16/17-18/19
(36,932)	Removed 0.5 Stock Delivery Clerk for HRHSA from 16/17 Annual Plan-removed in 16/17-18/19

MHSA, the Theory of Change, and Results Based Accountability Framework

Transformation of the public mental health system is the goal of BHRS as we embrace the values of the Mental Health Services Act (MHSA) to improve behavioral health outcomes for those struggling with mental illness in our community. Our long term result is to create an environment of Wellness, Recovery, and Resilience. To do that, BHRS has implemented the Theory of Change and Results Based Accountability (RBA) framework.

The Theory of Change (shown below) is a type of methodology, a road map for planning and evaluation to promote social change. It defines long-term goals and desired outcomes. RBA is a method to develop, interpret, and present program results. BHRS is utilizing RBA framework to evaluate programs and progress to show how MHSA programs are impacting lives.



Community Stakeholder Planning and Local Review

Dr. Madelyn Schlaepfer, BHRS Director, addresses stakeholders during a meeting on May 1, 2015.

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Annual Update in accordance with Title 9 of the California Code of Regulations, sections 3300 and 3315, and WIC 5848. As in the past, BHRS continues to engage stakeholder input for the purpose of creating transparency, facilitating an understanding of progress and accomplishments, and promoting a dialogue about present and future opportunities.

The Representative Stakeholder Steering Committee (RSSC) is a vital part of the MHSA planning process. Its role is to provide important input on all plans and updates as well as share information about MHSA with members of their represented sector or group. The RSSC is diverse and made up of more than fifteen communities that include education, social services, senior services, law enforcement, diverse communities, and consumers and family members. Many community members attend the meetings as observers.

Community Stakeholders and Activities

During FY 2014-15, the RSSC convened four (4) times as part of the MHSA community planning process.

On July 18, 2014, stakeholders met to provide input and feedback regarding CSS, PEI and Innovation priorities. Funding priorities were developed during an exercise on June 20, 2014, where target populations and strategies were established. See graphs below.

CSS Population and Strategy Priorities

Population	Strategy	Points
1. Children/Youth		53
	FSP - Full Service Partnership	28
	GSD - General System Development	19
	O&E - Outreach and Engagement	6
2. Adults		30
	FSP	19
	O&E	11
	GSD	0
3. TAYA		7
	FSP	7
	GSD	0
	O&E	0
4. Older Adults		7
	FSP	6
	O&E	1
	GSDE	0

2

PEI Populations Priorities

Population		Points
1. Children/Youth		43
	Exhibiting onset/MH issues	37
	At-risk	6
	Underserved	0
	Families	0
2. Adults		26
	Underserved	26
	At-risk	0
	Exhibiting onset/MH issues	0
	Families	0
3. TAYA		21
	At-risk	10
	Exhibiting onset/MH issues	9
	Underserved	2
	Families	0
4. Older Adults		10
	Underserved	7
	At-risk	3
	Exhibiting onset/MH issues	0
	Families	0

Innovation

Mental Health Adaptive Dilemma	Points
1. Improving parental competency and social support for fathers	38
2. Improving the well-being of children, TAY, TAYA	35
3. Treatment options for people struggling with both substance abuse and mental illness	10
4. Connecting people receiving services to community based supports	9
5. Honoring and identifying more holistic approaches to well-being	7
6. Connecting and linking underserved and diverse communities with resources	3

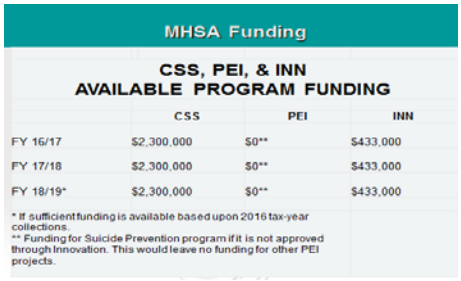
4

A Gradients of Agreement approach was used to determine whether or not there was sufficient agreement among stakeholders to move forward with the priority funding plans. All stakeholders present endorsed the proposed plans.

The RSSC approved Community Services and Supports (CSS) projects and funding amounts for expansion. Two projects were proposed Request for Proposals (RFPs): O&E-2 Supportive Housing Services and O&E 3 Outreach and Engagement. Details about these projects were included in a CCS program expansion chart in the FY 15-16 Annual Update.

On January 29, 2016, community planning began for the Annual Update FY 16-17. The RSSC convened to learn about MHSA funded activities from FY 14-15 and approved the Update. Stakeholders were also asked to provide ideas for future projects after hearing about future funding opportunities based on MHSA funding growth.

The following chart shows the estimated available program funding amount for CSS and Innovation (INN).



MHSA Funding

CSS, PEI, & INN
AVAILABLE PROGRAM FUNDING

	CSS	PEI	INN
FY 16/17	$2,300,000	$0**	$433,000
FY 17/18	$2,300,000	$0**	$433,000
FY 18/19*	$2,300,000	$0**	$433,000

* If sufficient funding is available based upon 2016 tax-year collections.
** Funding for Suicide Prevention program if it is not approved through Innovation. This would leave no funding for other PEI projects.

On February 26, 2016, a second stakeholder planning meeting was held to begin discussions on project ideas for future funding. Stakeholders were provided with available program funding information and reminded about their previous work from June 20, 2014 regarding population and strategy priorities for CSS and Prevention and Early Intervention (PEI), as well as Mental Health Adaptive Dilemma priorities for Innovation (INN). Ideas were submitted in PEI, INN, and Workforce Education and Training (WE&T).

On March 17, 2016, the RSSC reconvened a third time to vote on CSS program expansion and new program ideas and prioritize PEI expansions and INN new program ideas. Details about these actions are included in the following pages.

Local Review Process

This Annual Update was posted for 30-day public review and comment April 8, 2016 - May 7, 2016. Notification of the public review dates and access to copies of the Annual Update was made available through the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies of the Annual Update were delivered to Stanislaus County Public Libraries throughout the county where the report is available at resource desks
- ✓ 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 Substance Abuse Programs as well as other stakeholders were sent a notice informing them of the start of the 30-day review, and how to obtain a copy of the Annual Update
- ✓ Public Notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The Public Notice included access to the Annual Update on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.
- ✓ BHRS Cultural Competency Newsletter

A Public Hearing on the MHSA Annual Update FY 16-17 was held at the Mental Health Board/Advisory Board of Substance Abuse Programs joint meeting on April 28, 2016.The meeting took place at the Stanislaus County Health Services Agency in the Martin Conference Room at 5 pm.

The meeting also served as an Outreach Information venue for the public to learn more about MHSA, the Annual Update, and community services. Dr. Madelyn Schlaepfer gave a power point presentation to the board members.

During the Public Hearing, a request was made to expand beds at Garden Gate Respite (GGR), a CSS Outreach and Engagement program, and utilize five beds that were part of a GGR Innovation learning project located next door on the same property. Both programs are in houses side by side in West Modesto and both are run by Turning Point Community Programs. GGR Innovation, a three year project, ended its learning on April 30, 2016 and is no longer providing services to its INN clients. Having access to the five beds that were part of that project are needed due to limited emergency housing resources.

Because of the difficulty in convening stakeholders on short notice and the time constraints in preparing the Annual Update agenda item for the June 28 Stanislaus County Board of Supervisors meeting, the BHRS director decided to e-mail the expansion request and have stakeholders vote via e-mail on whether or not to support it.

The following e-mail was sent to MHSA stakeholder on May 3, 2016.

Dear Stakeholders,

At the Public Hearing, held at the Mental Health Board on April 28, 2016, there was advocacy for expansion of Garden Gate Respite (GGR) beds. One of the staff from Behavioral Health and Recovery Services asked that ***five*** *additional beds be added to GGR. These beds are in a house next to the current CSS Garden Gate Respite emergency housing. It has been used for the GGR Innovation program that ended on April 30. The INN will not be continuing, only the beds will be utilized.*

As you may recall, INN projects do not continue once they have been completed. GGR INN still needs to have the data on outcomes analyzed. Depending on the results, there may be future funding from another source. Again, the GGR INN ended on April 30. Due to the demand for emergency housing for our clients, loss of the five beds will result in fewer, less desirable options such as hotel vouchers. At GGR, there is support staff available 24/7. The cost of this expansion is approximately $526,694.

Even with the planning that has already been done, there is more than enough funds for this expansion for the next three years. Please let us know if you support this expansion. We need to have your responses by May 6.

After the e-mail was sent, MHSA staff received questions about the request from some stakeholders who asked for more information about the expansion being proposed. On May 6, 2016, BHRS Director Dr. Madelyn Schlaepfer provided additional information and sent the following e-mail to stakeholders.

Good Afternoon,

There have been several questions/concerns in reference to the request that was sent to Representative Stakeholder Steering Committee to add an additional expansion request to the Annual Update. Garden Gate Respite was one of the initial programs that was funded with MHSA funding in 2006. It is a valuable part of our ongoing efforts to outreach and engage individuals who are experiencing homelessness and/or are at imminent risk of homelessness in Stanislaus

County. These hard to engage populations that are referred to the Respite Center typically do not do well in shelters or hotels due to significant mental health and/or substance use issues. The 24/7 on-site staff at Garden Gate Respite Center with lived experience are a key component to engaging these vulnerable folks, developing trusting relationships, and providing much needed support. Garden Gate Respite is a critical option in the county's continuum of housing, utilized by many agencies such as, law enforcement, emergency services, outreach teams, and BHRS staff.

Garden Gate Respite has produced good outcomes for many years. For instance, the Annual Update for FY 2016-2017, indicates that 48% of the individuals were referred to respite to avoid acute psychiatric hospitalization. As you may recall, the data in the Annual Update is reflective the prior full fiscal year, i.e., FY2014 – 2015. I am attaching an semi-annual update on Garden Gate Respite for the current fiscal year that Dan Rosas sent out earlier. This program aligns extremely well with the Focus on Prevention efforts as quality emergency housing is needed. Garden Gate Respite is not a hotel, and, as noted above, it is staffed 24/7 with support staff.

As I indicated in the previous email to stakeholders and I want to again stress, this request for expansion has nothing to do with the Innovation program that just ended. The request is to expand the original Garden Gate Respite program using the five beds that were used in the Innovation project, nothing else. Since these beds are in a house that has been used for respite, there should be no environmental issues. The cost of the program will be almost the same as the original Garden Gate Respite since it will result in almost doubling the number of beds from 6 to 11. In the most recent MHSA stakeholder planning process, all of the suggestions for expansions and new programs for the Community Services and Supports funding were accepted. The total cost of these expansions and new programs, if approved by the Board of Supervisors, will be $1,499,709. This left approximately $800,000 unspent of the $2,300,000 per year that was available each year for the next three years. The Garden Gate Respite expansion will utilize approximately $540,000 of the $800,000. The cost is reflective the need for 24/7 staffing of at least two staff at all times.

While I realize that we have rarely changed the Annual Update outside of an in person meeting, it has occurred in the past when input has come in during the Public Hearing. Had I realized that these 5 beds would be available at the time that the meetings were being held, it would have been discussed at that time. I understand that some of you may still be opposed to this proposal. However, I believe that this expansion is in the best interests of the clients and potential clients that Behavioral Health and Recovery Services serves and may serve. It is also an opportunity to employ consumers and family members in very meaningful work that ultimately can change lives. At the convening on Homelessness last October, it was clear that many individuals, who were homeless at some time in their life, reported that their lives changed because someone believed that they could change. It is interesting that the data reported in the current Annual Update regarding Garden Gate Respite showed that 100% of those surveyed at Garden Gate said that "staff believed that I could change."

For those of you who are in support of the expansion of Garden Gate Respite, thank you for your vote. For those of you who have been uncertain or voted no, I ask that you consider the information in this email. If you still are opposed, I will respect that but we still will need to understand your objection so that we can reflect the concerns in response to the request at the Public Hearing.

Stakeholders were given a deadline of May 9, 2016 at noon to respond to this e-mail.

A total of 27 stakeholders responded to the e-mail request. 26 stakeholders voted to support the bed expansion and 1 voted not to support it.

The following is the comment against the expansion:

- I certainly agree that Stanislaus County has a significant need for housing across all cities and spheres of concern. Almost daily someone approaches me, outside the office, for assistance with a housing need. The need is definitely growing and rather rapidly I would say.

  However, there are other needs in our community equally significant. Like other stakeholders, I'm extremely concerned about the lack of adequate data and/or information on such an important issue. It seems to me that this position could be a potential "adaptive dilemma" situation, which could possibly call for some form a serious dialogue among stakeholders.

  Although we were asked to vote "yes" or "no", at this time (based on the lack of information and/or data and in good conscience) I **Can't go forward** at this time to the request for a vote.

●●●●●

Community Planning Process and the Stanislaus County Board of Supervisors/July 19, 2016

On July 19, 2016, the MHSA Annual Update and its project funding recommendations for Community Services and Supports (CSS) and Innovation addressed in this document went before the Stanislaus County Board of Supervisors (BOS) for approval. The proposed Annual Update included funding to enhance several currently funded projects or components as well as start-up funding for new Innovation projects.

The BOS unanimously voted to accept the majority of the CSS project expansions for the exception of two items: Community Activities and Rehabilitation Transportation (CART) and High Risk Health and Senior Access FSP program. The concern was that the expansions might take away from existing programs and that they aren't proven.

The BOS also asked that MHSA programs come back to them every year to share their outcomes so they can determine whether or not continued funding is appropriate.

Executive Summary

According to the National Alliance on Mental Illness (NAMI), one in five adults in America experience a mental illness, a disease that causes mild to severe disturbances in thought and/or behavior, resulting in the inability to cope with life's ordinary demands and routines. And nearly 1 in 25 (10 million) adults live with a serious mental illness.

Funding from the Mental Health Services Act (MHSA) is helping Behavioral Health and Recovery Services (BHRS) to address this issue in Stanislaus County. It allows us to expand and improve programs to build a "help first" system of care to eliminate disparities, promote wellness, recovery, and resiliency, and ensure positive outcomes for people living with mental illness.

This year's Annual Update reflects our ongoing work to fulfill the promise of Proposition 63 passed by California voters in 2004. As an agency and a community partner, BHRS is committed to improve Stanislaus County's public mental health system. This Annual Update highlights the five integral components of MHSA and features programs that work together to create a continuum of care and services to meet the needs of our diverse community.

Highlights

Community Services and Supports (CSS) provide funding for direct services to individuals with severe mental illness. Full Service Partnerships (FSP) are in this category and provide wrap-around or "whatever it takes" services to consumers. Housing is also included in CSS. Stanislaus County Behavioral Health and Recovery (BHRS) has twelve programs that provide mental health services to children and adults. Here are some of their outcomes:

- A total of 5,614 individuals were served throughout all CSS programs.
- There were 470 active partners in all FSP programs. Of that number, 314 (67%) partners were active in FY 14-15 and in the program at least one year. There was a 31% decrease in homelessness one year prior to enrollment and one year post enrollment.

Prevention and Early Intervention (PEI) is the second largest component of MHSA funding designed to recognize early signs of mental illness and improve early access to services and programs including the reduction of stigma and discrimination. BHRS has eight (8) projects and 18 programs that promote wellness, foster health, and prevent the suffering that results from untreated mental illness. Among the outcomes for this component are:

- A total of 308 promotores were active in their respective communities making 14,265 contacts through community based collaborative events and activities.
- A total of 121 community residents were trained in Mental Health First Aid. The training aims to teach members of the public how to respond in a mental health emergency and offer support to someone who appears to be in emotional distress.
- An estimated 70,124 individuals were reached by the StanUp for Wellness Suicide Prevention and Early Psychosis Signs and Symptoms messages through movie screen advertising at Galaxy Theater in Riverbank, Brendan Theatres in Modesto, and Regal Stadium 14 Theatre in Turlock.

Workforce Education and Training (WE&T) has six (6) programs committed to help improve and build the capacity of the local, diverse mental health workforce. Here are some of the outcomes:

- A total of 42 trainings were held in Stanislaus County with 1,942 BHRS, contractor staff, and community members in attendance.
- A total of 110 volunteers participated in the Consumer and Family Member Volunteerism program and contributed 14,603 volunteer hours with a total dollar value to BHRS (at $23.07 an hour) of $435,218.

Capital Facilities/Technological Needs (CF/TN) provides funding for building projects and increases technological capacity to improve mental illness service delivery. BHRS has four TN projects in various stages of implementation to modernize information systems and increase consumer/family empowerment by providing tools for secure access to health and wellness information. Among the outcomes:

- A total of 158 staff in the Children's System of Care was trained in Child and Adolescent Needs and Strengths (CANS) in preparation of the CANS integration in the Electronic Health Record (EHR); 40% of participants were BHRS staff and 60% were contract providers.

Innovation (INN) funds and evaluates new approaches that increase mental health access to the unserved and/or underserved communities. Innovation projects can also promote interagency collaboration and increase the quality of services. BHRS had five (5) unique learning projects during FY 14-15. The projects addressed several learning questions. Among them were the following:

- How will the adoption of the Wisdom Transformation framework by participating organizations increase their capacity to improve outcomes for people suffering from or at risk of mental illness and create a stronger and more positive internal environment for staff, board members, and others connected to the organization to better support the people they serve?
- Can a "culture" shift occur in the community that creates better alignment between the need and support available? Can we create a more effective way of supporting individuals and families that experience the negative consequences of mental illness?

Community Services and Supports (CSS)

Community Services & Supports (CSS) programs provide direct services to individuals of all ages with mental illness in Stanislaus County. There are three levels of service under Adult/Older Adult, Forensic and Children's Systems of Care: (1) Full Service Partnership (2) General System Development (3) Outreach and Engagement.

CSS is the largest component and makes up 80% of county MHSA funding. It provides funds for direct services to individuals with severe mental illness and children with serious emotional problems. The culturally competent services are focused on wellness, recovery, and resiliency while integrating the service experience for clients and families. Long term supported housing is also part of CSS funding. Stanislaus County has twelve CSS programs including five FSP programs, five GSD programs, and two O&E programs.

Full Service Partnership (FSP) funded programs provide integrated services to the most unserved or underserved and those at high risk for homelessness, incarceration, hospitalization, and out-of-home placement. MHSA mandates that the majority of CSS funding must be used for services to this population. Strategies are considered a "wraparound" approach to engaging service recipients as partners in their own self-care, treatment, and recovery. In doing so, they can achieve and sustain stability in medical and psychiatric well-being and help end their homelessness and involvement in the criminal justice system. Program results include reductions in incarceration, homelessness, psychiatric hospitalizations, and emergency medical services/hospitalization.

FY 14-15 Programs:

- FSP-01 - Stanislaus Homeless Outreach Program (SHOP)
- FSP-02 - Juvenile Justice (JJ)
- FSP-05 - Integrated Forensic Team (IFT)
- FSP-06 - High Risk Health & Senior Access (HRHSA)
- FSP-07 - Turning Point Integrated Services Agency (ISA)

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

FY 14-15 Programs:

- GSD-01 - Josie's Place Transitional Age Young Adult Drop-in Center
- GSD-02 - Community Emergency Response Team/Warm Line
- GSD-04 - Families Together at the Family Partnership Center
- GSD-05 - Consumer Empowerment Center
- GSD-06 - Crisis Stabilization Unit (CSU)/Operational Costs

Outreach & Engagement (O&E) funded programs focus on special activities needed to reach diverse underserved communities. Strategies include community outreach to diverse community-based organizations. Crisis-oriented respite housing was also established to avoid unnecessary incarceration and psychiatric hospitalization and to provide short-term housing, and linkage to services.

FY 14-15 Programs:

- O&E-02 – Supportive Housing Services (Includes Garden Gate Respite, Intensive Transitional Housing, Vine Street Emergency Housing, and Supportive Housing Services/Transitional Board and Care)
- O&E-03 – Outreach and Engagement/Underserved Rural Communities (This program was approved by stakeholders and included in the FY 14-15 MHSA Plan Update as a Request for Proposal (RFP). The contract was awarded to Telecare Corporation. Program outcomes will be reported in the FY 17-18 Annual Update.)

CSS Budget

FY 2014-15 Actual	FY 2015-2016 Budgeted
$10,904,067	$17,196,822

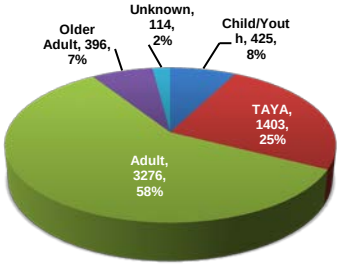
CSS Demographics

MHSA data collection and reports focus on how many individuals were served and whether programs were meeting service targets. Data collected provides an indication of how programs are doing in reaching unserved/underserved and diverse populations.

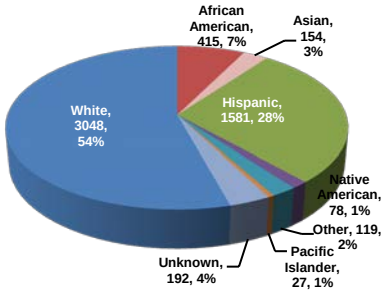
Note: The data collected across all CSS programs will be reported with client duplications as clients may receive services in multiple programs. Within each CSS program and across its level of care the data reported for clients served will be unduplicated.

All percentages shown in graphs are rounded to the nearest percent and therefore may not equal 100%.

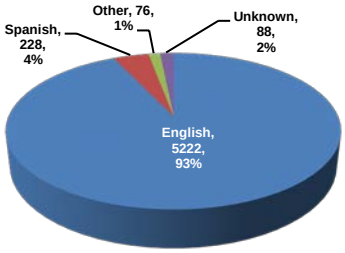
Age - 5,614



Race/Ethnicity - 5,614



Language - 5,614

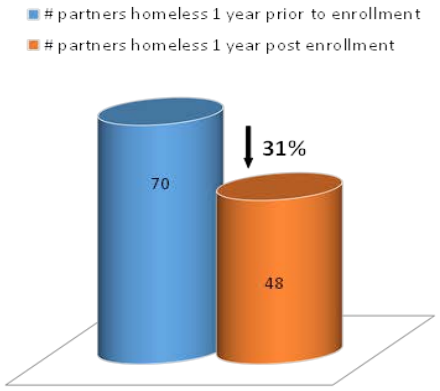


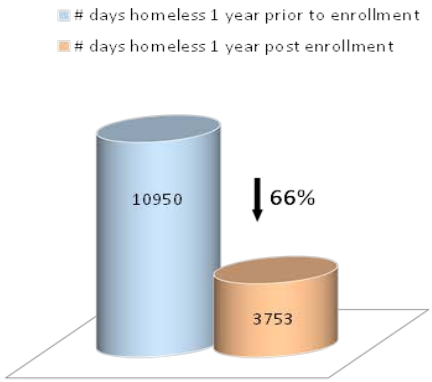
CSS Highlights

All FSPs
7/1/2014 – 6/30/2015

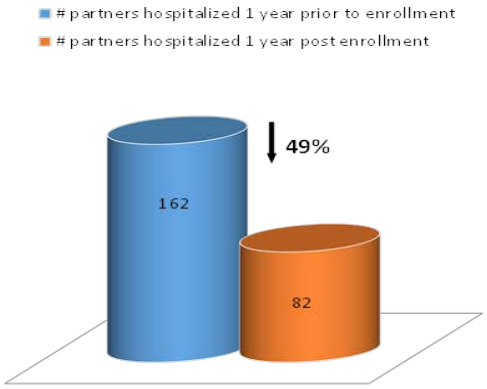
- 470 active partners in FY'14-'15
- All outcomes based on the 314 partners who were active in FY'14-'15 *and* in the program at least one year: n=314 (67% of the active partners); at least 2 years: n=196 (42% of the active partners)

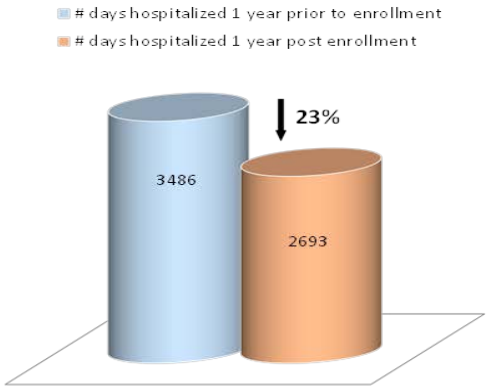
Homelessness Outcomes



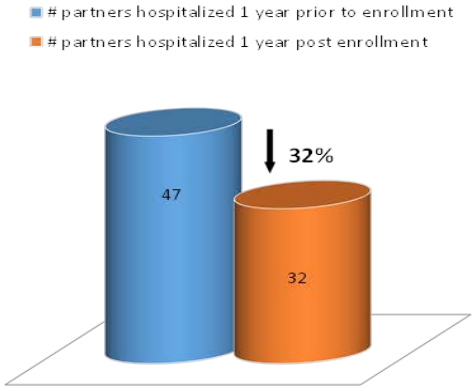


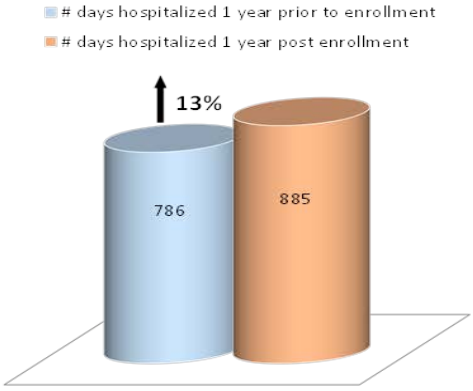
Psychiatric Hospitalization Outcomes

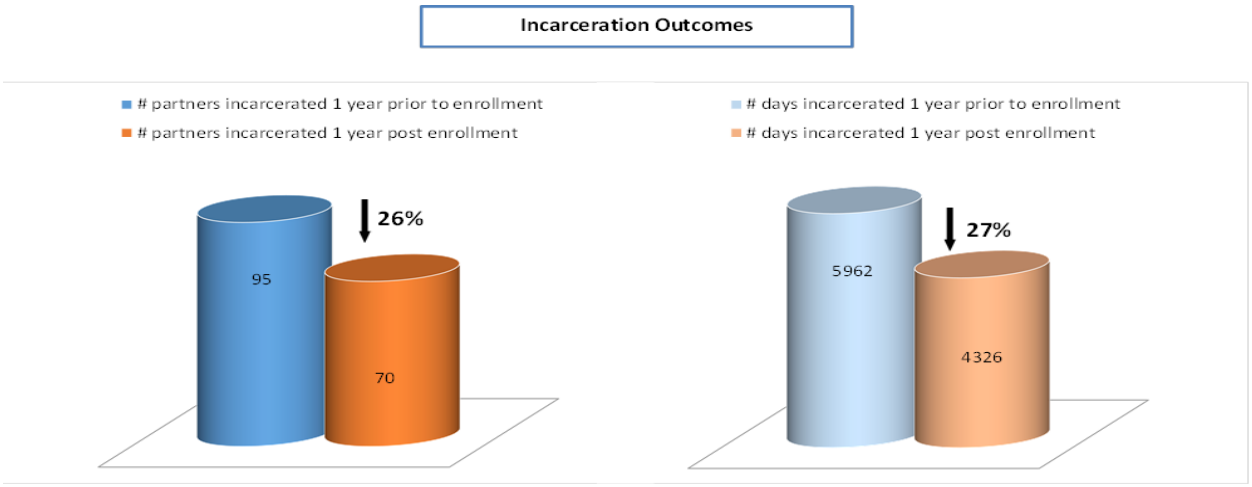


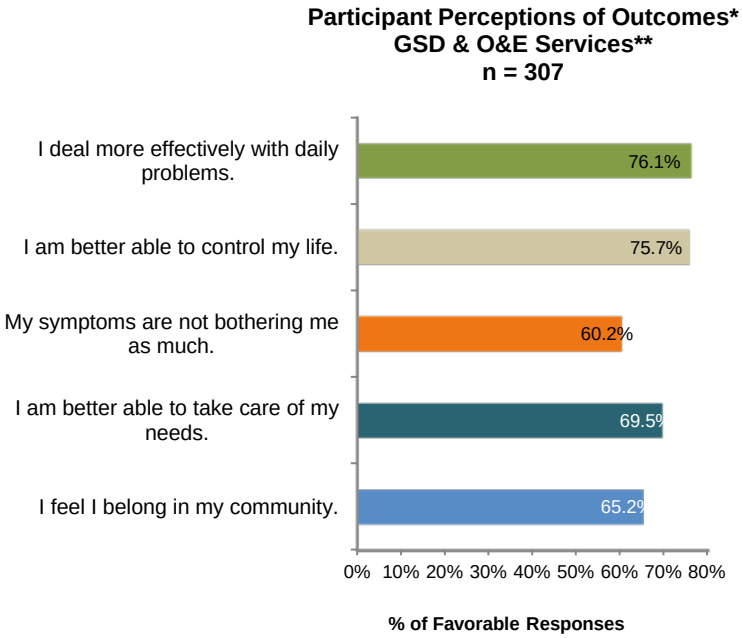


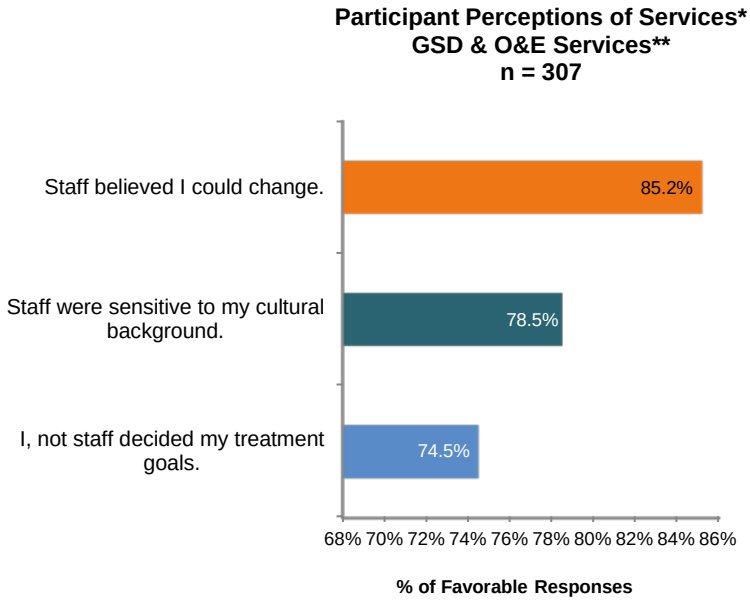
Medical Hospitalization Outcomes









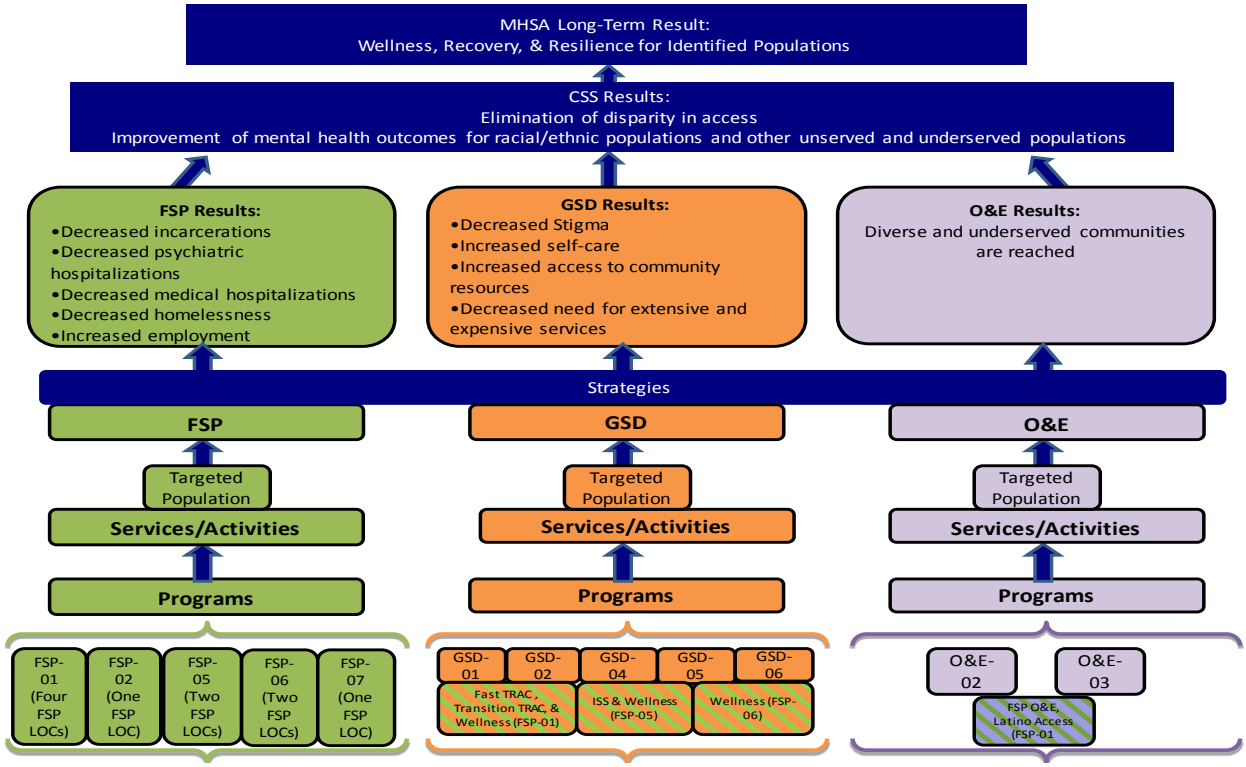


** This survey was developed through a collaborative effort of consumers, the Mental Health Statistics Improvement Program (MHSIP) community, and the Center for Mental Health Services.*

***Josie's Place, CERT and Warm Line, Empowerment Center, Juvenile Justice, Integrated Forensics Team, Telecare, Housing(O&E), Employment (O&E), and Garden Gate Crisis (O&E).*

Theory of Change

The Community Services and Support (CSS) component plays an important role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations. Below is the CSS component for FY 2014-2015 displayed in the Theory of Change Framework which was presented during the stakeholder process.



Community Planning Process and CSS Outreach and Engagement Expansion/ May 9, 2016

On May 9, 2016, the MHSA Representative Steering Committee voted via e-mail to a bed expansion request for the Garden Gate Respite (GGR) emergency housing program operated by Turning Point Community Programs. The CSS Outreach and Engagement (O&E) program was funded in 2006. It's a valuable part of the county's ongoing efforts to outreach and engage individuals who are experiencing homelessness and/or at risk of homelessness. The program provides six (6) beds with 24/7 on site program staff and is a critical option in the continuum of care used by agencies including law enforcement, emergency services, and outreach teams. Program outcomes from FY 16-17 show 48% of individuals were referred to the respite program to avoid acute psychiatric hospitalization.

Turning Point Community Programs also operated an Innovation (INN) learning project on the property (both programs are located in two separate houses side by side in West Modesto) to link mentally ill individuals to community resources and provide enhanced services. It utilized five (5) beds as part of its three (3) year INN program. Services ended on April 30, 2016 and a Final Report is due June 30, 2016.

During the April 28, 2016 Public Hearing for the MHSA Annual Update, BHRS staff, citing the ongoing demand for emergency housing for the homeless, advocated that the five (5) beds from the GGR Innovation project be moved to the GGR O&E program. This would bring the total number of GGR beds to eleven. The cost of the expansion will be $526,694.

Because of the timing of the request and challenges convening stakeholders to an emergency meeting, the BHRS Director sent two (2) e-mails to stakeholders describing the situation and asked representatives to cast votes for or against the expansion request.

A total of 27 stakeholders participated in the vote. A total of 26 stakeholders voted in favor of the expansion request and one (1) voted against it. The stakeholder who voted against the expansion made the following comment:

I certainly agree that Stanislaus County has a significant need for housing across all cities and spheres of concern. Almost daily someone approaches me, outside the office, for assistance with a housing need. The need is definitely growing and rather rapidly I would say.

However, there are other needs in our community equally significant. Like other stakeholders, I'm extremely concerned about the lack of adequate data and/or information on such an important issue. It seems to me that this position could be a potential "adaptive dilemma" situation, which could possibly call for some form a serious dialogue among stakeholders.

Community Planning Process and CSS Expansions/March 17, 2016

On March 17, 2016, the MHSA Representative Stakeholder Steering Committee convened and approved the following CSS proposed program expansions and new programs. They were part of an Idea Bank that was developed following input from stakeholders and the BHRS Senior Leadership Team. Program sub-populations, results, strategies, and activities are highlighted along with estimated program funding amounts per year.

Adults (Ages 18-59)			
	Ideas	**Current or Related Program (Y/N)**	**Expansion or New Program**
Community Services and Supports	**FSP Co-Occurring Residential Treatment Expansion** **Sub-Population:** Individuals with SMI **Results:** Increase capacity to serve more individuals in Stanislaus County in need of treatment; Decrease incarcerations, psychiatric, and medical hospitalizations **Strategy:** Full Service Partnership (FSP) Co-Occurring residential treatment; Expand residential beds by 10 at Stanislaus Recovery Center (SRC) **Activities:** Expansion enables SRC to increase its capacity to 40 beds for individuals receiving co-occurring residential treatment at the Ceres campus. SRC has had people on a waiting list for the past three months; Add staffing to program – 4 Clinical Services Technicians (CSTs).	☒ Yes ☐ No **Estimated Funding Amount: $420,000 per year**	☒ Possible Expansion of a County Operated Program ☐Possible New Program

Adults (Ages 18 - 59)			
	Ideas	**Current or Related Program (Y/N)**	**Expansion or New Program**
Community Services and Supports	**<u>Modesto Recovery Services TRAC/Turlock Recovery Services Expansion</u>** **Sub-Population:** Individuals with SMI and Co-occurring SMI/SUD **Results:** Increase capacity to serve more individuals who are defined as high risk with frequent or recent hospitalizations, with serious functional impairments, and hard to engage individuals **Strategy:** Full Service Partnership (FSP) – Expand Modesto Recovery Services (MRS) TRAC by adding 12 more slots; Add 12 slots for Turlock Recovery Services (TRS) to serve Turlock and clients in outlying areas of Stanislaus County. A total of 24 slots would be created through this expansion. **Activities:** Use the "housing first" model and apply the "whatever it takes" approach to provide 24/7, ACT level of services, outreach and engagement, and intensive case management services and support. This expansion will enable MRS to expand its capacity to 24 slots and create 12 new FSP slots to serve clients who live in Turlock and other outlying areas of Stanislaus County.	☒ Yes ☐ No **Estimated Funding Amount:** **$300,000 per year**	☒ Possible Expansion of a County Operated Program ☐Possible New Program
	<u>CART Service Expansion</u> **Sub-Population:** Individuals with SMI and co-occurring disorders and their young children **Results:** Increase access for this population **Strategy:** General System Development (GSD) - Purchase car seats and train staff in appropriate installation; Increase insurance liability coverage **Activities:** Provide van/transportation for community activities and events to support consumer and family member participation in Stanislaus County	☒ Yes ☐ No **Estimated Funding Amount:** **$68,671 per year**	☒ Possible Expansion of a Contract Program ☐Possible New Program

Adults (Ages 18 - 59)			
	Ideas	**Current or Related Program (Y/N)**	**Expansion or New Program**
Community Services and Supports	**<u>High Risk Health and Senior Access (HRHSA) Program Expansion</u>** **Sub-Population:** Individuals with SMI and Co-Occurring SMI/SUD in High Risk Health and Senior Access program **Results:** Decreased incarcerations, psychiatric and medical hospitalizations; Provide transportation needs to the disabled and older adults who need Specialty Mental Health Services; Currently a Stock/Delivery Clerk part-time position/If approved, position to be split between HRHSA and Senior Access Treatment Team **Strategy:** Full Service Partnership (FSP) **Activities:** Hire 1 Stock/Delivery Clerk to transport clients from their home to clinics to receive mental health services including individual and group counseling, medication services and peer support; Provide client transportation to activities; Manage transportation schedules; Provide clerical support.	☒ Yes ☐ No **Estimated Funding Amount: $36,932 per year**	☒ Possible Expansion of a County Operated Program ☐Possible New Program
	<u>Housing Outreach and Engagement Expansion</u> **Sub-Population:** Individuals with SMI in BHRS Housing and Support Services Outreach and Engagement programs **Results:** Outreach to diverse and underserved communities; Provide case management services to individuals with SMI and their families in Housing & Support Services programs; Increase in number of individuals transitioning to self-sufficiency; Decreased incarcerations, psychiatric hospitalizations, and homelessness; Increase in employment and ability to live independently **Strategy:** Outreach and Engagement (O&E) **Activities:** Hire 1 Behavioral Health Specialist (BHS) to work with multidisciplinary team to provide case management, advocate for and assist clients in accessing and receiving services. Increase staff safety by allowing two staff to do outreach together.	☒ Yes ☐ No **Estimated Funding Amount: $97,106 per year**	☒ Possible Expansion of a County Operated Program ☐Possible New Program

Adults (Ages 18 - 59)			
	Ideas	**Current or Related Program (Y/N)**	**Expansion or New Program**
Community Services and Supports	**<u>Adult Community Living Project</u>** **Sub-Population:** Individuals with SMI in adult community housing (Board and Cares, Room and Boards, Sober Living environments) **Results:** Increase capacity to provide housing services to individuals with mental illness and serious emotional disturbance; Decrease stigma; Increase self-care and access to community resources. **Strategy:** General System Development (GSD) **Activities:** Develop mental health team of professionals and peers to support individuals; Promote positive movement through housing continuum; Provide support, training, and education to adult community living environments; Program will be provided by a contractor that would hire positions comparable to county staffing, i.e., 2 CSTs, 2 BHS, and 1 MH Clinician	☐ Yes ☒ No **Estimated Funding Amount:** **$500,000 per year**	☐ Possible Expansion ☒Possible New Contract Program
	<u>Homeless Initiative</u> **Sub-Population:** Homeless individuals with SMI **Results:** Increase capacity and access to mental health services and resources to underserved groups; Decrease stigma; Increase self-care; Target ethnic and cultural populations including families with children; Decrease need for extensive and expensive services **Strategy:** General System Development (GSD) **Activities:** Hire Homelessness manager (in CEO's office) to coordinate county-wide Focus on Prevention community efforts to address and effectively coordinate services to reduce homelessness; Staff position-fund up to 50% of salary	☐ Yes ☒ No **Estimated Funding Amount:** **$77,000 per year**	☐ Possible Expansion ☒Possible New Program

Adults (Ages 18 - 59)			
	Ideas	**Current or Related Program (Y/N)**	**Expansion or New Program**
Workforce Education & Training	**<u>Improving Results through Wisdom Dialogues</u>** **Sub-Population:** CBOs providing mental health services in Stanislaus County **Results:** Help resolve one or more systemic adaptive dilemmas through multi-stakeholder Wisdom Dialogue process/Build on lessons learned from WTI Innovation project involving four CBOs **Strategy/Purpose:** Address adaptive dilemma (s) through stakeholder Wisdom Dialogues, help selected BHRS and community leaders learn how to design/facilitate, develop/report data to support multi-stakeholder Wisdom Dialogues **Activities:** Design and facilitate Wisdom Dialogues to include small group sessions/1:1 coaching for participants, provide facilitator, and data specialist trainings	☒ Yes ☐ No *Former Innovation project/ends June 2016 **Estimated Funding Amount:** **Up to $120,000 for a 1-year program (parameters established by stakeholders)**	☐ Possible Expansion ☒Possible New Contract Program

Stakeholders approved the expansions/new programs using the Gradients of Agreement scale, a tool to obtain consensus for the group to endorse projects. The Gradients of Agreement enables stakeholders to express their support for a proposal in degrees, along a continuum. Below is the breakdown of stakeholders' votes for each of the projects. Comments from stakeholders are also included in this document.

Gradients of Agreement Results from 3.17.16 MHSA RSSC

	Endorse	Endorse with minor point of contention*	Agree with reservations	Abstain	Stand Aside	Disagree but will support the majority	Disagree and want out from implementation	Can't go forward	Total
CSS - FSP Co-Occurring Residential Treatment Expansion	100%								100%
CSS - Modesto Recovery Services TRAC/Turlock Recovery Services Expansion	100%								100%
CSS - CART Service Expansion	82%	9%	9%						100%
CSS - High Risk Health & Senior Access (HRHSA) Program Expansion	87%	4%	9%						100%
CSS - Housing Outreach & Engagement Expansion	100%								100%
CSS - Adult Community Living Project	91%	9%							100%
CSS - Homeless Initiative	91%	9%							100%
WET & T - Improving Results through Wisdom Dialogues (Parameters implemented by Stakeholders: 1) Funding cap of $120K, 2) one year program)	90%			5%			5%		100%

Gradients of Agreements Comments

CART Service Expansion

Endorse with minor point of contention (2)

- I'm slightly concerned about the long term sustainability of this project. Items like gas, maintenance related to this project, may be otherwise addressed, but I'm not certain. Otherwise the project looks good to me.
- Didn't ask if CART would have lift for individuals who couldn't otherwise use services. When initiating, collaborate with DRAIL.

Agree with reservations (2)

- Like the idea of transportation but concerned about complexity, logistics, equity and operation of a transportation program.
- Transportation services can lead to dependency on such services whereas travel training to utilize existing public transportation services should be included whenever possible.

High Risk Health and Senior Access (HRHSA) Program Expansion

Endorse with minor point of contention (1)

- I have an inquiry before I fully endorse: Is this transportation also for the caregiver or just the elder?

Agree with reservations (2)

- Like the idea of transportation but concerned about complexity, logistics, equity and operation of a transportation program
- "High Risk & Senior Access Stock Delivery Clerk to transport…" – See above comment re: travel training focus. Suggest both CART & HRHSA expansion work with "move" agency (Consolidated transportation)

Adult Community Living Project

Endorse with minor point of contention (2)

- I have a question: How many sober living homes & landlords are we talking about? How many people do they currently serve? How many will they add with this program?
- A really good (idea) but also to include a peer in discussion and hire. FSP was not stated in beginning. I would be alright with leadership (BHRS) would speak to FSP about hiring their peers if possible.

Homeless Initiative

Endorse with minor point of contention (2)

- Why are we covering 50%? I feel like we need to share among other HHS (Health & Human Services) Agencies who benefit from this initiative their cost.
- How & who will be able to contact this person?

Workforce Education & Training: Improving Results through Wisdom Dialogues

Abstain (1)

- Feel I don't have enough information to vote. No funding, no staffing, very vague proposal. More of an idea/ vs. proposal.

Disagree and want out from implementation (1)

- I feel like this discussion could happen without further funding because this already exists.

Other Comments

- I would like to see CART services expanded to include Modesto and all Board and cares; Open Zephyr Clark Friday evening through Monday; Put hearing impaired phone in Coffee house at Wellness Recovery.

CSS - Stanislaus Homeless Outreach Program (FSP- 01)
Operated on Contract to Telecare Corporation within BHRS Adult System of Care

Stanislaus Homeless Outreach Program (SHOP) provides services to transitional aged young adults (TAYA), adults, and older adults who have mental health and co-occurring issues of mental health and substance abuse. These individuals may also be uninsured or underinsured and involved with other agencies. The program goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

SHOP offers 3 levels of care and utilizes Full Service Partnership (FSP) funding.

FSP Funding
1) Full Service Partnership (FSP)
2) Intensive Support Services
3) Wellness/Recovery

This approach allows individuals to enter the program at an appropriate level of service for their needs and then move to a lesser or greater level of care as needed.

The FSP level of care has 4 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), 3) Josie's Telecare Recovery Access Center (Josie's TRAC) and 4) Modesto Recovery Services TRAC (MRS TRAC). FSP strategies include integrated, intensive community services and supports with 24/7 availability with a known service provider. SHOP utilizes a "housing first" approach with recovery and a client/family centered focus that inspires hope. As reported in the FY 15-16 Annual Update, the following SHOP programs were expanded: Josie's TRAC and FSP Access and Supports, both part of FSP-01.

SHOP also provides services to the community funded by General System Development (GSD) dollars.

GSD Funding
1) Intensive Support Services (ISS) TRAC/Fast TRAC
2) Wellness/Recovery
3) Transition TRAC

Led by clinical service staff, SHOP group support is offered to individuals, along with peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach.

In the GSD Transition TRAC, the staff focuses on discharges from the acute psychiatric inpatient hospital in Stanislaus County. The team tracks individuals who are not open to behavioral health services prior to hospitalization and engage those who are not open to services post-hospitalization to connect them to resources. The aim is to prevent re-admissions to inpatient psychiatric services.

The estimated number of individuals to be served in FY 16-17 is 615; 456 in the Full Service Partnership and 159 in Intensive Support Services and Wellness/Recovery.

Highlights for FSP Level of Care

This year Telecare collaborated with Stanislaus County to expand its existing Outreach Program with a new outreach team that works to meet the needs of the county's underserved/unserved Latino population. This new team, Latino Access, offers a unique approach to serve individuals.

The Latino Access teams connect with neighborhoods including Latino communities to talk about mental health issues and reduce the stigma of receiving mental health services. To best communicate with clients and help match them with appropriate community services, each team member is proficient in both English and Spanish.

The teams have been able to connect with hundreds of people over the past year and establish partnerships that include the following organizations: Center for Human Services, BHRS, Sutter Health, Golden Valley Health Centers, Catholic Charities, Riverbank Community Collaborative and the Modesto and Turlock Police departments.

Along with Stanislaus County, Telecare continues to implement the various stages of Cerner. In June of 2014, the assessment phase was implemented. Telecare began using the Comprehensive Assessment

for Adults (CAA) and crisis assessments fully by July 2014. Next, they began using signature pads and now have the capability of having clients sign documents in the field. In June of 2015, all staff were trained on the content of progress notes and treatment plans. This training improved staff's understanding of treatment plans goals and interventions. Many staff commented that the training has given them clarity on not only how to complete their required reports and notes but how to better work with their clientele.

Telecare was granted a three-year CARF accreditation renewal in September 2014. In preparation for the CARF surveyors, its Utilization Review process was updated and charts were reviewed for quality. Assessments and treatment plans were updated to reflect client's strengths, needs, abilities, and preferences; thereby focusing on strengthening "Client Centered" treatment.

In October, Josie's TRAC completed an audit by the county and received an overall rating of 98%. The following month, the remaining TRAC programs were audited and received an overall rating of 94%. This reflects outstanding quality and dedication from all of the staff. Josie's was another team that expanded from 40 to 52 clients this past fall.

(The following SHOP activities/highlights were also funded by General System Development (GSD) dollars.)

Fully immersed in Common Ground, a program for individuals and families in crisis, persons with mental illness, and people trying to cope with critical situations, staff are utilizing the extensive library of videos and resources with their clients in the field and in a dedicated Common Ground room. At this time, Partnership TRAC, and Westside SHOP staff are working with the clients prior to seeing the psychiatrist in preparing the "Health Questionnaire." The psychiatrist reviews the questionnaire with the client and a "Shared Decision" is discussed and recorded. Clients leave the appointment with a hard copy of the "Shared Decision" to review.

In April of 2015, all staff completed a four hour training in Non-Violent Crisis Intervention (CPI) and also started a series of Telecare's Recovery Centered Clinical System (RCCS) cultural training. With the hiring of new clinicians, Telecare was able to send four clinicians to David Burn's Intensive training. They in turn provided training to all clinical staff in techniques, interventions, and approaches to better serve our population.

The program has also benefited from a culturally diverse staff including 26 staff members who are fluent in various languages including Armenian, Assyrian, Cambodian, Farsi, Portuguese, Spanish, Pilipino, Ukrainian, and Russian. In addition, the collaboration with county staff has allowed the program to meet the needs of those seeking recovery.

The program was also able to offer a variety of groups for clients. These groups include but are not limited to:

- Spirituality
- Art
- Women's Group
- Stress Reduction
- Men's Group
- Life Skills
- Peer Support
- Grief
- AOD/SUD Dual Diagnosis Group

Highlights for GSD Levels of Care

As the Transition Team enters its third year, its purpose remains the same: 1) Engage and provide referral information to all individuals (on the psychiatric units) that the County Emergency Response Team has deemed to require an inpatient admit that are not already connected to treatment service providers, 2) Respond to individuals that require subsequent crisis contact evaluations to determine whether they could benefit from other alternatives to a psychiatric admit, 3) Provide short-term case management which includes accompanying individuals as they access community resources. Using

these strategies over the last year, the program reports that it has avoided 468 hospital admits at time of crisis and has provided case management services to 417 individuals. These individuals may also have used crisis services and required additional hospitalizations had they not gotten the help they needed.

The Transition Team worked with county personnel to implement a database to determine how many individuals were served, how many were admitted to the psychiatric hospital, and how many received case management services. The team also worked closely with the county to implement High Utilizer Intervention Plans (HUIP) to better serve the needs of clients.

Two additional clinicians were added to the Transition Team. As part of their responsibilities, the clinicians work to ensure individuals receive mental health/SUD assessments as needed. The assessments may take place both in and out of the hospital. We were able accelerate entry to SUD services by training our clinicians and certified AOD counselors in the assessment process for SRC.

Telecare's additional GSD program (Fast TRAC and Wellness) successes included serving 28 new individuals admitted to the programs. The agency was able to see 19 individuals graduate back out into the community. There was a great collaboration between the levels of care as staff worked to identify the appropriate placement for each individual.

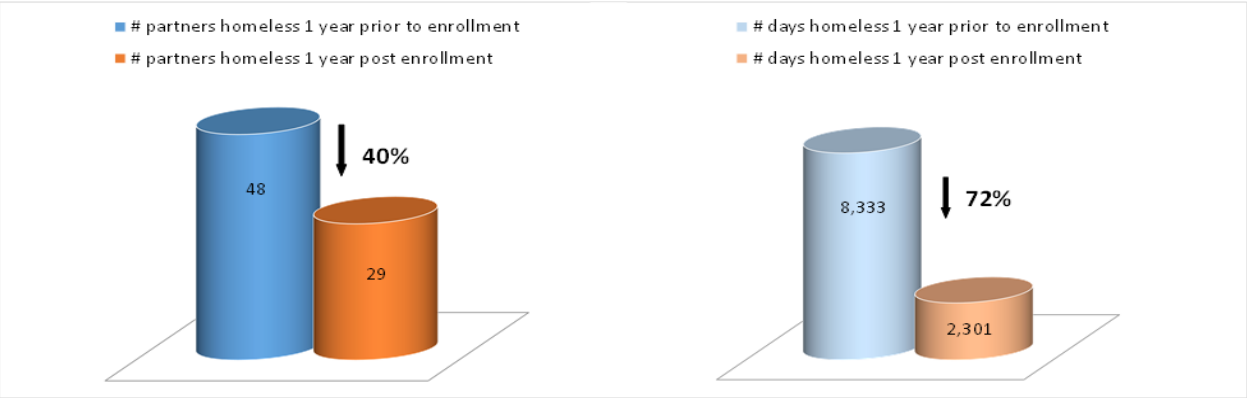
Challenges for FSP and GSD Levels of Care

This past year a larger number of T-Cons and permanent conservatorships have entered the SHOP program. It is often difficult to find placement for these individuals due to the high demand. There have also been challenges regarding space at the 9th street location. It has also been challenging to hire and maintain staffing. This has been due in part of the particular skills required for positions as well as the competitiveness of the mental health field.

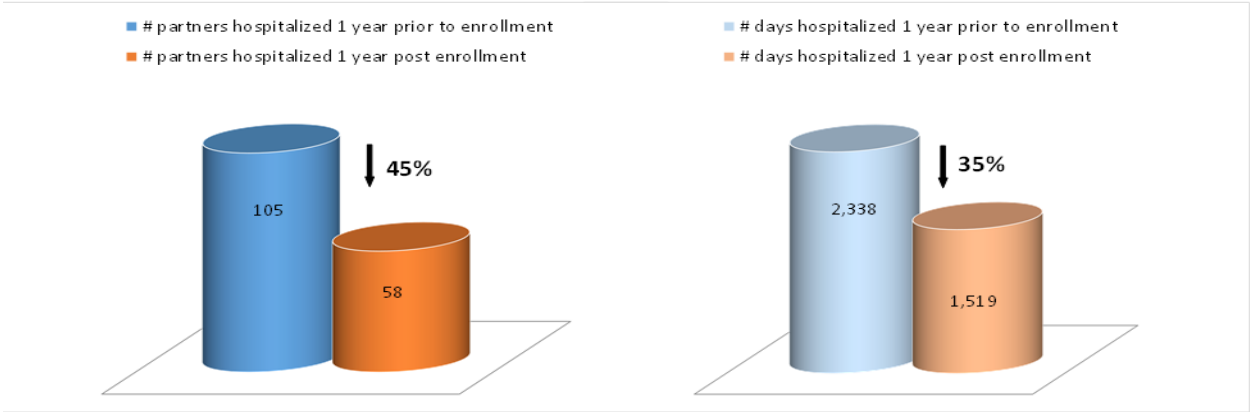
SHOP, Partnership TRAC, Josie's TRAC – FSP-01
7/1/2014 – 6/30/2015

- 227 active partners in FY'14-'15
- All outcomes based on the 164 partners who were active in FY'14-'15 *and* in the program at least one year: n=164 (72% of the active partners); at least 2 years: n=109 (48% of the active partners)

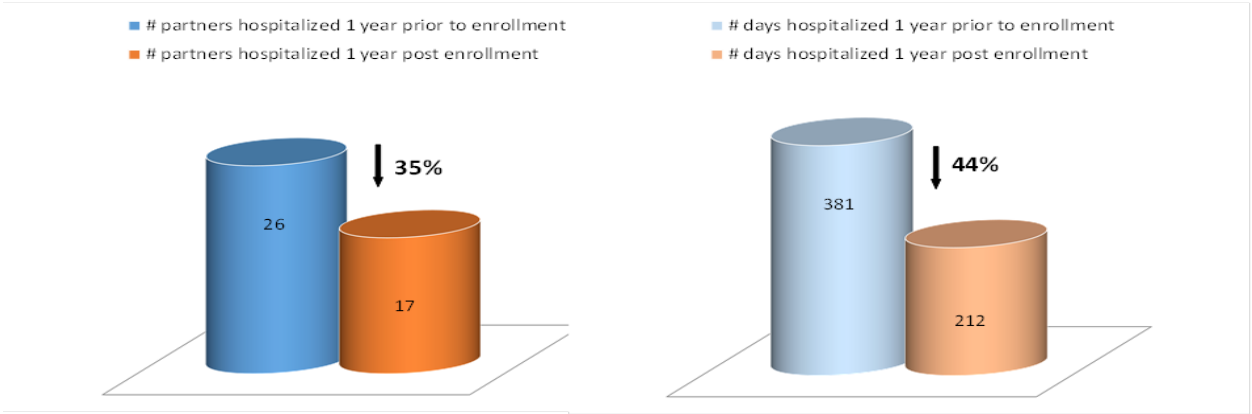
Homelessness Outcomes



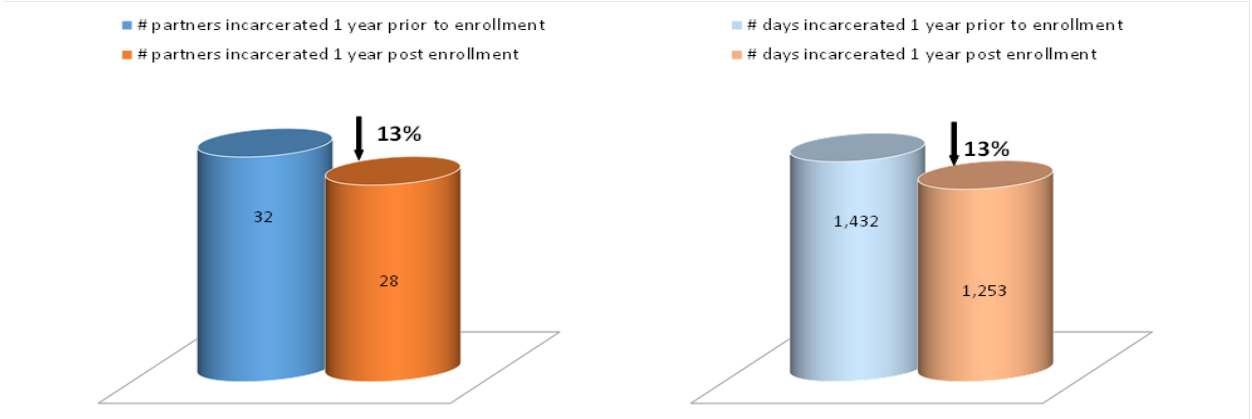
Psychiatric Hospitalization Outcomes



Medical Hospitalization Outcomes



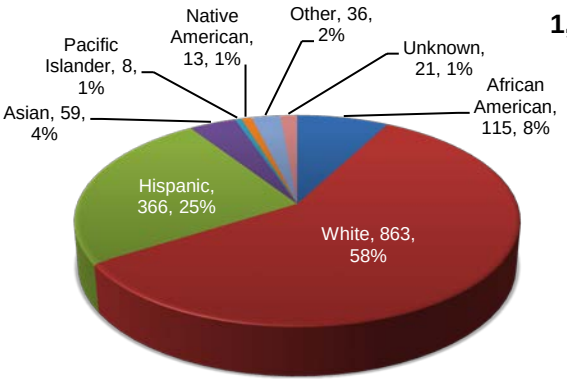
Incarceration Outcomes



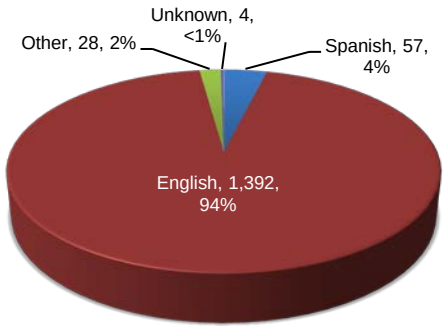
CSS – Stanislaus Homeless Outreach Program (SHOP)
FSP-01 FY 2014 – 2015

1,481 Unduplicated Individuals Served

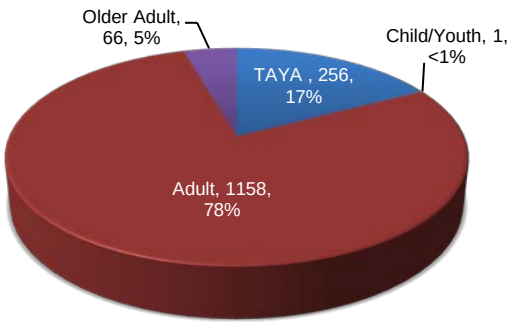
Race/Ethnicity



Primary Language



Age



Program Results for FSP Level of Care

How Much?

- 243 individuals were served *
- 34.2 – average number of clinical services per individual
- 4.8 – average number of support services per individual

How Well?

- 148.2% of annual target of individuals served was met (Target: 164)
- 596 days –average length of FSP services
- 93.7% (59/63) of surveyed individuals were satisfied with services**
- 88.7% (55/62) of surveyed individuals said that “Staff believed I could change”**

Better Off?

- 78.6% (44/56) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 76.8% (43/56) of surveyed individuals indicated that as a results of services, they feel they belong to their community**
- 82.2% (304/370) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services**

Program Results for GSD Level of Care

How Much?

- 1307 individuals served *
- 2.8 – average number of clinical services per individual
- 2.4 – average number of support services per individual
- 417 individuals received case management with a total of 787 contacts

How Well?

- 88.5% (23/26) of surveyed individuals reported being satisfied with services**
- 80% (20/25) of surveyed individuals indicated that “Staff believed I could change”**

Better Off?

- 83.6% (931/1,113) of Telecare Transition TRAC individuals were not readmitted while open to Transition TRAC
- 88.5% (23/26) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 76.9% (20/26) of surveyed individuals indicated that they feel they belong to their community as a result of services**
- 74.3% (113/152) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services**

** Individuals served in both FSP and GSD levels of care are counted in each category.*
***Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - Juvenile Justice (FSP- 02)

Operated by Behavioral Health and Recovery Services in the Children's System of Care

This program provides 24 hours a day, seven (7) days a week crisis response and on-site intensive mental health services to high risk youth in the Juvenile Justice behavioral health program and their families. This Full Services Partnership (FSP) expands the Juvenile Justice Mental Health Program to target youth on formal or informal probation who are diagnosed with a serious mental illness or a serious emotional disturbance.

Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. As a result, they tend to become more seriously ill, have more aggressive behavior, and higher rates of incarceration and institutionalization. The FSP is designed to do "whatever it takes" to engage youth and their families. The program goals are to reduce recidivism, out of home placement, homelessness, and involuntary hospitalization and institutionalization.

Many of the high risk youth are from racially and ethnically diverse communities. Some may be uninsured or underinsured and live in families that are difficult and resistant to engage. And, often times, there's a history of domestic violence, gang involvement, and multi-generational incarceration. Due to the severity of the serious emotional disturbance, the levels of aggression involved in the crimes committed and continued recidivism, these youth are often made formal wards of the court and are at persistent risk of out-of-home placement.

During the 2014 MHSA Stakeholder planning process, a program expansion using General System Development (GSD) funding was recommended in an MHSA Plan Update and later approved by the Stanislaus County Board of Supervisors on September 30, 2014. The expansion provides the following: three full time transitional-aged staff members with lived experience to support and mentor youth, provide outreach in education, probation, and community settings, and help create a member driven youth center.

In FY 16-17, there are no proposed changes in the population to be served. The estimated number of individuals to be served will be a total of 25 at any given time; 13 child/youth and 12 transition age young adults.

Highlights

Through the program expansion, JJ hired the three full time staff addressed above. In addition, four part-time youth staff was also hired to support this work, and a Youth Leadership and Drop-In Center was created and officially opened in August 2015. These programs were developed to help support asset development in our youth in hopes to reduce criminal recidivism and decrease psychiatric hospitalizations. The youth have named our new Youth Leadership Center "The Spot".

The Spot at Juvenile Justice is a youth-ran and led drop-in center for youth. It a safe place where youth can grow, inspire, empower one another, or just hang out. Some of the youth-led programs and activities that are offered include youth leadership and peer support groups, volunteer programs, a computer lab, and recreational activities.

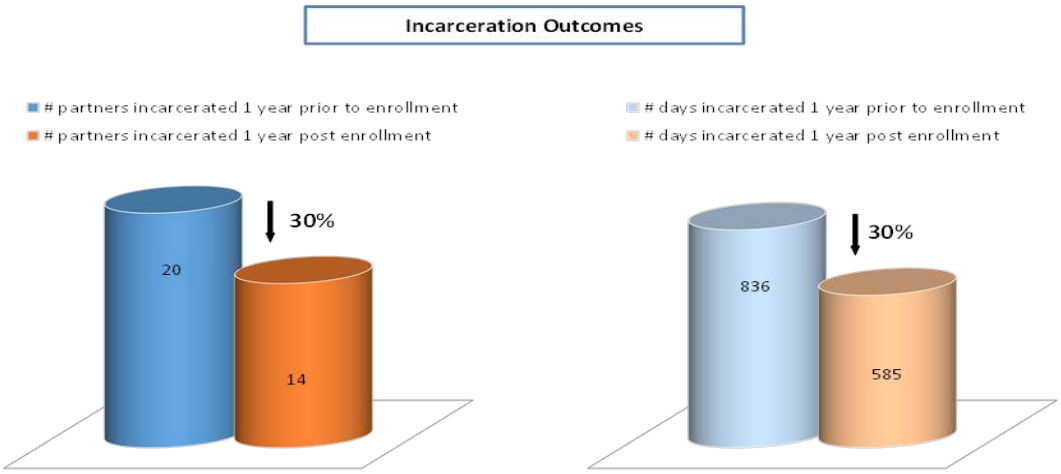
Challenges

One of the challenges was the lack of a Restoration to Competency Program (RTC) in Stanislaus County. This year, there were two young people in the MHSA-FSP program that were found to be incompetent to stand trial (ICST) due to the significance of their mental health issues. This resulted in both youth having multiple, lengthy stays in Juvenile Hall and one of the youth having multiple hospitalizations.

The lengthy stays and hospitalizations were a direct result of the lack of a RTC protocol and program and the court not knowing what else to do. Since that time, a collaborative was developed that was led by a Presiding Juvenile Court Judge. A protocol has since been drafted and training to develop an RTC for the county is being developed. This is important as the program is seeing more significant mental health issues in Juvenile Detention facilities and in MHSA-FSP programs, especially as it relates to early psychosis.

Juvenile Justice – FSP-02
7/1/2014 – 6/30/2015

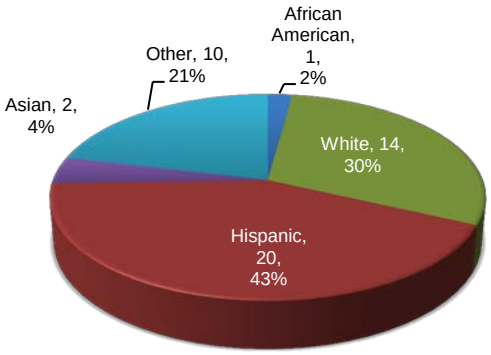
- 45 active partners in FY'14-'15
- All outcomes based on the 20 partners who were active in FY'14-'15 *and* in the program at least one year: n=20 (44% of the active partners); at least 2 years: n=6 (13% of the active partners)



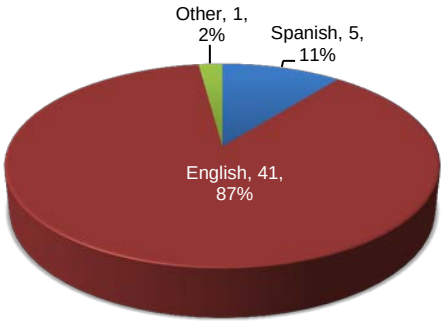
CSS – Juvenile Justice
FSP-02 FY 2014 – 2015

47 Individuals Served

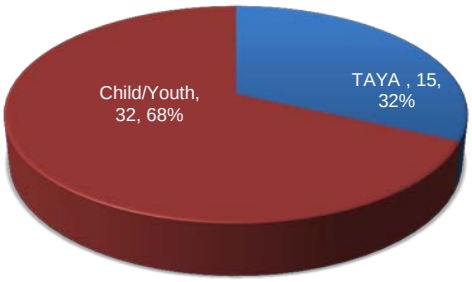
Race/Ethnicity



Primary Language



Age



Program Results for FSP Level of Care

How Much?

- 47 individuals were served
- 26.2 – average number of clinical services per individual
- 5.8 – average number of support services per individual

How Well?

- 188% of annual target of individuals served was met (Target: 25)
- 307 days – average length of FSP services
- 100% (18/18) of surveyed individuals were satisfied with services*

Better Off?

- 76.5% (13/17) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 85.3% (29/34) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - Integrated Forensic Team (FSP- 05)
Operated by Behavioral Health and Recovery Services in the Forensics System of Care

The Integrated Forensic Team (IFT) partners closely with the Stanislaus County Criminal Justice System to serve transition age young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years) who have a serious mental Illness or co-occurring substance abuse issues. It is a population also at risk for more serious consequences in the criminal justice system.

Strategies include a multidisciplinary team that provides a "wrap around" approach that includes 24/7 access to a known service provider, individualized service planning, crisis stabilization alternatives to jail, re-entry support from a state hospital, and linkages to existing community support groups. Both service recipients and family members are offered education regarding the management of both mental health issues, benefits advocacy, and housing support. Culturally and linguistically appropriate services are provided to diverse consumers.

Partner collaboration is central to reducing disparities and achieving an integrated service experience for consumers and family members. In addition to law enforcement agencies and probation, collaboration occurs with agencies including Turning Point Community Programs, Salvation Army, United Samaritans Homeless Services, and Golden Valley Health Clinics (a Federally Qualified Health Clinic).

Through a combination of Full Service Partnership (FSP) and General System Development (GSD) funds, the program provides 3 levels of care: Full Service Partnership, Intensive Support Services, and Wellness/Recovery.

In FY16-17, there are no proposed changes in the population to be served and strategies to be used. The estimated number of individuals projected to be served is 92; 52 full service partnership level and 40 in intensive support services or wellness/recovery levels.

IFT does plan a change to its funding formula from an FSP/GSD combination to a 100% FSP funded program. This is an internal accounting measure that will not change the program or the integrity of its services. Becoming fully FSP funded will enable the program to better track client progress as clients move through the appropriate levels of care. It will also allow for the capture of all relevant data using the DCR (Data Collection and Reporting) as clients move through different levels. IFT will continue employing capacity building GSD related strategies to provide crisis services, peer and family support, and access to community resources for its clients.

Highlights

The IFT program was successful in its goal of focusing on Evidenced Based Practices and only offering groups that met those criteria.

A highlight and success was the housing initiative that provided several individuals with housing for the first time in years. As a program and department, it highlights flexible programing and rule crafting to meet the needs of a challenging population.

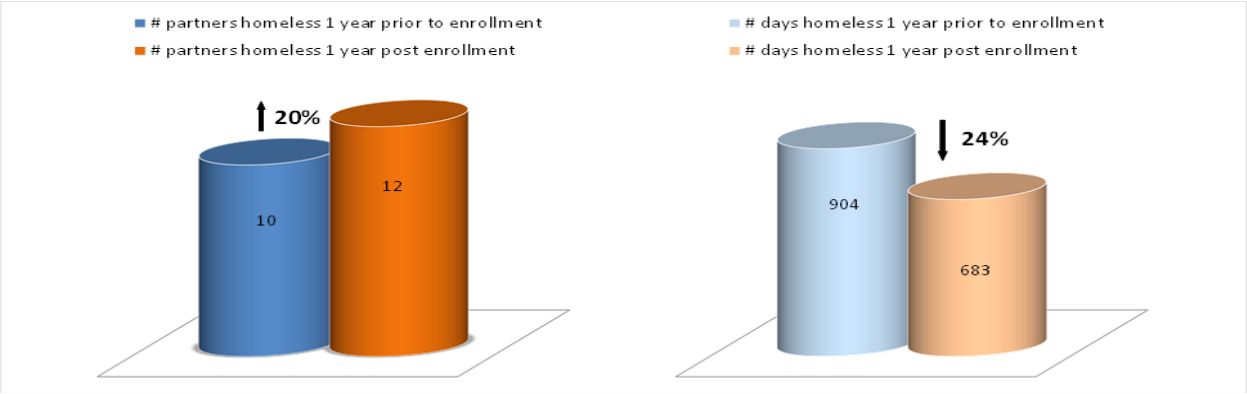
Challenges

The housing initiative presented several programmatic issues for both IFT and associated teams. Going in with mutual goals, operational definitions, and the desire to serve shared clients helped weather issues and move forward. Having set shared objectives with defined criteria allowed all to check if they were following their own plan to house clients that we had defined, from the beginning, *as difficult to house*.

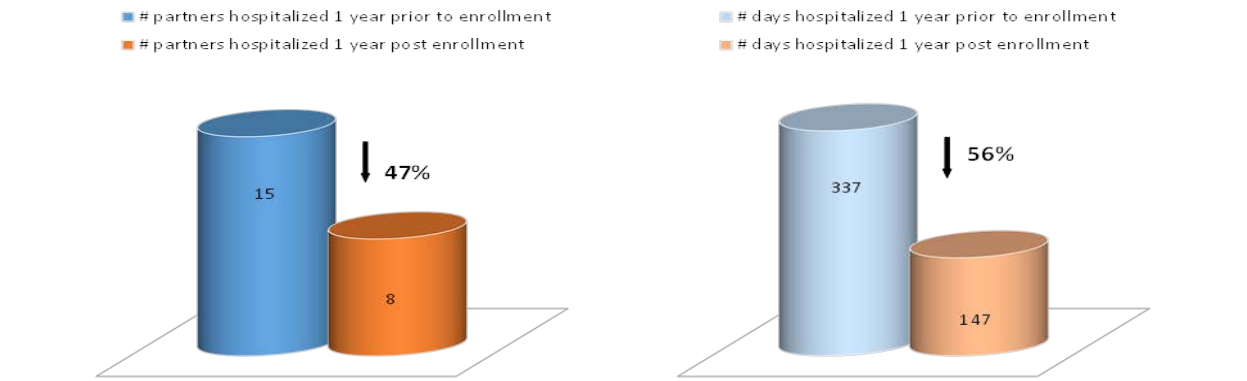
Integrated Forensics Team – FSP 05
7/1/2014 – 6/30/2015

- 65 active partners in FY'14-'15
- All outcomes based on the 46 partners who were active in FY'14-'15 *and* in the program at least one year: n=46 (71% of the active partners); at least 2 years: n=26 (40% of the active partners)

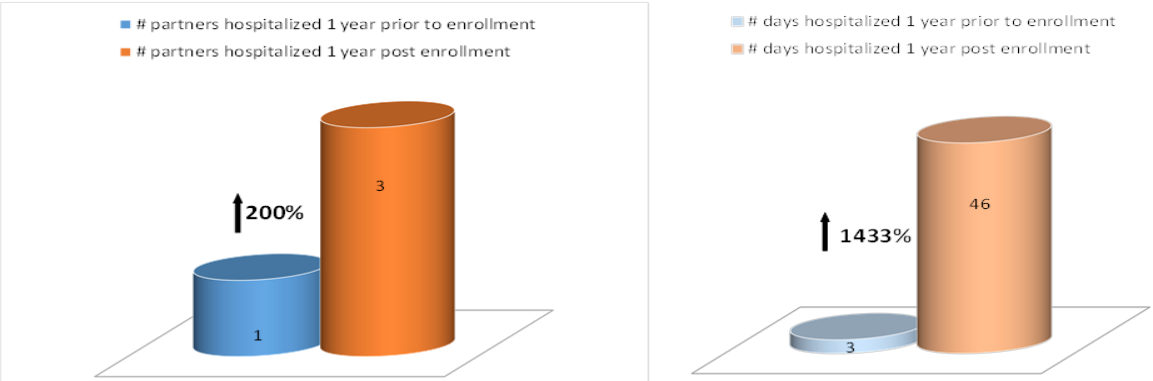
Homelessness Outcomes

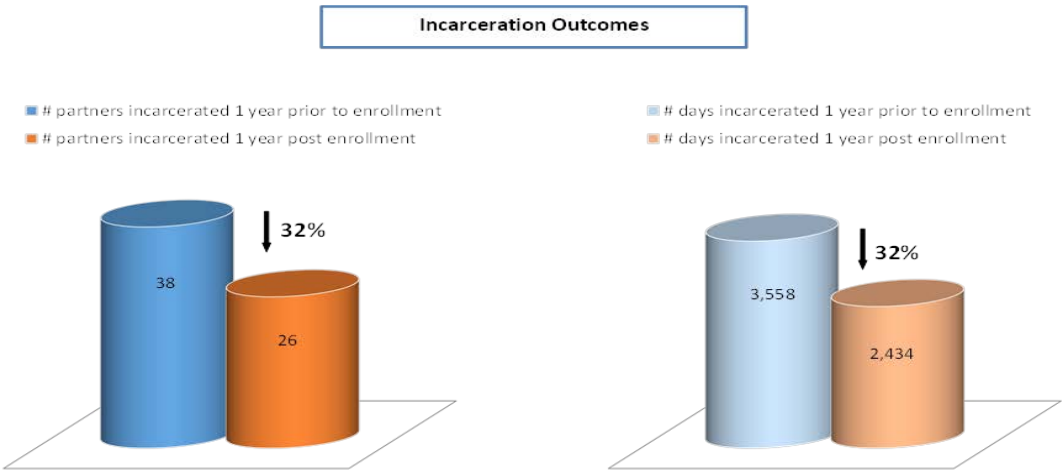


Psychiatric Hospitalization Outcomes



Medical Hospitalization Outcomes

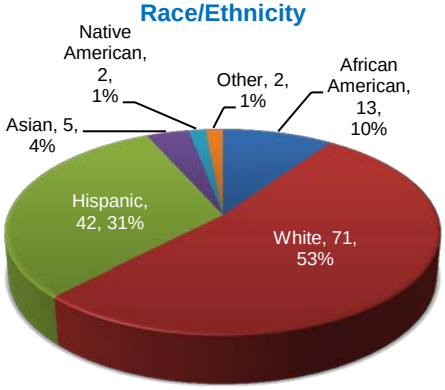



Incarceration Outcomes
partners incarcerated 1 year prior to enrollment
partners incarcerated 1 year post enrollment
38
26
32%
days incarcerated 1 year prior to enrollment
days incarcerated 1 year post enrollment
3,558
2,434
32%

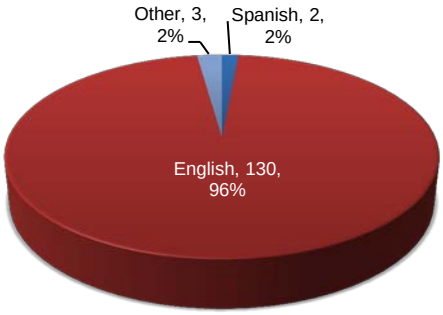
CSS – Integrated Forensic Team
FSP-05 FY 2014 – 2015

135 Unduplicated Individuals Served

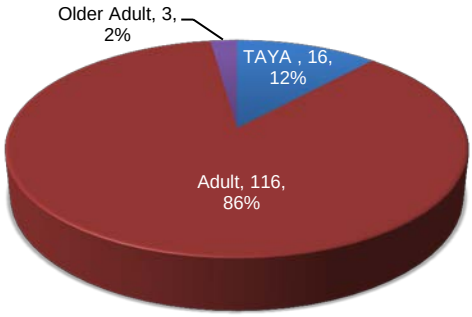
Race/Ethnicity



Primary Language



Age



Program Results for FSP Level of Care

How Much?

- *89 individuals were served
- 19.7 – average number of clinical services per individual
- 19 – average number of support services per individual

How Well?

- 171.2% of annual target of individuals served was met (Target: 52*)*
- 290.6 days – average length of FSP services
- 82.8% (24/29) of surveyed individuals were satisfied with services**
- 81.5% (22/27) of surveyed individuals said that “Staff believed I could change”**

Better Off?

- 79.2% (19/24) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 80.8% (21/26) of surveyed individuals indicated that as a results of services, they feel they belong to their community**
- 76.1% (127/167) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services**

Program Results for GSD Level of Care

How Much?

- *61 individuals served
- 23.2 – average number of clinical services per individual
- 8.7 – average number of support services per individual

How Well?

- 152.5% of annual target of individuals served was met (Target: 40*)*
- 294.5 – the average length of GSD services
- 88.9% (16/18) of surveyed individuals reported being satisfied with services**
- 77.8% (14/18) of surveyed individuals indicated that “Staff believed I could change”**

Better Off?

- 56.3% (9/16) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 46.7% (7/15) of surveyed individuals indicated that they feel they belong to their community as a result of services**
- 71.3% (77/108) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services**

** Individuals served in both FSP and GSD levels of care are counted in each category.*
***Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - High Risk Health & Senior Access (FSP- 06)
Operated by Behavioral Health and Recovery Services in the Managed Care/Older Adult Services

The High Risk Health and Senior Access (HRHSA) program is a full service partnership that became operational in FY 2010-11. Target populations include transition age young adults (18 - 25 years), adults (26 - 59 years) and older adults (60+ years) who have significant, ongoing, possibly chronic, health conditions co-occurring with serious mental illness. Older adults may also have functional impairments related to aging. Outreach and engagement services are focused on engaging diverse ethnic/cultural populations and individuals, as well as those who have mental illness and are homeless. The program also serves those at risk of homelessness, institutionalization, hospitalization, or nursing home care or frequent users of emergency rooms.

Strategies include 24/7 access to a known service provider, individualized service plans, a 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.

A combination of Full Service Partnership and General System Development funds provides two (2) levels of care: Full Service Partnership and Intensive Support Services. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service if necessary. A graduated level of care allows more individuals to access the full service partnership level of service when needed.

In FY16-17, there are no proposed changes to the population to be served and strategies to be used. The estimated number of individuals to be served at any one time will be 125.

Highlights

HRHSA has an ethnically and culturally diverse workforce that includes African American, Hispanic, Filipino, Portuguese, and Caucasian staff. The program continues to provide outreach to diverse and underserved communities through engagement in community events. Some of these include National Depression Screening Day and the proceeding week where staff conducts depression screenings in five different cities within Stanislaus County focused on older adults. In addition, Peer Support/Volunteer program staff participates in local fairs, summits, and other events to provide education and outreach to a diverse population within the county.

The Peer Support/Volunteer program continues to grow and provide activities and support to clients. They are involved in different community service projects where individuals with potential mental health issues can receive help. The program has grown to just under 30 individuals. These individuals are community volunteers, former clients, and current clients.

This program has created a supportive physical environment where clients and peers can relax and socialize with each other. They have developed both inside and outside areas that are welcoming and provide a place of safety. In addition, they run a clothes closet and are involved with one of the community agencies that supplies food to needy families and individuals.

HRHSA is proud to continue to participate as a mental health rotation site for nursing students in the RN program at both Modesto Junior College and CSU Stanislaus.

Challenges

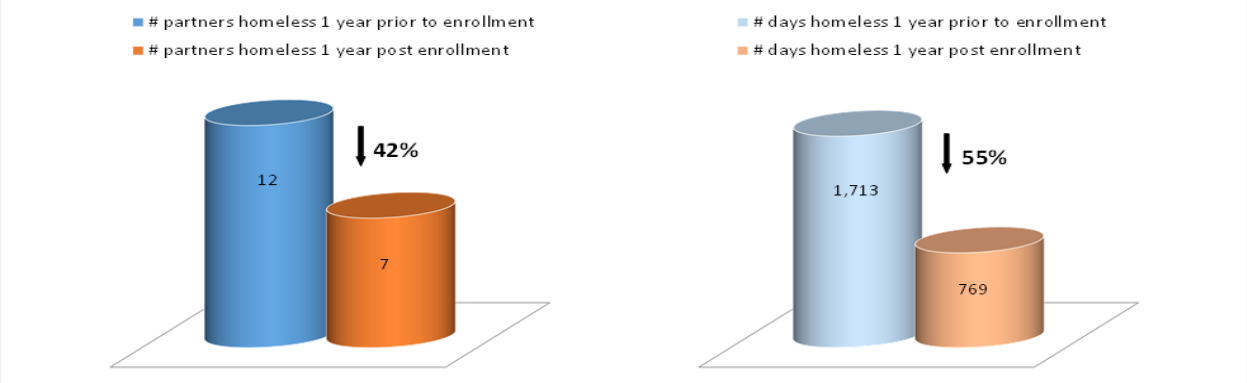
With the growth of the volunteer program, space remains a challenge. The program is also working to accommodate staffing and programming needs.

Another issue is transportation in reaching out to underserved populations in the Westside of Stanislaus County.

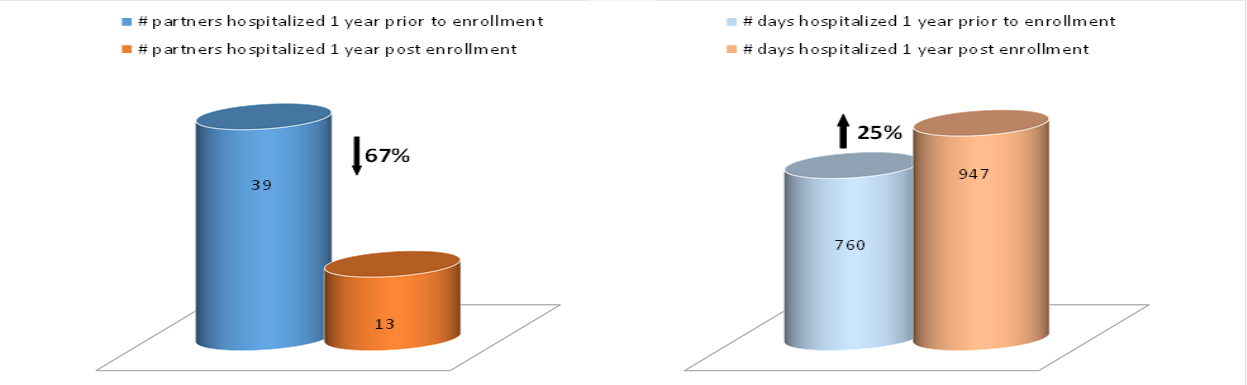
High Risk Health and Senior Access – FSP-06
7/1/2014 – 6/30/2015

- 133 active partners in FY'14-'15
- All other outcomes based on the 84 partners who were active in FY'14-'15 *and* in the program at least one year: n=84 (63% of the active partners); at least 2 years: n=55 (41% of the active partners)

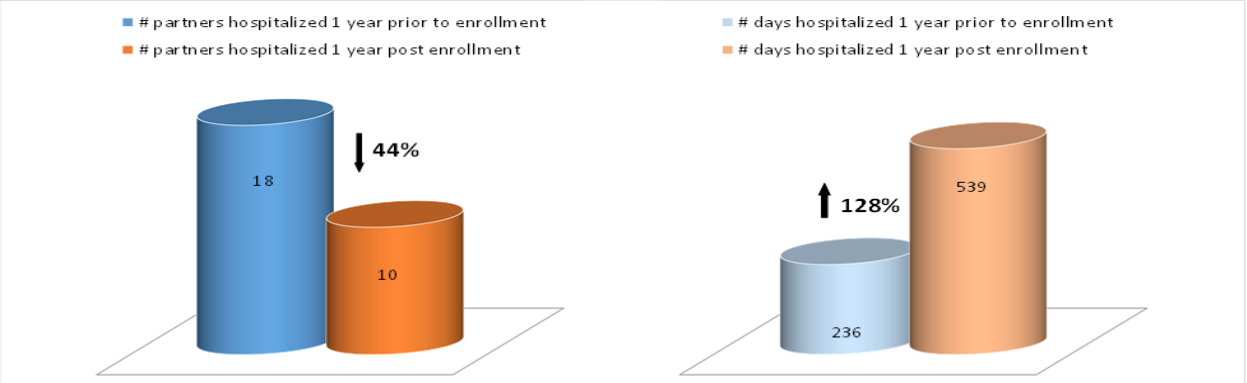
Homelessness Outcomes

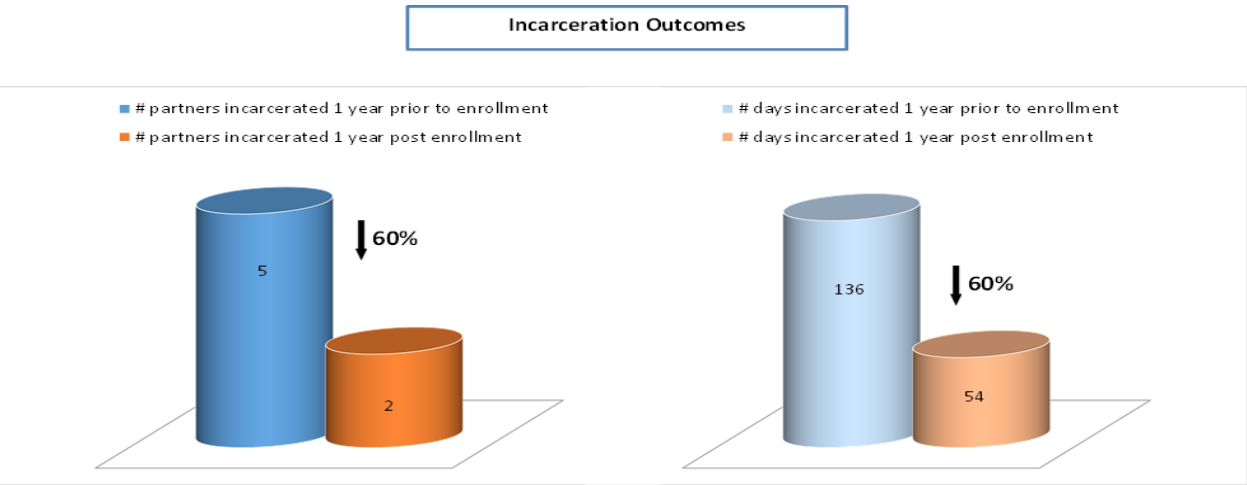


Psychiatric Hospitalization Outcomes



Medical Hospitalization Outcomes

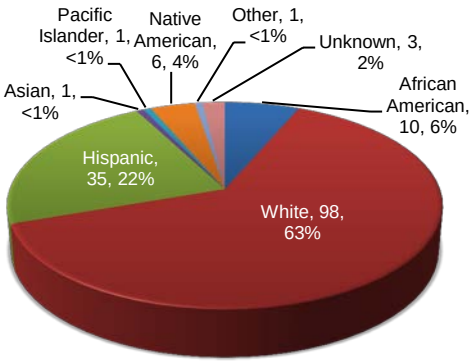



Incarceration Outcomes
partners incarcerated 1 year prior to enrollment
partners incarcerated 1 year post enrollment
5
2
60%
days incarcerated 1 year prior to enrollment
days incarcerated 1 year post enrollment
136
54
60%

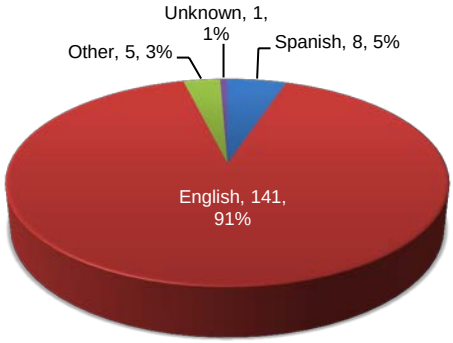
CSS – High Risk Health & Senior Access
FSP-06 FY 2014 – 2015

155 Individuals Served

Race/Ethnicity



Primary Language



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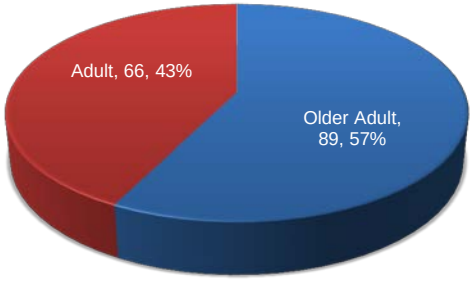


Program Results for FSP Level of Care

How Much?

- 155 individuals were served
- 27.9 – average number of clinical services per individual
- 14.4 – average number of support services per individual

How Well?

- 127% of annual target of individuals served was met (Target: 122*)*
- 512.1 days – average length of FSP services
- 93.6% (44/47) of surveyed individuals were satisfied with services*
- 98% (48/49) of surveyed individuals said that “Staff believed I could change”*

Better Off?

- 80% (36/45) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 77.8% (35/45) of surveyed individuals indicated that as a results of services, they feel they belong to their community*
- 92.3% (264/286) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS – Turning Point Integrated Services Agency (FSP- 07)
Operated by Turning Point Community Programs

The Integrated Services Agency (ISA) works closely with individuals on conservatorship and persons with high hospitalization rates to help them successfully reintegrate back into the community. The program provides intensive case management to adults with serious psychiatric disabilities who are Medi-Cal eligible.

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

The creation of this new FSP offers the following services:

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

During the 2014 MHSA Stakeholder planning process, the new program was recommended for funding and included in an MHSA Plan Update. It was approved by the Stanislaus County Board of Supervisors on September 30, 2014.

In FY 16-17, there are no proposed changes to the population to be served and strategies to be used. The estimated number of individuals to be served is a maximum of 155 at the FSP level and in intensive support services or wellness/recovery levels.

Highlights

This new FSP has helped individuals and resulted in significant decreases in hospitalization, homelessness, and individuals having interaction with law enforcement and/or jails. In FY 14/15, there was a 31.1% decrease in the amount of time people have stayed in acute psychiatric hospital days, a 26.1% decrease in the number of days individuals have spent in jail, and 40.3% decrease in the amount of homeless day for individuals. This was achieved through more intensive case management provided to individuals by case managers with ratios of around 12:1. With the case managers having more time to devote to helping individuals work towards their recovery goals and achieve basic and necessary resources, the bi-product was a decrease in emergency community response and homelessness. The addition of wrap around funds and 24/7 response gave ISA case managers the additional resources they needed to help individuals address needs and take care of basic necessities that would at times be a barrier and a challenge to their recovery.

Conserved individuals who are in locked IMD settings also had availability and access to wrap around services and funds when there was a need. During the last fiscal year, a total of 11 individuals in IMD facilities were transferred to a lower level of care - a transitional board and care or board and care. A total of 6 more individuals transferred out of a transitional board and care to a lower level of care like independent living, with family, or living in a non-licensed facility.

Challenges

One of the biggest challenges is limited and backlogged placement. One of the core goals is to help clients reach their recovery goals by living in the least restrictive setting possible. For those that are in acute, locked settings, the goal is to help them transition back into the community once they have reached the skill level and goals necessary to be transferred into a board and care setting. Unfortunately placement in Transition Board and Cares, and Board and Cares are limited, so that individuals awaiting discharge from locked facilities have to wait until beds become available. On the flip side, some individuals are finding it difficult to maintain in a community setting and need to be in a locked setting are

spending long periods of time in acute hospital settings awaiting beds to become available in locked facilities.

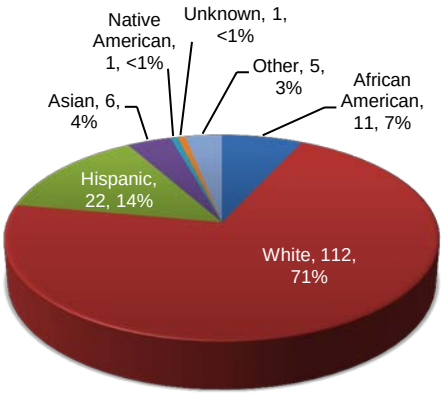
The ISA has also seen an increase in the acuity level of its members. Due to the specialized services provided by this FSP, many of the most difficult and challenging cases in the community have been transferred to the ISA. In response, the ISA has tried to meet the needs of those clients with creative thinking and use of wraparound resources. An example is hiring additional 1:1 support staff for individuals needing more 1:1 attention and after hour's supervision. Wrap around funds have also been used to help with the basic needs of food, clothing, and shelter, so that clients do not become homeless or use emergency services due to lack of resources.

Note: This new FSP does not include DCR outcomes because the program does not have a full year of data to report as of yet.

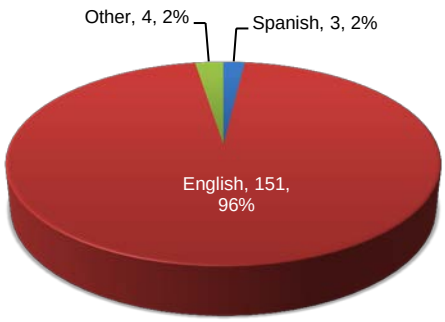
CSS – Turning Point Integrated Service Agency
FSP-07 FY 2014 – 2015

158 Individuals Served

Race/Ethnicity



Primary Language



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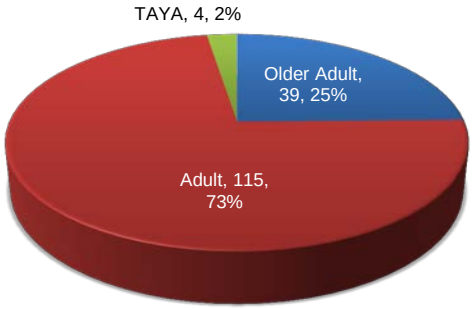


Program Results for FSP Level of Care

How Much?

- 158 individuals were served
- 16.9 – average number of clinical services per individual
- 17.5 – average number of support services per individual

How Well?

- 105% of annual target of individuals served was met (Target: 150)
- 176.1 days – average length of services
- 92.3% (36/39) of surveyed individuals were satisfied with services*
- 91.9% (34/37) of surveyed individuals said that “Staff believed I could change”*

Better Off?

- 81.1% (30/37) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 62.9% (22/35) of surveyed individuals indicated that as a results of services, they feel they belong to their community*
- 87.9% (204/232) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - Josie's Place Drop-in Center (GSD - 01)
Operated by Behavioral Health & Recovery Services Children's System of Care

Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults (TAYA) with mental illness. Outreach to and participation from Gay, Lesbian, Bi-sexual, Transsexual and Questioning (LGBTQ) youth are included in the cultural sensitivity of services provided.

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

Josie's Place is also home to the Young Adult Advisory Council (YAAC), a consumer-based group that provides leadership opportunities for youth to get involved in daily activities.

As part of the MHSA planning process, the Representative Stakeholder Steering Committee on July 18, 2014, approved a funding plan that included expansions for Josie's Place and Josie's TRAC. The three year funding provided the following: $433,000 for FSP-01 Josie's TRAC and $393,000 for GSD-01 Josie's Place. The expansions will increase staffing and provide increased access to the drop-in center for underserved populations. This was included in the MHSA Plan Update approved by Stanislaus County Supervisors on September 30, 2014.

In FY 16-17, there are no changes in the population to be served and strategies to be used. The estimated number of individuals projected to be served is 250.

Highlights

A structured and comprehensive job/school training program was added to the center's list of activities this year. The program is run by staff and provides peer support to help young people find work and return to school.

The needs of consumers were also addressed and resulted in the implementation of a Transgender group to meet the needs of this population. This group is also collaborating with peers from other counties to help expand services in Stanislaus County.

In addition, the center expanded its reach to young people in neighboring cities. There are currently Drop in Center sites in both Oakdale and Turlock. Both are open two to three days a week to bring services to the TAY population. The center has also been an active participant in Stanislaus County's Focus on Prevention Initiative to represent the TAY homeless population.

Challenges

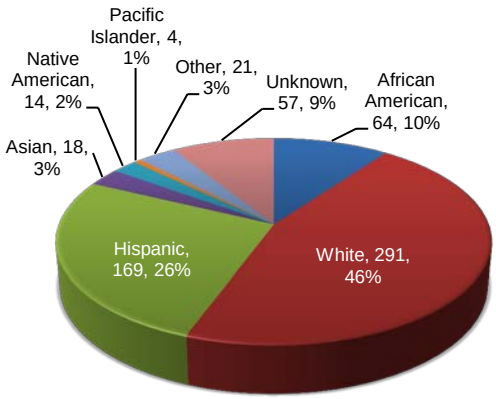
Lack of housing for the homeless TAY population continues to be a challenge. Another is lack of adequate resources for transgendered and LGBTQ youth. As reported in last year's Annual Update, transportation poses a barrier for youth with limited mass transit.

Space is also an issue. There continues to be an increase in the level of services needed by clients. TAY consumers/members have greater risks and needs than ever before and so far, the resources in the community have not yet expanded to help accommodate this need.

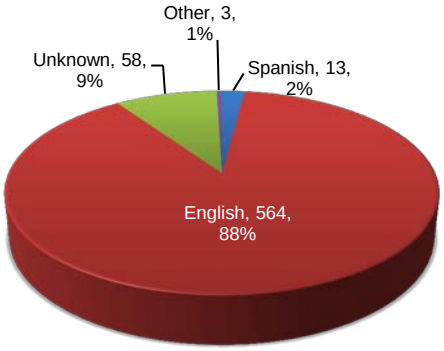
CSS – Josie's Place Drop-In Center
GSD-01 FY 2014 – 2015

638 Individuals Served

Race/Ethnicity



Primary Language



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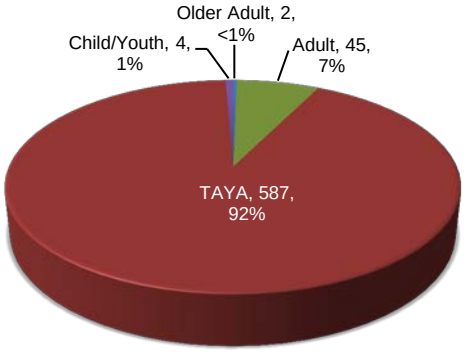


Program Results for GSD Level of Care

How Much?

- 638 individuals were served (238 from ISS and 400 from Drop-In Center)
- 4.1 – average number of clinical services per individual
- 2.4 – average number of support services per individual.

How Well?

- 255.2% of annual target of individuals served was met (Target: 250)
- 250.4 days – average length of services (ISS only)
- 96.4% (54/56) of surveyed individuals were satisfied with services*
- 88.9% (48/54) of surveyed individuals said that "Staff believed I could change"*

Better Off?

- 75% (39/52) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 64% (34/53) of surveyed individuals indicated that as a results of services, they feel they belong to their community*
- 81% (260/321) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

Referred to as the "Community Emergency Response Team (CERT)/Warm Line", the BHRS operated CERT program combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. The "Warm Line", administered under a contract with Turning Point Community Programs, is a telephone assistance program. It provides non-crisis peer support, referrals, and follow-up contacts.

The program serves children, transition age youth, adults and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness.

Collaboration is central to the success of emergency mental health assessment and referrals. It occurs on a daily basis with families, consumers, law enforcement, and hospital emergency room personnel. Referrals are available for individuals who need ongoing agency-based mental health services or hospitalization as well as services and supports.

The Mobile-CERT component provides site-based and mobile crisis response allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and Modesto Police Department patrol officers. Licensed clinical staff may accompany patrol officers to act as a community resource when they encounter individuals with mental health needs.

In FY 16-17, there are no proposed changes in the population to be served and strategies to be used. The estimated number of individuals projected to be served is 3000.

This program is also home to Communities Activities and Rehabilitation Transportation (CART) operated by Turning Point Community Programs. CART is a transit service that provides consumers and their families with greater access to support all aspects of their participation in community activities.

In the 2014 MHSA stakeholder process, a CART program expansion was approved and included in a Plan Update adopted by the Stanislaus County Board of Supervisors on September 30, 2014. The expansion provides the following: Vital transportation needs to decrease wait times in hospital emergency departments, connect individuals with timely support and treatment, and a CART driver with shared lived experiences to engage clients in recovery and resiliency.

Highlights

Mobile-CERT

- Provides Modesto Police officers with additional information and strategies for helping individuals with mental illness
- Often reduces the need for hospitalizations by providing community members with immediate access to a mental health clinician while in crisis.
- Allows CERT staff to explain/refer additional community resources available to individuals who may not be in crisis but are in need of mental health services.

CERT

In October 2013, CERT expanded its services to include a Crisis Intervention Program. This voluntary 24 hour program allows CERT to better serve the community by:

- Offering immediate counseling services to clients in crisis
- Providing meals and safe shelter for up to 24 hours
- Providing constant monitoring to ensure client's safety and stability
- Offering peer support and providing information regarding community resources (housing, support groups, AOD options, etc.)
- Connecting clients to contracted provider (Telecare) to explore the option of continued mental health services
- Assisting clients in establishing medication services (Golden Valley, Aspen Medical) as needed.

CIP

Crisis Intervention Program (CIP) is a voluntary 24 hour program. It provided assistance to 669 individuals in FY 14-15. The CIP includes the following services:

- Offers immediate counseling services to clients in crisis
- Provides constant monitoring to ensure clients' safety and stability
- Offers peer support and provides information regarding community resources (housing, support groups, SUD options, etc.)
- Provides meals and safe shelter for up to 24 hours
- Connects clients to contracted provider (Telecare) to explore the option of continued mental health services
- Connects to Peer Navigators to provide community linkages, information, education, and peer support
- If client is open to a mental health provider, CIP staff notifies clients' treatment team to ensure continuity of services.
- Assists clients in establishing medication services (Golden Valley, Aspen medical) as needed.

Warm Line

This program is dedicated to answering all incoming calls to Stanislaus County BHRS 24/7. This program has provided support to the CERT team by providing peer support via telephone, face to face, and now with Peer Navigators, we are helping connect individuals and family members to our community.

- Warm line has answered 35,191 calls within this FY 14-15.
- 80 calls were Emergent/Urgent calls
- 13,779 calls were Peer support calls
- 17,016 calls were for CERT
- 727 callers were referred to 800 Access team
- 3,589 calls taken were for individuals working at the office or hang up/wrong number.

Peer Navigators

This program offers supportive peer services to help individuals and family members get connected to specialty mental health services. In FY-14/15, Peer Navigators received 114 referrals from CERT and supported 60 individuals who accepted peer navigation support.

Peer Navigators provide but are not limited to the following services:

- Coordinating physician visits and other medical appointments
- Assist in signing up for benefits
- Providing education about medical conditions and recovery strategies
- Facilitation communication with health care providers
- Maintaining telephone contact between patient and healthcare
- Motivate and educate individuals and their family about the importance of preventative services
- Identifying and addressing barriers to healthcare for disparate populations.
- Arranging or providing transportation to and from medical appointments
- Providing education to improve health literacy
- Assist with medication financing and management

CART (Community Activities & Rehabilitation Transportation)

CART provides rides to support the CERT team in transporting individuals to the CIP or other community agencies as requested. Drivers provide sensitivity, empathy, and a listening ear to help with fears and barriers to services.

- CART began providing transportation in April of FY14/15
- CART has provided 66 rides from various local hospitals and locations
- 55 transported to Modesto
- 8 Transported to Ceres
- 1 Transported to Oakdale
- 2 transported to Turlock

Challenges

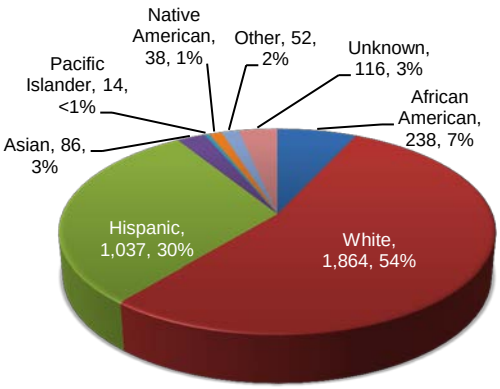
The need for mental health crisis services has increased rapidly due to a variety of factors across all counties in California. CERT/Warm Line services are stretched to the limits of time and budget to provide 24/7 coverage that includes an immediate response to all who need crisis interventions and the needs of the Modesto Police Department.

The CERT/Warm Line program has moved to a new location in Ceres. Public transportation is an issue. Connections to major transportation hubs are not nearby and cause difficulty to those who have medical issues.

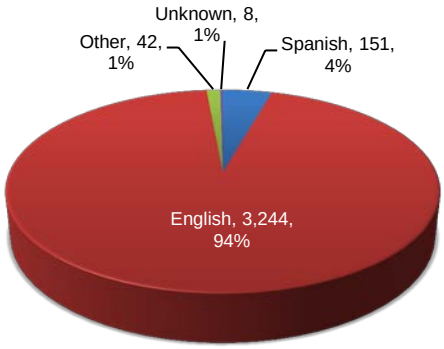
CSS – Community Emergency Response Team & Warm Line
GSD-02 FY 2014 – 2015

3,445 Individuals Served

Race/Ethnicity



Primary Language



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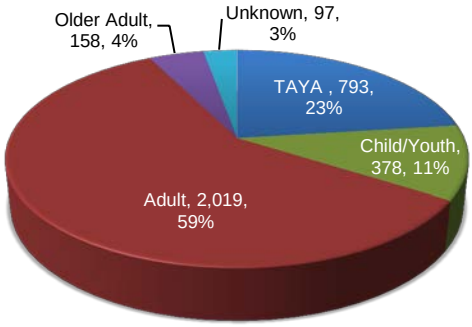


Program Results for GSD Level of Care

How Much?

- 3,445 individuals served (3,968 duplicated; 2,581 CERT and 1,387 Warm Line)
- 1.44 – average number of clinical services per individual (CERT)

How Well?

- 114.8% of annual target of individuals served was met (Target: 3,000*)*
- 1 day – average length of services (CERT)
- 100%% (6/6) of surveyed individuals were satisfied with services (CERT)*
- 100% (6/6) of surveyed individuals said that “Staff believed I could change” (CERT)*

Better Off?

- 60% (3/5) of surveyed individuals (CERT) indicated that as a result of services, they deal more effectively with daily problems*
- 66.7% (4/6) of surveyed individuals (CERT) indicated that as a results of services, they feel they belong to their community*
- 82.4% (28/34) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - Families Together (GSD - 04)
Operated by Behavioral Health and Recovery Services; a Collaboration of Consumer & Family Affairs System of Care and Children's System of Care

Families Together is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a one-stop-shop experience. Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the need of diverse families. Services include peer group support and help with navigating mental health, Juvenile Justice, and Child Welfare systems.

The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs.

In FY 15-16, continued focus will be on the program expansion approved by stakeholders and adopted by the Stanislaus County Board of Supervisors on September 30, 2014. Program staff will be engaging with and supporting families entering Children's System of Care programs including Child Welfare and Juvenile Justice. Hiring and training of four staff members is expected to be completed.

In FY 16-17, there are no proposed changes in the population to be served. The estimated number of individuals projected to be served is 80.

Highlights

The creation of a Family Partnership Center Volunteer program was a highlight. Implementation work began in FY 14-15 to develop the program which had been a long standing item on the center's advisory committee goal agenda. A Steering Committee with parents and caregivers was formed to generate interest in volunteering and provide community outreach to get the word out. Center and committee staff developed a volunteer database which included individual volunteers, their interests, stages in the application process, clearances, and placements. Other ongoing work includes development of "Job Descriptions" for each volunteer position.

With the implementation of Pathways to Wellbeing (Katie A) and expansion efforts, Center staff has participated in meetings, orientations, and trainings to support families in those programs.

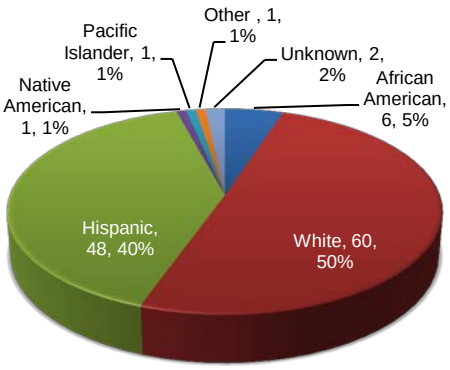
Challenges

A challenge has been recruitment and hiring of individuals with appropriate lived experience to provide peer support to parents of children and youth in the programs. The goal is to identify and hire individuals willing to share their stories to encourage and support others, and whose life experience closely matches the families with whom they'll be working with to provide genuine peer support. One of four staff members has been hired.

CSS – Families Together
GSD-04 FY 2014 – 2015

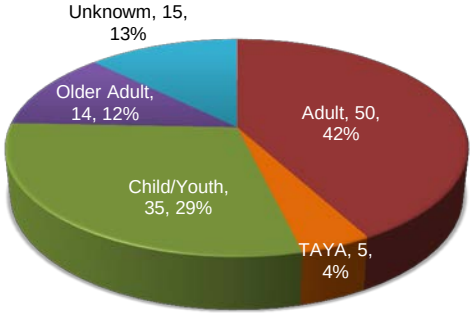
119 Individuals Served

Race/Ethnicity



Primary Language

Age



Program Results for GSD Level of Care

How Much?

- 119 individuals were served

How Well?

- 148.8% of annual target of individuals served was met (Target: 80)

Better Off?

- Staff has participated in orientations and trainings to provide support to families.

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS - The Consumer Empowerment Center (GSD - 05)
Operated by Turning Point Community Programs in the BHRS Consumer & Family Affairs System of Care

The Consumer Empowerment Center (CEC) provides behavioral health consumers and family members a safe and friendly environment where they can flourish emotionally while developing skills. It is a culturally diverse place where individuals gain peer support and recovery-minded input from others to reduce isolation, increase the ability to develop independence and create linkages to mental health and substance abuse treatment services.

CEC is 100% staffed by behavioral health consumers and family members. A culinary training program called “The Garden of Eat’n” is part of the center. This program provides an opportunity for people to learn food preparation, sanitization, catering, and safe food practices with the goal of gainful employment after completing their training. CEC offers group space for all consumer and family organizations to reserve for meetings.

CEC staff assists members in obtaining community resources and linkages to housing, employment, and education. As a team, they provide peer support and introduce self-sufficiency tools and coping techniques to members. These skills are designed to enhance personal empowerment and professional confidence. Safe and ethical social behaviors appropriate for the community, workplace or a shared living environment are introduced and modeled to members. Opportunities are available that promote self-determination, empowerment, lifelong learning, and employment and training.

In FY 16-17, there are no proposed changes in the population to be served and strategies to be used. The estimated number of individuals projected to be served in FY14-15 is 500.

Highlights

CEC has developed a “leaderful” group of members that have learned to advocate in community forums and encourage other consumers to share their lived experience alongside their modeling. Advisory Council meetings take place monthly to focus on issues of importance and current community trends that affect consumers and their family members.

CEC continues to maintain community partnerships including the Stanislaus County Focus on Prevention Initiative. CEC members actively participate in community events, galleries, and panels to present their experiences and support other opportunities surrounding mental health and substance abuse. Members are also active in local boards and committees and collaborate with service providers to enhance service knowledge and ease in navigating the mental health system.

Challenges

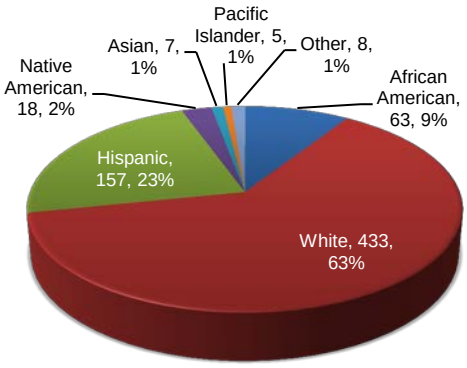
Transportation continues to be a challenge. CEC does not have a vehicle for transportation which limits participation from people outside Modesto. Program funding is limited so CEC relies heavily on fundraising efforts to help pay for activities and supplies.

A non-profit organization, CEC does accept donations. Serving the homeless population, the program continues its works to consistently fight the mental health stigma and educate the community on the services it provides. Participating in BHRS marketing campaigns is one avenue the program would like to explore.

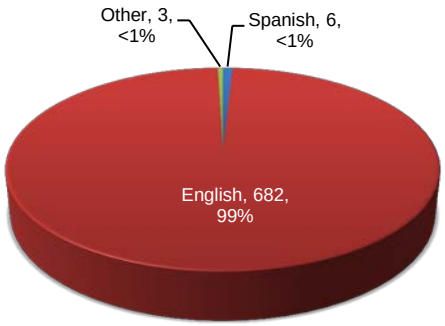
CSS – The Consumer Empowerment Center
GSD-05 FY 2014 – 2015

691 Individuals Served

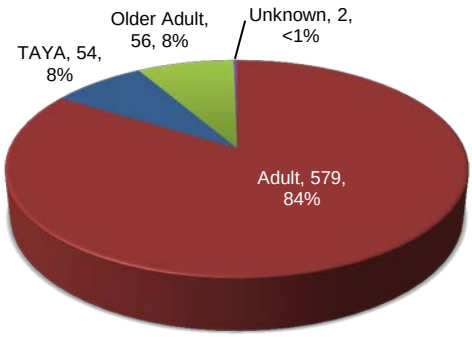
Race/Ethnicity



Primary Language



Age



Program Results for GSD Level of Care

How Much?

- 691 individuals were served

How Well?

- 172.8% of annual target of individuals served was met (Target: 400*)*
- 92.3% (179/194) of surveyed individuals were satisfied with services*
- 84.8% (162/191) of surveyed individuals said that “Staff believed I could change”*

Better Off?

- 77.7% (153/197) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 68.1% (130/191) of surveyed individuals indicated that as a results of services, they feel they belong to their community*
- 78.1% (843/1079) surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

CSS – Garden Gate Respite Center (O&E - 02)
Operated by Turning Point Community Programs

Garden Gate Respite (GGR) introduces individuals from unserved and underserved populations to mental health services through a welcoming and engaging environment, in the context of a home-like setting. GGR was originally developed as an AB-2034 “housing first” program, a value which remains a priority, given its significant focus in the context of collaborations with the Stanislaus County Behavioral Health and Recovery Services (BHRS) Housing Outreach program, and other BHRS contracted outreach and engagement programs.

GGR operates as a 6-bed facility, open 24 hours a day, seven (7) days a week, 365 days a year, situated in a residential neighborhood. It’s adjacent to the Garden Gate Innovative Respite Project (GGIRP) and the BHRS Transitional Housing program apartment complex, for which GGR provides limited ancillary support to residents. Staff members of GGR represent diverse cultures, including individuals with lived experience as consumers or family members of mental health service consumers.

Individuals served include Transition Age Young Adults (age 18 minimum), Adults and Older Adults from diverse populations who are either known or suspected to have significant mental health issues, are either homeless or at risk of homelessness, and at risk of incarceration, victimization, and /or psychiatric hospitalization. The majority of program referrals were initiated by the Modesto Police Department, Community Emergency Response Team (CERT) and Telecare Transition TRAC, and other BHRS contracted outreach and engagement programs.

In FY 14-15, the GGR outreach and engagement program served a total of 349 individuals. In FY 16-17, there are no proposed changes in the population to be served and strategies to be used. The estimated number of individuals to be served is more than the required 97 unduplicated individuals. It is expected that this number will increase with the expansion of Garden Gate Respite to include five (5) additional beds that are now available in the house adjacent to the current facility.

Highlights

Among the highlights is the program’s ongoing ability to embrace the best practices of GGIRP, including proactive and collaborative site-based case management, on-site presentations (NAMI), process support groups (Seeking Safety), and pro-social activities (Cooking, Games, Dance), and result-based outcomes reporting arising from intensive data collection.

These results, along with feedback of guest satisfaction surveys, family surveys, monthly Guest Roundtables and quarterly GGIRP stakeholder meetings composed of current guests and alumni, their support persons, service partners, volunteers, and the public, help view progress through many different perspectives and maximize whole-person support in the community. The program has taken the initiative to build program value in the community and create areas for new referrals and linkages through presentations, site tours, collaborative partnerships, and participating in local interest-based non-profit groups such as the Homeless Action Council. These new collaborations exist to support the program’s continuing mission at respite such that as guests stabilize, there will continue to be a reduction in their experience of homelessness, incarceration, psychiatric hospitalization, and victimization, and an increase in community connections and supports in which the guest and their loved ones are very satisfied.

Program highlights included the ability to apply the enhanced services of the GGIRP to GGR. With the addition of on-sight Case Management staff came the ability to provide more comprehensive referrals and follow-up to maximize the likelihood that an individual’s stay at Respite would be productive, and help move toward securing a stable living situation or connect with resources needed to reduce the likelihood that formal BHRS mental health services might be needed. For those already linked to SCBHRS, it could minimize factors that influence utilization of emergency and crisis services. On-site groups and presentations from outside resources have been valuable enhancements to the program.

Heightened outreach efforts have broadened the array of agencies with which to collaborate. The development of new data collection tools has significantly increased confidence that data collection efforts are yielding more meaningful results, and have allowed staff members to have some objective way to gauge the success of their efforts to support individuals in their journey of recovery.

Challenges

Some ongoing challenges remain present for staff which has experienced the significant transition in service provision that began in 2013 with the advent of GGIRP. Some examples include a large increase in paperwork related to data collection, understanding the role of the case management as it differs from strictly peer-based support (respite provides both), and adjusting to a new interior culture that came with the change in management with the arrival of new directors in 2013 and 2014, which emphasize self-leadership and personal and professional growth.

Facilitating and supporting such growth was challenging, such as with difficulties attempting to schedule training and staff meetings for a residential-based 24/7 program that does not pause for meetings. Just as our internal orientation has shifted with the enhanced services in 2013, challenges were encountered in addressing the orientation of external service providers who had become accustomed to a previous model of service delivery, or with new service providers who may believe this is a crisis residential program providing treatment rather than a data-rich outreach & engagement program. The program addressed this proactively through ongoing outreach efforts to build program value with services partners and in the community.

The program continued to experience barriers or gaps in service in areas such as family support (the community lacks transitional family housing), outpatient mental health assessments (often experiencing a 4-week wait for an assessment), and transportation (there are limited bus tickets for guests who may experience functional deficits which significantly impair their independent navigation in the community). GGR continues its collaboration with the Homeless Action Council to look for ways in which service partners can support each other and program participants in the present, but also forward over the next 10 years, across sectors and public-private partnerships.

CSS - Supportive Housing Services (O&E 02)

Supportive Housing Services include Garden Gate Respite, Intensive Transitional Housing, Vine Street Emergency Housing, and Supportive Housing Services/Transitional Board and Care. The program includes Transitional Housing, Permanent Housing, and outreach and employment programs for homeless and mentally ill residents of Stanislaus County.

In FY 14-15, a total of 583 individuals (combined and unduplicated) were served through this Outreach and Engagement program (349 Garden Gate Respite; 184 Housing; and 123 Employment). As reported in the FY 15-16 Annual Update, stakeholders approved the issuing of a Request for Proposal (RFP) for Supportive Housing Services/Transitional Board and Care. The contract was awarded to Turner Residential Inc.

An integral part of Supportive Housing Services is community partnerships. BHRS partners with the Stanislaus County Housing Authority, the city of Modesto, and Stanislaus County Affordable Housing Corporation (STANCO) to provide housing units to serve this population. The California Department of Rehabilitation is another important partner.

Supportive Housing Services also includes long term supported housing funds. The one-time funds were appropriated from CSS funds in FY 2007-08. In 2008, Stanislaus County was assigned $4.8 million by CalHFA to hold in a sub-account.

Counties were required to assign CSS housing funds to the California Housing Finance Agency (CalHFA) prior to developing housing projects. To complete a project, MHSA funds had to be leveraged with other forms of financing (e.g. Housing and Urban Development, HUD). In addition, long term supported housing had to be designed with the goal of establishing and/or strengthening partnerships that result in development of housing that reflects local priorities. The housing also had to expand safe, affordable options for individuals with serious mental illness or youth with serious emotional disturbance and their families.

On July 18, 2014, MHSA stakeholders approved funding for three years to expand O&E 02 to include $1,092,000 for Intensive Transitional Housing and $195,000 for Vine Street Emergency Housing. Stakeholders also approved issuing of a Request for Proposal (RFP) for Transitional Board and Care in the amount of $285,000. In addition, an RFP for an O&E3 for Outreach and Engagement was also approved. The funding amount for the RFP is $420,000. The expansions were included in the MHSA Plan Update approved by the Stanislaus County Board of Supervisors on September 30, 2014.

On September 29, 2015, the Stanislaus County Board of Supervisors approved an MHSA Plan Update to authorize the use of the county's California Housing Finance Agency funds in the amount of $490,000 in partnership with the City of Modesto, STANCO, and Community Transitional Resources, a local non-profit, for the Permanent Supportive Housing and Community Resource Center Project located at 522 Granger Avenue in Modesto. Information about this project and its activities in FY 2015-16 will be included in the MHSA Annual Update for FY 2017-18.

Highlights

Bennett Place opened its doors in July 2014 with its first tenants moving in on August 27, 2014. The 18-unit apartment complex in Modesto is for low income people with mental health disabilities and provides the foundation they need to build stable lives. The complex consists of eight one-bedroom apartments and 10 studio apartments for transition age young adults (TAYA), adults, and older adults. It also includes a community center.

The tenants are Behavioral Health and Recovery (BHRS) clients. BHRS provides case management services and helps clients with financial management, job skills, scheduling medical appointments, and other needs.

The project on Lincoln Avenue cost nearly $5.2 million to build. About $3 million came from the city of Modesto through federal housing money. About $2.2 million is MHSA funding.

Highlights from other O&E programs include the following: 58% (236/492) of Garden Gate Respite referrals were made to avoid acute psychiatric hospitalization; 91.29% (199/218) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive/expensive services.

Challenges

There continues to be a lack of funding designated for affordable housing. This presents a challenge as MHSA housing funds are intended to be leveraged with other funds to develop housing projects. Funding has recently started to slowly come back around as the economy has become stronger.

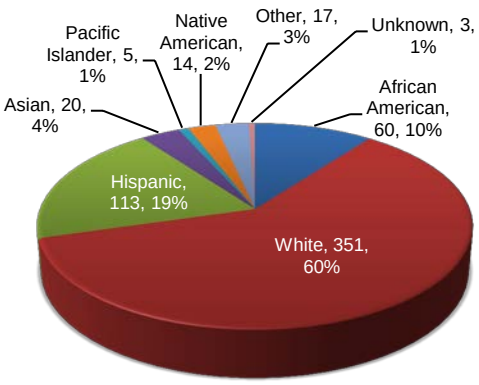
These funds have strict program rules and limited flexibility that cause barriers to a local environment that does not have the housing development resources of larger counties.

Another challenge is that the Housing and Support Program has grown over the past several years and the staffing has remained the same.

CSS – Garden Gate Respite Center and Supportive Housing Services
O&E-02 FY 2014 – 2015

583 Individuals Served

Race/Ethnicity



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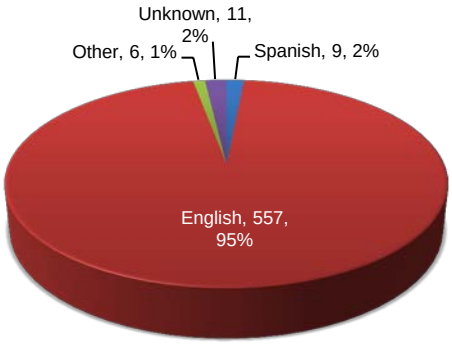
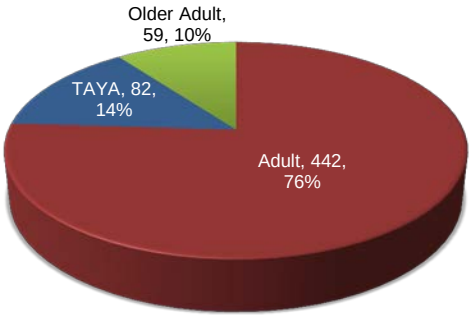


Age



Program Results

How Much?

- 583 (combined and unduplicated) individuals were served (349 Garden Gate; 184 Housing; 123 Employment)
- 4.3 – average number of clinical services per individuals (Employment & Housing – Unduplicated)
- 1.28 – average number support services per individuals (Employment & Housing – Unduplicated)
- 98.6% of individuals referred were determined to be either homeless or at-risk of homelessness
  - Arrest = 129 or 26.4%
  - Victimization = 423 or 86.9%
  - Criminal Activity = 130 or 26.7%
- 236 of 492 referred individuals, or 48% were referred to respite to avoid acute psychiatric hospitalization

How Well?

- 316.9% of annual target of individuals served was met (Target: 184; 96 GGR, 88 Housing & Employment)
- 3.4 Days average length of services (GGR); (922 Days for Housing; 371.3 Days for Employment)
- 97.4% (37/38) of surveyed individuals were satisfied with services*
- 100% (37/37) of surveyed individuals said that “Staff believed I could change”

Better Off?

- 85.3% (29/34) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems
- 68.8% (22/32) of surveyed individuals indicated that as a results of services, they feel they belong to their community
- 91.29% (199/218) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and decreased need for extensive and expensive services*

** Mental Health Statistics Improvement Program (MHSIP) Consumer Survey*

Prevention Early Intervention (PEI)

PEI programs are restructuring the mental health system in Stanislaus County to embrace a "help first" paradigm in partnership with the community. The aim is to promote prevention and early intervention. It's the second largest component of MHSA and represents 20% of MHSA funding.

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

Stanislaus County has eight (8) PEI projects that include eighteen (18) programs. Many have more than one contracted agency to implement the program in communities across Stanislaus County. Each program has a unique approach that incorporates community-based interactions with service recipients that strive to include MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family driven services, and an integrated service experience.

The projects are as follows:

- Community Capacity Building
- Emotional Wellness Education/Community Support
- Adverse Childhood Experience Interventions
- Child/Youth Resiliency and Development
- Adult Resiliency and Social Connectedness
- Older Adult Resiliency and Social Connectedness
- Health/Behavioral Health Integration
- School/Behavioral Health Integration

Program Budget

FY 2014-15 Actual	FY 2015-2016 Budgeted
$4,077,502	**$5,572,528**

Highlights

- A total of 308 Promotores were active in their respective communities making 14,265 contacts through community based collaborative events and activities
- An estimated 70,124 individuals were reached by the StanUp for Wellness Suicide Prevention and Early Psychosis Signs and Symptoms messages through movie screen advertising at Galaxy Theater in Riverbank, Brendan Theatres in Modesto, and Regal Stadium 14 Theatre in Turlock.
- A total of 121 community residents were trained in Mental Health First Aid.
- Thirty-eight students successfully completed Aggression Replacement Training (ART) and were able to apply it successfully to their lives.
- A total of 1,261 Stanislaus County residents received behavioral health services in a primary care setting.
- A total of 11,455 students participated in the Nurtured Heart Approach, a school based mental health early intervention program.
- A total of 237 seniors were screened for mental health services.
- A total of 655 individuals attended 46 "In Our Own Voice" presentations aimed at reducing the stigma of mental illness.

Challenges

- Some Promotores groups had challenges with data collection.
- Staffing changes was a barrier for some programs.

PEI Expansions

On July 18, 2015, MHSA stakeholders unanimously approved three-year funding proposals (FY 2014-2015, FY 2015-2016, and FY 2016-2017) to strategically expand PEI programs and augment services to reach more individuals. The funding proposals were part of a Plan Update approved by the Stanislaus County Board of Supervisors on September 30, 2014. Descriptions of the expansions are included in each of program sections of this Annual Update.

PEI Project Expansions (per year)	
Community Capacity-Building Initiative • Promotores/Community Mental Health Outreach	**$185,000**
Adverse Childhood Experience Interventions • Early Psychosis Intervention Services	**$125,000**
Health/Behavioral Health Integration • Decrease clients/staff ratios • Underserved Cultural & Ethnic Populations • Homeless Initiative/Early Intervention Mental Health Services	**$100,000** **$150,000**
School Behavioral Health Integration • Nurtured Heart • CLaSS	**$150,000**
Total Expansions	**$710,000**

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

After the RFP process was completed, the following organizations were awarded contracts with Behavioral Health and Recovery Services. Community Capacity-Building Initiative/Community Early Intervention Services: Catholic Charities; Adult Resiliency and Social Connectedness/Community-Based Peer Support Development: Peer Recovery Art Project; School Behavioral Health Integration/Capacity Building and Training: Stanislaus County Office of Education Prevention Services.

PEI Restructuring Plan

As noted in the FY 15-16 Annual Update, BHRS revisited its PEI Plan and began the process of revising it to be in alignment with proposed PEI statewide regulations and to address anticipated MHSA future growth funding.

The proposed changes included a PEI structure redesign that focused on coordinated and consistent program results and outcomes to strengthen all MHSA PEI programs. The restructuring plan also included changes on how programs report data.

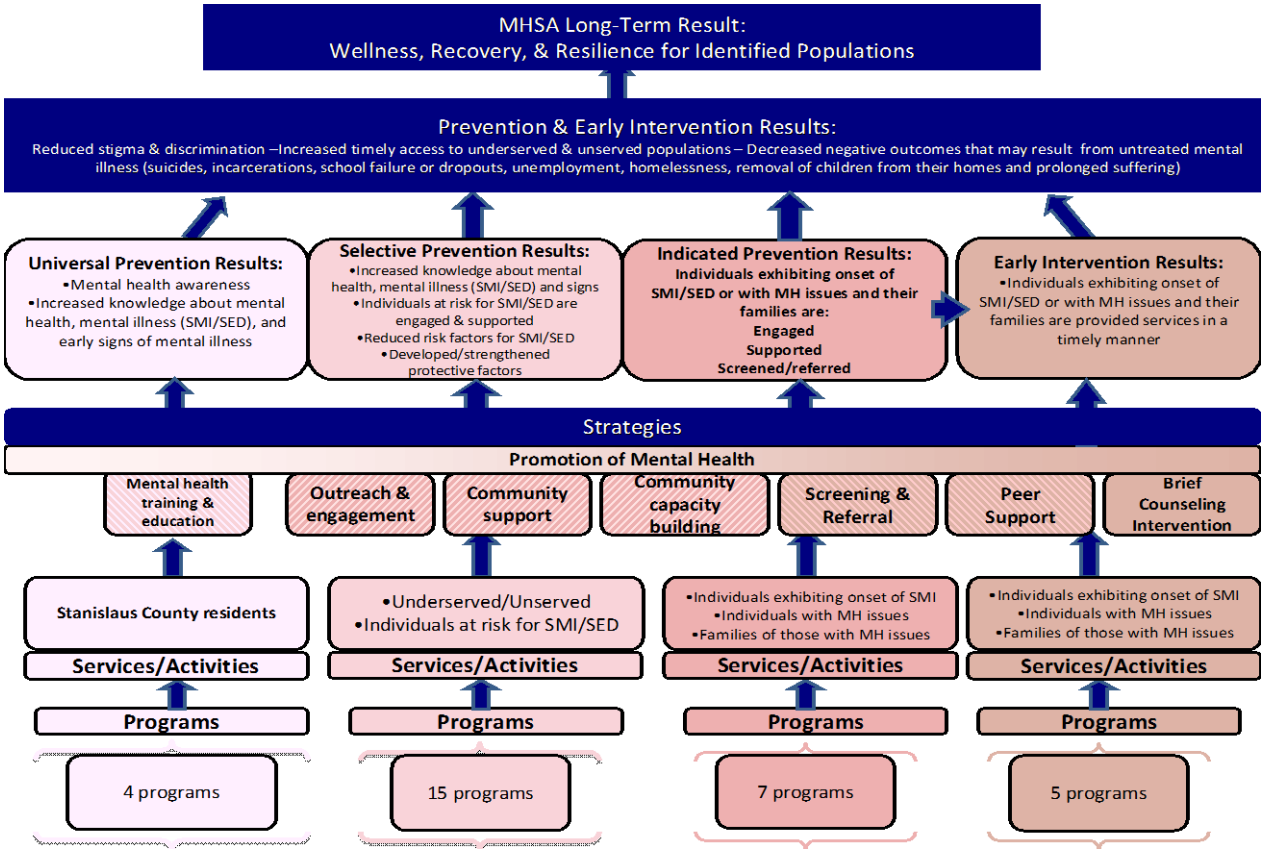
There were also changes to existing programs to better serve the needs of those at risk of or with mental illness in Stanislaus County. On February 27, 2015, the BHRS Leadership Team presented the PEI Restructuring plan to the MHSA Representative Stakeholder Committee and it was approved by stakeholders.

The following illustrates how PEI programs will be structured and categorized in the new PEI redesign and presented in the FY17-18 Annual Update:

- Prevention
- Early Intervention Programs
- Outreach Programs for Increasing Recognition of Early Signs of Mental Illness
- Stigma Discrimination Reduction Programs
- Suicide Prevention Programs

Previous Structure	2015/2016 Revised Structure
• Community Capacity Building • Emotional Wellness Behavioral Health Education/Community Support • Childhood Adverse Experience Intervention • Child and Youth Resiliency and Development • Adult Resiliency and Social Connectedness • Older Adult Resiliency and Social Connectedness • Health-Behavioral Health Integration • School-Behavioral Health Integration	• CalMHSA Statewide Initiative • Prevention Programs • Early Intervention Programs • Outreach Programs for Increasing Recognition of Early Signs of Mental Illness • Stigma Discrimination Reduction Programs • Suicide Prevention Programs

Theory of Change



Note: Since there is an overlap of strategies within programs, the total program sum does not equal 18.

PEI Expansions/March 17, 2016

On March 17, 2016, the MHSA Representative Steering Committee met and prioritized the following PEI program expansions. They were part of an Idea Bank that was developed following their input as stakeholders. There is no funding available for PEI this year but this list will be used to determine possible future projects.

Older Adults (Ages 60 & Older)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**Aging & Veterans Services Expansion** **Sub-Population:** Isolated &/or homebound older adult, high-risk older adults with co-occurring diagnosis and/ or chronic health conditions (Depression/anxiety); Home delivered meals clients, homemaker /home health & Adult Protective Services (APS) referrals: APS, Existing PEI program – Brief Intervention Counseling (BIC), Peer 2 Peer counseling **Results:** • Increased collaboration & navigation /system improvement; Stigma reduction: Increased feeling of support, of being part of a community, reducing feelings of isolation • Decrease in hospitalizations/re-admissions • Reduction of stigma regarding depression/mental health issues and utilizing mental health services • Increased cross referral between mental health, primary care physicians, and community based programs **Activities:** Home visit(s) from social worker and nursing students known as "Navigators or Care Coordinators", phone support from qualified staff/peer volunteers. Coordination with community resource agencies and healthcare providers. **Other details:** On-going phone support with intermittent case management as needed.	**21 votes** **1st Priority**	☒ Yes ☐ No *CSS - High Risk Health and Senior Access *PEI- Older Adult Resiliency and Social Connectedness	☒ Possible Expansion ☐Possible New Program

Adults (Ages 18 - 59)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**Promotora Network Expansion** **Sub-Population:** Underserved/uninsured Latino families (children, youth, adults and older adults) in Spanish speaking communities **Results:** Promote the mental health of Latino residents of Stanislaus County by reducing the risk of developing serious mental illness by connecting to a natural community of support led by community Promotores who are peers and volunteers in the RAIZ Promotores movement. **Strategy:** Peer support groups - Provide a safe space for Spanish speaking individuals to learn about the early signs of mental illness, share stories of recovery; Volunteer support/presentations – Conduct stigma reduction and mental health educational forums to bring community awareness of the importance of mental health and well-being; Training – Provide ongoing local and statewide training support including mileage reimbursement for emerging community leaders **Activities:** Provide materials, refreshments, and incentives for emerging community leaders to help sustain their mental health group activities; Create community wide mental health awareness events	**15 votes** **2nd Priority**	☒ Yes ☐ No *PEI program	☒ Possible Expansion ☐Possible New Program

Children/Youth (Ages 0-5/6-17)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**<u>Idea</u>** (Focus on 0-5 age group) **Sub-Population:** Therapeutic Pre-School - Adverse childhood experiences, developmental delays **Results:** General System Development (GSD) Results **Strategy:** GSD **Activities:** Identification of At-Risk, Early Intervention, Treatment, Training for Day Cares & parents	**11 votes** **Tied for 3rd Priority**	☒ Yes ☐ No * PEI/CLaSS-SVCFS (Ages 6 & up)	☐ Possible Expansion ☒Possible New Program

Adults (Ages 18 - 59)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**<u>West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) Community Based Early Intervention Expansion</u>** **Sub-Population:** Children/Youth, TAYA, Adults, Older Adults, Homeless individuals **Results:** Increase mental health services by qualify and/or licensed clinical staff; Increase timely access and linkage to treatment with a focus on screening and assessment; Increase treatment options for people with both substance abuse and mental health issues; Link and connect people to mental health resources and community resources **Strategy**: • Expand community based early intervention to serve more individuals • Increase hours for current Community Therapist from 4 to 16 per week • Increase hours of licensed Clinical Supervisor from 1 to 2 hours per week • Hire Field Supervisor for CSU Stanislaus MSW student for 4 hours per week **Activities:** Conduct initial and ongoing assessments; Conduct home visits as appropriate; Provide brief counseling and support groups, Provide mental health training/education; Increase collaboration; Promote community supports and resources	**11 votes** **Tied for 3rd Priority**	☒ Yes ☐ No *PEI program	☒ Possible Expansion ☐Possible New Program

TAY/Adults/Older Adults				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**<u>Peer Recovery Art Project Expansion</u>** **Sub-Population:** Peers, families, community based organizations **Results:** Reduce stigma and discrimination, prevent mental illness from becoming severe and disabling, increase timely access to underserved and unserved populations **Strategy:** Outreach, engagement, community capacity building, stigma reduction **Activities:** Operations using an integrated peer support model including outreach and engagement; Incorporate culturally appropriate methods utilizing community defined promising practices and best practice evidence based approaches for targeted populations	**7 votes** **4th Priority**	☒ Yes ☐ No	☒ Possible Expansion ☐Possible New Program

Adults (Ages 18 - 59)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Prevention and Early Intervention	**<u>West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) Promotoras Expansion</u>** **Sub-Population:** Children/Youth, TAYA, Adults, Older Adults, Homeless individuals **Results:** Increase mental health services and awareness in the community; Improve personal well-being in neighborhoods; Reduce mental health stigma; Connect individuals to community of support **Strategy:** Add another half-time position for the Promotora program **Activities:** Staff member will conduct outreach specifically to expand the clinical component of the current PEI early intervention grant; Expand current PEI mental health services	**1 vote** **5th Priority**	☒ Yes ☐ No *PEI program	☒ Possible Expansion ☐Possible New Program

PEI – Community Capacity Building Initiative (CCBI)

With the focus on underserved cultural populations, CCBI aims to increase a community's capacity to address existing needs and disparities in mental health care and well-being and to develop and strengthen protective factors.

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

On July 18, 2014, MHSA stakeholders unanimously approved expanding the Promotores/Community Mental Health Outreach program as part of a strategic PEI restructuring plan. It would provide individual and group early intervention and treatment services to promote recovery related functional outcomes for mental illness early in its emergence. It may include services to parents, caregivers, and other family members of persons with onset of mental illness and provide outreach services in community settings.

Programs

- **Asset-Based Community Development (ABCD)**
  ABCD funding helps local communities to develop and implement community-driven plans to strengthen and improve recovery, resiliency and mental health protective factor outcomes within neighborhoods and ethnic, cultural, un-served and underserved populations. Strategies include, but are not limited to: asset mapping mental health supports, behavioral health leadership development, partnership development to increase mental health supports within communities, mental health training, stigma reduction campaigns, and suicide awareness campaigns and training.

  To support these community-driven efforts, BHRS provides facilitation, planning and data support to help communities track progress on their priority results over time. Time limited funding support is also available to help jump start community activities.

  As noted in the FY 15-16 Annual Update, BHRS recommended discontinuing the ABCD program as of June 2015 due to lack of substantive outcomes that would align with the new PEI regulations. The Promotores/Community Health Outreach and Engagement program, however, would continue to engage existing partners and utilize successful strategies learned through this project.

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

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

- **The Community Outreach and Engagement (O&E)**
  O&E was established to recognize special activities needed to reach diverse, underserved communities with high need that are disproportionately unserved by traditional types of mental health services. Two community based organizations provide education, depression screenings, transportation services, and resource linkages to individuals and families that are reluctant to enter traditional agency services.

  Each organization seeks to reduce stigma and support access to more intensive services. The services are culturally competent, client/family-focused, and promote recovery and resilience while maintaining respect for the beliefs and cultural practices of individuals served. Emphasis is placed on diverse communities including Hispanic, African American, Southeast Asian, Native American, and Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ).

- **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)** focuses on increasing outreach into neighborhood-based supports that honor cultural practices by hiring individuals from the neighborhood. Among the objectives: 1.) Provide mental health depression screenings; 2.) Provide mental health referrals for West Modesto residents in need of specialty services; 3.) Provide peer support sessions for depression and substance abuse; 4.) Continue operation of the Wellness Drop-in Center in West Modesto.
- **El Concilio: Latino Behavioral Health** focuses on outreach to promote and educate the community on mental health and substance abuse recovery to underserved and unserved areas of Stanislaus County. As a founding member of the Central Valley Promotores Network Vision y Compromiso, El Concilio continues to work closely with Promotores to educate and outreach to Latino communities about health and behavioral health in ways that honor their culture and way of life.

Highlights

- **Asset-Based Community Development (ABCD)**
  - A total of 10 communities participated in the ABCD program. The communities are as follows: Citizen's for a Healthy Community- Hughson, Manos Unidas – South Modesto, Southeast Stanislaus Promotores Network – Empire, Denair, Waterford, Hughson. Other communities are St. Stanislaus, Waterford Improvement Team (WIT), Beyond the Walls (14 congregations in Stanislaus County), and A Way to Wellness – West Modesto.
  - Community leaders and residents participated in activities to increase community wellness, increase mental health protective factors, and enhance community capacity building.
- **Promotores and Community Health Workers (P/CHW)**
  - The Realiando Alianza & Inspirando Sabiduria (RAIZ)/Creating Alliances & Inspiring Wisdom Promotores program was evaluated for 1.5 years and was recognized as a culturally defined promising practice for mental health prevention and early intervention by the Center for Dignity, Recovery, and Empowerment, a project of the Mental Health Association of San Francisco.
  - MHSA stakeholders approved a proposal to increase funding for the program to cover an FTE position (an increase from 20 to 40 hours)
  - Promotores continue to partner with other promotores within the broader countywide network in Stanislaus County.
  - Mindfulness based Spanish training on compassion was coordinated in partnership with a local non-profit to support the well-being of promotora workers and enhance resiliency and recovery among the Spanish speaking community.
  - The program collaborated with Sutter Health Plan, Memorial Medical Foundation, the Center for Human Services, and BHRS Behavioral Health Prevention and Early Intervention to pilot integrated health care with a focus on increasing health access for Latinos. The focus was access to health care, decrease in ER access as a primary source for health care, navigation and other resources.
- **The Community Outreach and Engagement (O&E)**
  - **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)**
    - Through its activities, staff touched the lives of 757 individuals, well exceeding plans to connect with at least 600 community residents.
  - **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)**
    - The program continues to strengthen its community partnerships with numerous county organizations/agencies throughout Stanislaus County.
    - LBHRS continue to be an important partner in the Latino Behavioral Health Coalition. It provides oversight, advocacy, and support to increase behavior health services and access for Latinos.

Challenges

- **Asset-Based Community Development (ABCD)**
  - Turnover of committee members in the various groups was a challenge.
  - Maintaining participation was a challenge for some community groups.
  - Leadership development and learning to delegate and build capacity was another challenge for some groups.
- **Promotores and Community Health Workers (P/CHW)**
  - Staff turnover was a challenge for the program.
  - There was some uncertainty about the upcoming state PEI regulations and how to best prepare.
- **The Community Outreach and Engagement (O&E)**
  - **West Modesto King Kennedy Neighborhood Collaborative (WMKKNC)**
    While no substantial challenges were encountered this year, staff was continually looking for strategies to increase the likelihood that individuals would accept a "warm hand-off" to community partners. The percentage of referrals/appointments for mental health services that were kept was significantly higher this year than last year: 64% compared to 48%.
  - **El Concilio: Latino Behavioral Health & Recovery Services (LBHRS)**
    Lack of enough mental health counselors that are biliterate and culturally competent was a challenge. The program did have an LCSW and an intern providing services in the community.

Community Capacity Building Initiative Program Results

378 Unduplicated Individuals Served in Capacity Building

Asset-Based Community Development

How Much?

- 5,589 duplicated participants attended Citizens for a Healthy Community's community events/activities to strengthen behavioral health and well-being supports for residents of Hughson
- 6,900 duplicated participants attended Manos Unidas community events/activities to strengthen behavioral health and well-being supports for residents of in Modesto.
- 160 duplicated participants attended Southeast Stanislaus Promotores Network community events/activities to strengthen behavioral health and well-being for residents of Empire, Denair, Waterford, and Hughson
- 150 residents were identified as community leaders in the program

How Well?

- 73% (99/136) of responding participants are more involved in their communities
- 83% (112/135) now know how to ask for help

Better Off?

- 72% (96/134) of responding participants are more hopeful about their futures
- 86% (116/135) have created meaningful relationships/friendships as a result of participating in the program

Promotores

How Much?

- A total of 228 promotores were actively engaged in the local network
- Promotores provided 147 community trainings in the community
- A total of 668 support sessions were provided
- Approximately 11,845 contacts were made through community based collaborative events/activities

How Well?

- 70% (479/681) of responding participants are more involved in their communities
- 85% (581/685) now know how to ask for help

Better Off?

- 91% (621/682) of responding participants are more hopeful about their futures
- 88% (597/678) have created meaningful relationships/friendships as a result of participating in the program

Community Capacity Building Initiative Program Results

858 Unduplicated Individuals Served in Outreach & Engagement

Community Outreach & Engagement – West Modesto King Kennedy Neighborhood Collaborative

How Much?

- 757 individuals were served through door-to-door visits, walk-in visits to the Drop-In/Wellness Center, and through individual needs assessment/screenings
- 35 individuals received a total of 78 one-on-one counseling sessions, in person and by phone, with a mental health clinician
- 577 participants attended a total of 89 support groups

How Well?

- 76% (287/380) of participants reported satisfaction with program services
- 64% (81/127) participants referred for mental health services became successfully engaged with the program

Better Off?

- 72% (26/36) of responding participants are more hopeful about their futures
- 65% (24/37) have created meaningful relationships/friendships as a result of participating in the program
- 65% (24/37) feel better about themselves

Community Outreach & Engagement – El Concilio

How Much?

- 331 contacts were made through 32 community outreach presentations
- 1,048 contacts were made through community outreach events
- 5 peer support groups held a total of 73 sessions
- 101 individuals were assessed (Universal Health Screenings)
- 53 people were referred to BHRS and/other community based organizations (CBOs)
- 117 referrals were received from CBOs and other agencies

How Well?

- 91% (146/161) of presentation attendees reported increased knowledge of mental health topics
- 66% (151/230) of presentation participants were Spanish monolingual speakers

Better Off?

- 65% (64/98) of responding participants are more hopeful about their futures
- 69% (67/97) have created meaningful relationships/friendships as a result of participating in the program
- 77% (75/98) feel better about themselves

PEI - Emotional Wellness Education/Community Support

Universal and selective prevention strategies are at the core of this community project. A countywide support group/public information project called "Friends are Good Medicine" is helping to develop and expand social support networks for at risk individuals and families across Stanislaus County.

Another community effort, the "StanUp for Wellness" campaign, focuses on developing unique strategies that address specific culturally underserved populations. The goal is for families, educators, health care providers, and young people to recognize mental health problems and seek or recommend appropriate services.

Programs

- **Mental Health Promotion Campaign (MHPC)**
  The MHPC is a countywide multimedia campaign that includes mental health and wellness messages aimed at increasing protective factors in communities and reducing the stigma associated with mental health issues including those co-occurring with substance abuse. The aim is to increase the public's awareness of behavioral health concerns and to provide information on how to develop and maintain emotional wellness and resiliency.
- **Friends are Good Medicine (FGM)**
  FGM is designed to be a resource and provide information and support to community self-help groups. This program promotes community-based self-help efforts in both the general and professional community. It provides leadership training and consultations.

  As noted in the FY 15-16 Annual Update, this program is being revised to now include an additional strategy of outreach to families and connecting them to peer and community support.

Highlights

- **Mental Health Promotion Campaign (MHPC)**
  - The StanUp for Wellness website was updated including highlighted information about programs' a StanUp blog was developed to showcase news and community events
  - Know the Signs posters were printed and distributed for outreach events; English and Spanish radio ads from the PEI statewide campaign were updated with a Stanislaus County tagline
  - Know the Signs brochures and other materials were printed in English and Spanish and distributed to different programs.
  - Friends are Good Medicine booklets were updated, printed, and distributed
- **Friends are Good Medicine (FGM)**
  - Working directly with family members, FGM continues to provide support and access to services to help family members of those with mental health issues
  - FGM moved its program into the Family Advocates office to better serve the needs of the community
  - FGM represented staff and clients at the Out of the Darkness Walk. The walk was an event to help fight the stigma of suicide and help family members of suicide victims.

Challenges

- **Mental Health Promotion Campaign (MHPC)**
  - The MHPC has had a strong focus on promoting both the newly launched Stigma Reduction Each Mind Matters and Know the Signs suicide prevention campaigns. A large focus has been on media buys but the need is much larger than the current budget. Running ads more often and seeking partnerships to leverage costs locally are being explored.
- **Friends are Good Medicine (FGM)**
  - The FGM booklet is a well-known peer support resource in Stanislaus County. Reproducing the booklet in different languages is being explored but there are cost considerations.

Emotional Wellness Education/Community Support Program Results

80,164 Duplicated Individuals Served

Mental Health Promotion Campaign (MHPC)

How Much?

- 465 radio spots on the Know the Signs (KTS) prevention campaign ran on KWIN radio in the Central Valley for 11 months
- 72 KTS 15 second spots ran in Turlock and Modesto movie theatres during the month of July
- 5,000 Friends are Good Medicine booklets were produced and developed
- 2,000 Prevention and Early Intervention brochures were produced and printed
- 500 Aggression Replacement Training (ART) brochures were produced and printed
- 2,000 Trifold PEI program brochures were produced and printed
- 900 key tags were designed, produced, and printed for the FGM program
- 1,000 Friends are Good Medicine pens/pencils were designed and produced as part of outreach efforts

How Well?

- Know the Signs information reached approximately 70,000 individuals viewed or listened to Know the Signs information

Better Off?

- Over 80,000 individuals have information about mental health, early signs of mental illness, and prevention and early intervention programs

Friends are Good Medicine (FGM)

How Much?

- 5,675 individuals were contacted through community outreach presentations
- 113 individuals participated in Peer Support Group Facilitator Training
- There were 4,365 visits to the FGM website

How Well?

- The program distributed 1,000 StanUp for Wellness pencils, 200 FGM pens, 5,000 FGM booklets, 1,027 FGM pencils, and 900 FGM key tags
- 96% (109/113) of individuals trained would recommend Group Facilitator training to others

Better Off?

- 99% (112/113) of individuals reported improved understanding and knowledge of subject after attending Group Facilitator Training
- 96% (109/113) of individuals reported that their skills have improved after attending Group Facilitator Trainings
- 99% (112/113) reported that Group Facilitator Training was beneficial

PEI - Adverse Childhood Experience Interventions

This project addresses the community need for expanding responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and the involvement of Juvenile Justice. It provides services to at-risk children and youth, trauma exposed youth and their families, and persons experiencing the early onset of serious mental disorders.

On July 18, 2014, MHSA stakeholders unanimously approved expanding the Early Psychosis Intervention LIFE Path program as part of a strategic PEI restructuring plan to reach more individuals

Programs

- **Aggression Replacement Training (ART)**
  Aggression Replacement Training ® is a cognitive behavioral intervention program to help children and adolescents improve social skills competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The 10 week program consists of 30 sessions of intervention training and is divided into three components - social skills training, anger control training, and training in moral reasoning.

  The ART group consisted of the following components:

  - 10 weeks (30) sessions of intervention training and was divided into three components - 1) Social skills training, 2) Anger control training, 3) Training in moral reasoning.
  - There were pre-engagement and one-on-one meetings with each participant.
  - ART has been implemented in schools and juvenile delinquency programs across the country and throughout the world. It was first developed for aggressive and violent adolescents who were incarcerated in juvenile institutions. ART has now been adapted for child and youth in schools and mental health centers to reduce aggressive and antisocial behavior and to promote anger management and social competence.
  - Well-being groups are an hour long and weekly. Participants learn relationship enhancing skills.

- **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
  BHRS has partnered with Parents United/Child Sexual Abuse Treatment Team to address the trauma associated with child sexual abuse. The program provides additional Spanish speaking programming for adults who were molested as children and establishes a 24-hour/7 day a week Warm Line for individuals and families affected by child sexual abuse. There is also a Peer Sponsorship program where volunteers provide support to families who have experienced child sexual abuse.

  As noted in the FY 15-16 Annual Update, this program has experienced continued growth among Latinos so the target population will now include Latino families. There are no changes to the program budget.

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

Highlights

- **Aggression Replacement Training (ART)**
  - This past year one of the youth who completed ART came back to visit. He is doing well and is appreciate of the skills learned in the course. He came back as a guest speaker to one of the groups and was able to share some of his struggles during his time at Elliot Alternative School, as well as some of the successes he has experienced. It allowed the current participants to see a real-live success story and to be encouraged that they could change for the better if they so desired. Youth in the program are able to grasp the concepts of A.R.T.

and are able to apply it successfully. Several teachers and counselors continue to report that students are using the skills outside the group.
- Well-being groups were implemented at Hutton House where youth were taught basic coping skills; social and critical thinking skills were enhanced via critical thinking engagement and exercise in a group format.

➢ **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
- The number of Hispanics in "Adults Molested as Children" support groups continued to increase this year.
- Some programs that were hesitant and resistant to having offenders share their stories are now requesting Speakers Bureau presentations.
- 32 support groups were conducted.

➢ **Early Psychosis Intervention: LIFE Path**
- The program has continued its community outreach efforts throughout the county educating 600 people about psychosis and early intervention to decrease stigmatization.
- LIFE Path has increased its partnerships with other agencies over the past year and built connections with Juvenile Justice and the two psychiatric hospital facilities in the county, reaching out to more potential consumers and families.
- Over the past year, 96% of LIFE Path consumers have reported their family lives are stabilizing. LIFE Path consumers have returned to school and work and several are going on to college.
- 92% of consumers reported achievement of life goals. LIFE Path works extensively with individuals are their families to get back on track with their life goals and learn skills to prevent relapse.
- LIFE Path has been steadily increasing its census to better serve the community.
- LIFE Path experienced a change in leadership and now has a new manager overseeing the program and its activities.

Challenges

➢ **Aggression Replacement Training (ART)**
- The program continues to grow in an effort to make maximum impact but groups can only serve 8-12 participants per fidelity guidelines.
- The A.R.T. curriculum is quarterly which makes it difficult to reach a large volume of children in communities.

➢ **Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)**
- There continues to be a challenge to get schools to participate in the Speakers Bureau presentations to reach parents.

➢ **Early Psychosis Intervention: LIFE Path**
- Serving an increasing number of consumers is a challenge. Staff strives to get information about the program out to the community to reach more consumers and their families. Due to the program's Early Intervention criteria, staff is not able to serve all the referrals received but aim to get consumers and their families connected to agencies that can best meet their service needs.

Adverse Childhood Experience Interventions Program Results

36 Unduplicated Individuals Served

Aggression Replacement Training (ART)

How Much?

- 36 students participated in the program
- 21 one-on-one sessions for youth were held
- 32 youth participated in Well-Being groups

How Well?

- 61% (25/41) of ART participants completed the program
- 55% (6/11) of responding participants now know how to ask for help

Better Off?

- 64% (7/11) of responding participants are more hopeful about their future
- 73% (8/11) feel better about themselves
- 45% (5/11) have created meaningful relationships/friendships as a result of participating in the program

47 Unduplicated Individuals Served

Expanded Child Sexual Abuse Prevention and Early Intervention (ECSAPEI)

How Much?

- The program conducted 16 speaking engagements to 559 individuals
- 38 individuals attended a total of 141 peer support groups
- 47 unduplicated individuals received support services

How Well?

- 268 calls were made to the Peer Support Warm Line
- 5% (28/559) of the speaking engagement attendees were monolingual Spanish speakers and 33% (184/559) were bilingual Spanish speakers
- 36% (96/268) of peer support calls were made to the Spanish language Warm Line
- 83% (24/29) of responding participants now know how to ask for help

Better Off?

- 10 individuals started treatment through their involvement with the program
- 79% (23/29) are more hopeful about their future
- 72% (21/29) feel better about themselves

Adverse Childhood Experience Interventions Program Results

93 Unduplicated Individuals Served

Early Psychosis Intervention: LIFE Path

How Much?

- 181 duplicated consumers were served in various phases of the program
- 619 people attended LIFE Path community presentations or events, learning about early signs of psychosis and stigma reductions
- Staff completed 96 screenings and assessments and 85 phone consultations

How Well?

- 46% (15/33) consumers receiving treatment met their goals and successfully exited from the program during the year

Better Off?

- 96% (90/94) of the time consumers reported that their family lives were stabilizing
- Families reported 97% of the time that they had learned skills that enabled them to avoid hospitalization and involvement with law enforcement

PEI - Child/Youth Resiliency and Development

This project highlights 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.

Programs

- **Leadership and Resiliency Program (LRP)**
  BHRS has partnered with four community-based organizations to support youth leadership development efforts. The partnerships include:
  - Sierra Vista Child and Family Services (SVCFS) - The Bridge Community Center/Bridge Youth Builders
  - Hughson Family Resource Center (HFRC) - Youth Connection/Hughson Youth Council
  - Center for Human Services (CHS) - Patterson Teen Center/Life Plan
  - West Modesto King Kennedy Neighborhood Collaborative(WMKKNC) – Leadership for the Future

  LRP are school and/or community-based programs for youth ages 10-19 that enhance internal strengths and resiliency, prevent involvement with substance abuse and violence, and help youth avoid school failure and involvement with Juvenile Justice. Activities include resiliency groups, adventure and outdoor activities, community service opportunities, conflict resolution, social skills training, and peer mentoring.

- **Children are People (CAP)**
  CAP is a program designed for children of alcoholic or substance abusing parents/caregivers. CAP is a psycho-educational program designed to address the problems of children in third through fifth grades that are exposed to family substance abuse. The program consists of 8-10 sessions in a small group setting. Each weekly session includes opening and closing exercises and a topic for learning/discussion that address a specific psychosocial concern children may encounter. The program provides training and supervision to staff and qualified volunteers at different sites within the county.

  BHRS Senior Leadership recommended that the program be changed to Resiliency and Prevention (RAP) and a portion of the unused resources would be best utilized within the School Behavioral Health Integration (SBHI) project where the strategies are similar and align with PEI Regulations.

Highlights

- **Leadership and Resiliency Program (LRP)**
  - **SVCFS/Bridge Youth Builders (BYB)**
    - Monthly meetings were held for participants to plan and implement community activities including mentoring sessions and career awareness events.
    - Weekly after school programs were held to educate youth on college prep and homework/academic related support.
    - BYB participated in many service learning projects that included gardening, Love Modesto clean up event, and back to school events.
  - **HFRC/Youth Leadership**
    - Youth volunteered to assemble backpacks for needy children. The project allowed youth an opportunity to meet new people.
    - Youth hosted a community outreach booth at the Hughson Harvest Festival
    - Youth participated in several community activities including the Love Hughson event; youth helped clean the yards of senior citizens homes.
  - **Patterson Teen Center/Lifeplan**
    - The program provided services to Del Puerto High School, the Grayson Community, and Patterson High School. Lifeplan engaged 112 participants with 21 Youth Mentors.
    - Lifeplan staff continued to engage youth in learning conversations regarding bullying.

- **WMKKNC/Leadership for the Future**
  - A total of 100 unduplicated youth participated in the program.
  - A total of 48 events were held to build leadership skills and raise awareness about the importance of higher education.

➢ **Children Are People (CAP)**

- One highlight of the program was how the CAP components were incorporated into the existing classroom environment/process. The learning extracted from a new partnership with Turlock Adult School allowed the program to reinforce the principals of resilience and well-being in the classroom.
- The program received requests from Fairview Elementary for additional sessions due to the high levels of student engagement.

Challenges

➢ **Leadership Resiliency Program**

- **Bridge Youth Builders (BYB)**
  - There was a decline in participation at the end of the fiscal year. The program is exploring ways to recruit more members.
- **HFRC Youth Leadership**
  - Engaging new youth to participate in the program was a challenge.
- **Lifeplan**
  - The program continues to refine its survey protocol to complete a higher number of pre/post and 2-6 month surveys.
- **Leadership for the Future**
  - Scheduling events around school, family, and other community obligations presented some challenges.
  - Lack of transportation for youth to participate in the program was another challenge.

➢ **Children Are People (CAP)**

- There were some program staffing challenges.

Child/Youth Resiliency and Development Program Results

*__673__ Individuals Served in all
Youth Leadership and Resiliency Programs

Leadership and Resiliency Program (LRP)- Bridge Youth Builders

How Much?

- 17 active members (7 new) participated in the program
- 149 youth (19 years and under) participated in BYB led events
- 26 youth participated in after school programs to promote awareness and education on mental health careers/occupations

How Well?

- The program completed 55 projects
- 100% of youth(17/17) reported having an understanding of the development assets
- 70% (16/23) report now knowing how to ask for help

Better Off?

- 100% (17/17) reported improved leadership skills
- 79% (19/24) are more hopeful about their futures
- 71% (17/23) have created meaningful relationships/friendships as a result of their involvement in the program

Leadership and Resiliency Program (LRP)- Hughson Family Resource Center – Youth Connection/ Hughson Youth Council

How Much?

- 24 youth (ages 14-19) participated in YOUth LEADership
- A total of 111 youth participated in community service activities, projects, and events (includes active youth leaders)

How Well?

- 75% (6/8) report now knowing how to ask for help

Better Off?

- 88% (7/8) are more hopeful about their futures
- 75% (6/8) have created meaningful relationships/friendships as a result of their involvement in the program
- 75% feel better about themselves

*May include some duplication if a youth participated in more than one program

Child/Youth Resiliency and Development Program Results

Leadership and Resiliency Program (LRP)- Patterson Teen Center Lifeplan

How Much?
- 112 individuals were active in a total of 6 groups
- 89 support sessions were held
- 5 outreach activities were held
- 21 new Youth Lead Mentors were developed

How Well?
- 62% (37/60) of reporting youth now know how to ask for help

Better Off?
- 77% (46/60) are more hopeful about their future
- 73% (44/60) have created meaningful relationships/friendships as a result of their involvement in the program
- 75% (46/61) feel better about themselves

Leadership and Resiliency Program (LRP)- Leadership for the Future

How Much?
- 150 youth (unduplicated) participated in the program
- A total of 145 youth participated in leadership and life skills training
- 44 youth participated in community service projects

How Well?
- 100% (13/13) of youth reported they feel valued by adults
- 100% (13/13) of youth reported they feel that have been given the opportunity to lead community service
- 94.9% (37/29) of reporting youth now know how to ask for help

Better Off?
- 82.1% (32/39) are more hopeful about their future
- 81.6% (31/38) feel better about themselves
- 87.2% (34/39) have created meaningful relationships/friendships as a result of their involvement in the program

Child/Youth Resiliency and Development Program Results

127 Unduplicated Individuals Served

Children are People (CAP)

How Much?

- 84 children and 43 family members participated in the program
- CAP staff attended and implemented knowledge from formal trainings about building resiliency, the connection between resiliency factors and asset development, how to engage youth in identifying resiliency factors present in their own lives, and the 40 Developmental Assets

How Well?

- 100% (3/3) of trained CAP staff reported that the trainings provided an increase in knowledge and content
- CAP staff provided 40 Developmental Assets training to entire school staff

Better Off?

- 100% (21/21) reported they learned something new about the 40 developmental assets; 71% (15/21) reported that they had an interest in additional trainings for staff and parents
- 89% (62/70) of student participants reported being involved in school, work, faith, or other groups where they feel cared for and valued
- 84% (59/70) of student participants feel connected and have positive relationships

PEI – Adult Resiliency and Social Connectedness

By providing opportunities for social support, this project serves adults with the goal of reducing the stigma and discrimination related to having a mental illness. It reduces barriers in access to early mental health interventions by addressing stigma associated with mental illness and emotional health problems. Stigma reduction strategies include expanded social support networks, culturally appropriate support, and early mental health interventions offered in non-stigmatizing settings. This includes expanding existing communities of support and enhancing linkages between them.

On July 18, 2014, MHSA stakeholders unanimously approved expanding the program as part of a strategic PEI restructuring plan to provide peer support to individuals experiencing onset of severe mental illness (SMI); integrate a peer support model into prevention, early intervention, treatment providers, and community based settings. It would also provide an integrated peer support model linking individuals receiving services from PEI/treatment providers with community based peer support and incorporate strategies including, but not limited to, stigma reduction.

As noted in the FY 15-16 Annual Update, the Faith/Spirituality Based Resiliency and Social Connectedness program was discontinued. However, the Community Behavioral Health Outreach and Engagement program will continue to engage faith/spirituality communities to increase behavioral peer and community supports for its members.

In April 2015, Peer Recovery Art Project was awarded a contract to provide community based peer support services for individuals and their families experiencing the onset of serious mental illness or displaying mental illness early in its emergence. Outcomes from this new PEI program will be reported in the FY 17-18 MHSA Annual Update.

Programs

- **In Our Own Voice (IOOV)**
  IOOV is a unique public education program developed by the National Alliance on Mental Illness (NAMI) Stanislaus chapter in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program was started with a grant from Eli Lily and Company. IOOV is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation. IOOV also includes “Ending the Silence”, a mental health awareness educational program for high school students. The program highlights anti-stigma and suicide prevention efforts.

  As noted in the FY 15-16 Annual Update, the program is being revised to help broaden the impact of the program and meet community needs.

- **Faith/Spirituality-Based Resiliency and Social Connectedness**
  This program facilitates and encourages faith based communities and spirituality groups throughout Stanislaus County to create increased social support and social connections for adults experiencing trauma and other risk factors. These activities include a variety of support groups, study groups, outreach, social and recreational activities, and personal/peer based support. Partnerships with other PEI programs allow faith-based organizations to provide education and information about behavioral health concerns that reduce stigma, enhance emotional wellness, increase protective factors, and support recovery.

  As noted in the FY 15-16 Annual Update, BHRS leadership recommended discontinuing this as a PEI stand-alone program. The prevention programs, which include Community Capacity Building efforts, will continue to incorporate faith/spirituality efforts within communities to increase behavioral health supports that encompass faith/spirituality efforts in culturally responsive ways.

Highlights

- **In Our Own Voice (IOOV)**
  - A total of 17 speakers were involved in the program conducting 78 presentations to 1,113 people in Stanislaus County.
  - The program provided presentations to jail inmates as part of the public education program
  - The program provided presentations at public libraries in Riverbank and Turlock; presentations were also provided to members of the Youth in Mind program.
  - IOOV staff reached out to senior centers and gave presentations
- **Faith/Spirituality-Based Resiliency and Social Connectedness**
  - A total of 50 faith leaders from ten different congregations received training on how to better support the mental health needs of the African American community
  - Pastors convened to focus on planning upcoming mental health education events

Challenges

- **In Our Own Voice (IOOV)**
  - The number of presentations declined during the summer months because fewer college students are in school.
  - Time for participants to complete pre and post evaluations can be challenging because of the time prescribed by the host.
- **Faith/Spirituality-Based Resiliency and Social Connectedness**
  - Coordinating summer schedules for pastors was a challenge. Having an outside contractor provide technical assistance was also difficult. Planning meetings with Tri Cities had to be conducted over the phone.

Adult Resiliency and Social Connectedness Program Results

***1,192** Individuals Served in all
Adult Resiliency and Social Connectedness Programs

In Our Own Voice (IOOV)

How Much?

- The program reached 78 different audiences with 1,113 people in total attendance to hear the various presentations

How Well?

- The program trained 7 new speakers
- 40% (397/999) of presentation attendees were Hispanic
- 90% (26/29) of reporting participants now know how to ask for help

Better Off?

- 97% (28/29) of speakers are more hopeful about their future
- 93% (27/29) of speakers feel better about themselves
- 84% (778/932) of attendees intend to learn more about mental illness after the presentation
- 85% (794/940) of attendees now understand mental illness and its symptoms
- 70% (134/191) individuals positively changed their mind regarding people with mental illness being productive citizens

Faith/Spirituality-Based Resiliency and Social Connectedness

How Much?

- 50 faith leaders from ten different congregations and agencies participated in trainings to learn how to better support the mental health needs of the African American community.
- Pastors attended 6 meetings to focus on planning for upcoming mental health education events in the community.

How Well?

- Faith leaders gained knowledge on how to recognize signs, symptoms, and triggers of mental health distress
- Faith leaders learned how to provide culturally responsive wellness resource information

Better Off?

- Pastors were given the tools to develop, plan, and support their congregations by learning about mental health anti-stigma efforts, peer support, and cultural resiliency.

*May include some duplication if individuals attended more than one presentation

Adult Resiliency and Social Connectedness Program Results

Stanislaus County Assyrian Wellness Collaborative (AWC)

How Much?

- The Collaborative convened 8 meetings with a total of 90 attendees

How Well?

- 12 planning and support group meetings were held with 29 attendees to prepare and coordinate the Collaborative leadership support
- BHRS added a contracted staff position to advance BHRS efforts in supporting the prevention work within the Assyrian community with a focus on wellness, resiliency, and recovery
- The Collaborative hosted its first Assyrian Community Wellness Fair with a focus on adults and seniors
- The AWC was recognized on November 2014 by BHRS Cultural Competency Equity and Social Justice Committee and received the BHRS Cultural Competency Champion Award in advancing mental health efforts in the Assyrian Community.
- The Collaborative launched an Each Mind Matters campaign to begin dialogue about stigma reduction

Better Off?

- The Collaborative became a hub for service providers, consumers, and peers to seek access and linkage to mental health services

*May include some duplication if individuals attended more than one presentation

PEI – Older Adult Resiliency and Social Connectedness

This project is operated by Stanislaus County Aging and Veterans Services and funds new programs and strategies designed to reach physically impaired and socially isolated seniors who are at higher risk of depression and suicide. It includes four programs to address psychosocial impacts of trauma and onset of depression, and other disorders including co-occurring disorders in older adults.

All program strategies address stakeholder-identified community needs related to increasing supports in all age groups and to improve access to services.

Programs

- **Brief Intervention Counseling (BIC):** Provides early intervention services defined as "short duration" (3 to 9 months) and low intensity. The services are provided before the onset of a mental health disorder by "reducing risk factors or stressors, building protective factors, and increasing social supports". Individuals must have a counseling session with their mental health clinician.
- **Senior Peer Counseling (SPC)**
  Senior Peer Counselors are trained volunteer counselors who regularly visit older adults who have trouble overcoming difficulties or face significant change in their lives. Peer Counselors are senior citizens themselves. They attend an initial training supervised by a professional clinician and help connect seniors to services. They provide counseling and support to those experiencing emotional distress due to health problems, grief, loss of a loved one, depression, anxiety or other difficulties. These peers often share similar life experiences and offer comfort and understanding. The home visits are usually weekly and open-ended in duration. There is no fee for the service, which is for adults 60 years of age or older.
- **Friendly Visitor (FV)**
  Friendly visitor volunteers visit with lonely seniors in the community, usually two times a month. They provide socialization and support to seniors who may not otherwise have any contact with anyone else. Activities may include reading together, taking walks, playing cards, or having coffee and conversation.

Highlights

- **BIC/SPC/FV:**
  - The Volunteer Senior Peer Counseling class was revitalized this fiscal year.
  - A total of 5 new Peer 2 Peer counselors were trained and graduated from the program
  - An improved excel data tracking form was created to automate/calculate the PHQ-9 (a depression screening tool) score changes, days active, and number of referrals.
  - A new more modern program logo and brochure were developed.

Challenges

- **BIC/SPC/FV:**
  - Despite outreach efforts including presentations to the Promotores network, the program is still working to recruit more Spanish speaking senior Peer Counselor volunteers. The program does have a bilingual professional (Brief) Counselor and one bilingual Friendly Visitor.
  - Contacting some clients by phone after an initial referral can be difficult because they don't pick up the phone or answer voice messages. The program continues to work with referral agencies and social workers to ensure clients are receptive and aware of the referral and contact attempts.

Older Adult Resiliency and Social Connectedness Program Results

202 Unduplicated Individuals Served

BIC, SPC, FV

How Much?

- 202 seniors were screened for Older Adult PEI services
- 83 seniors were enrolled in one of the Older Adults PEI services
- 25 outreach events/presentations were held in the community about PEI older adult services and the referral process
- 73 seniors received a total of 328 Brief Intervention Counseling sessions
- 10 seniors participated in a total of 74 Senior Peer Counseling sessions
- 27 seniors participated in a total of 470 Friendly Visitor visits
- The program had 22 active volunteers

How Well?

- 67% (135/202) of those screened were enrolled or provided with care coordination
- 79% (41/52) provided with care coordination were successfully referred/connected
- 34 clients completed Brief Counseling Intervention in 2014-2015
- 87% (40/46) of reporting participants now know how to ask for help

Better Off?

- 85% (29/34) of those that completed Brief Counseling experienced decreased depression symptoms (improved PHQ-9 scores)
- 74% (31/42) are more hopeful about their future
- 79% (33/42) feel better about themselves
- 75% (33/44) have created meaningful relationships/friendships as a result of their involvement in the program

PEI – Health/Behavioral Health Integration

This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Mental health clinicians and psychiatrists are embedded in the clinics in a “one stop shop” setting that serves primarily culturally underserved communities.

Clients must establish medical care with GVHC first in order to receive adjunct services that include mental health assessments, and psychiatry if needed. The model of care is solution focused, and short term, with services averaging between 6-9 months.

The project is implemented through the following clinic sites:

- Turlock Golden Valley Health Center
- West Turlock Golden Valley Center
- West Modesto Golden Valley Health Center
- South Modesto/Hanshaw Middle School

GVHC is also providing mental health services to the Stanislaus County homeless community.

On July 18, 2014, MHSA stakeholders unanimously approved expanding the project as part of a strategic PEI restructuring plan to decrease client/staff ratios and target more individuals from underserved, cultural, and ethnic populations. The program is called “Corner of Hope” and is located in Modesto.

Highlights

- The project continues to form important partnerships in the community including the Salvation Army, Modesto Gospel Mission, Telecare, Turning Point, and Center for Human Services. Relationships have also been cultivated with outreach workers, case managers, and Stanislaus County probation officers to help provide quality services to the homeless population

Challenges

- Recruitment and retention of medical and behavioral health providers has been a challenge for GVHC as providers often resign or are recruited by for-profit entities. The GVHC leadership team is looking at enhancing benefits and re-evaluating salaries when possible to fill positions.
- Another challenge was the closing of Process and Pain Management Groups due to the resignation of a group provider.
- GVHC also experienced changes in leadership during the year.

Health/Behavioral Health Integration Program Results

1,461 Unduplicated Individuals Served

Integrated Behavioral Health

How Much?

- 1,461 patients received behavioral health assessments
- 840 patients received 2,015 individual therapy/psychotherapy sessions
- 39 patients participated in group therapy/psychotherapy
- 3,234 behavioral health visits/encounters occurred

How Well?

- 41% (346/840) of behavioral health patients had three or more visits
- 77% (1119/1461) of patients had no previous BHRS experience
- 58% (851/1461) of patients were Hispanic
- 30% (432/1461) of patients indicated that Spanish was their preferred language

Better Off?

- 53% (129/244) of patients showed improvement in PHQ-9 score, indicating reduced depression symptoms
- 37% (137/374) of patients showed improvement in A1C score

281 Unduplicated Individuals Served

Corner of Hope Homeless Counseling Program

How Much?

- 281 patients received behavioral health assessments
- 201 patients received 509 individual therapy/psychotherapy
- 26 patients participated in group therapy/psychotherapy
- 696 behavioral health visits/encounters occurred

How Well?

- 64% (181/281) of patients had no previous BHRS experience
- 41% (82/201) of behavioral health patients had three or more visits
- 32% (89/281) of behavioral health patients were Hispanic
- 5% (13/281) of patients indicated that Spanish is their preferred language
- 23% (65/281) of patients were homeless

Better Off?

- 52% (36/69) of patients showed improvement in PHQ-9 score, indicating reduced depression symptoms
- 26% (18/68) of patients showed improvement in A1C score

PEI – School/Behavioral Health Integration

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

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

On July 18, 2014, MHSA stakeholders unanimously approved expanding the Nurtured Heart and ClaSS programs as part of a strategic PEI restructuring plan to reach underserved cultural and ethnic populations. It would provide training on early identification of student mental health issues including prevention and early intervention.

As noted in the FY 15-16 Annual Update, all PEI school behavioral health integration programs will now align services using the School Behavioral Health Consultation model. The model builds and enhances a continuum of behavioral health supports at school sites by focusing work in five areas: 1) teacher and staff support, 2) whole school support, 3) students support, 4) family support, and 5) crisis support.

In April 2015, Stanislaus County Office of Education (SCOE) was awarded a contract to provide community capacity building and mental health training and education to unserved and underserved populations including Latino, African American, Southeast Asian and LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Questioning) students. Outcomes from this new PEI program will be reported in the FY 17-18 MHSA Annual Update.

Programs

- **Student Assistance and School-based Consultation Program:** BHRS has partnered with two community based organizations to implement this program in area school districts.
  - **Nurtured Heart Approach (NHA)**
    Center for Human Services (CHS) in Patterson Unified School District: NHA is designed to change the school culture of Apricot Valley and Las Palmas Elementary Schools to one that engages the positive and strengthens the inner wealth of its students. The goal: to build the capacity of each school to enhance the emotional resiliency of their students through the school-wide implementation of the Nurtured Heart Approach. The NHA is a system of relationships where all energy and attention is directed to what is going right, and little or no energy is given toward negative behaviors or choices.

    The program unites students, teachers, and parents in their efforts to build a more positive school community. CHS has a contract with BHRS to provide these services. However, the agency has reported that it no longer has the capacity to continue the program in FY 16-17. Funds from the program will go back into the School/Behavioral Health Integration component.
  - **Creating Lasting Student Success (CLaSS)**
    Sierra Vista Child and Family Services (SVCFS) in Modesto City Schools: CLaSS is a prevention and early intervention model that strives to see students succeed at home, at school, and in the community. It's built upon strength-based and evidenced-based practices that have proven results. CLaSS seeks to work with children who are considered "at risk" for behavioral issues that lead to problems at school and in the home. CLaSS consultants are trained to work with children, their families and teachers by helping them develop action plans that everyone can follow. The focus is on helping children succeed.
  - **Ending the Silence**
    This program, run by the National Alliance on Mental Illness (NAMI) Stanislaus chapter, is designed to introduce students the facts about mental illness. It includes a power point education presentation about the facts of mental illness, anti-stigma information, and suicide

prevention. A hand-out entitled, “How to Help a Friend”, is included which highlights the symptoms of mental illness in youth. The program is taught by a retired school teacher trained by NAMI and another speaker who is now in recovery.

Highlights

- **Student Assistance and School-Based Consultation Program**
  - **Nurtured Heart Approach (NHA)**
    - Two new staff members joined the program and began wok in the Ceres Unified School District and La Rosa Elementary School.
    - Teacher trainings were held at La Rosa and Don Pedro schools.
    - A total of 42 parents attended parent workshops and trainings throughout the year to gain further insight into implementing the Nurtured Heart Approach in their home.
    - Program Specialists attended several trainings including the NHA Global Summit.
    - NHA facilitated classroom presentations to introduce the concept of greatness to students as well as to role model the approach for teachers.
  - **Creating Lasting Student Success (CLaSS)**
    - Three new schools participated in the program: John Muir, El Vista, and Shackelford Elementary schools.
    - The program hosted 39 events and collaborated with Family Resource Centers to bring information to parents about the Calfresh program and the importance of good nutrition.
    - The program hosted “Coffee with Counselors” which allowed parent to talk and ask question of the ClaSS team.
  - **Ending the Silence**
    - Program speakers have addressed hundreds of students in Modesto high schools. Each year, the program is invited back to do more presentations.

Challenges

- **Student Assistance and School-Based Consultation Program**
  - **Nurtured Heart Approach (NHA)**
    - Starting the program at new school sites was a challenge as adjustments had to be made with new school cultures and work to assess the best approach for each individual school site.
    - Parent participation on surveys was a challenge. While 42 parents attended NHA trainings, only 11 surveys were administered and returned. The program worked on protocols to ensure that surveys were administered and collected at the beginning of all trainings.
  - **Creating Lasting Student Success (CLaSS)**
    - Parent involvement was a challenge. The format and name of the parenting classes was changed to “Coffee with the Counselors” and this helped bring more parents than previous years.
    - A total of 48 events were held averaging 5-10 participants at each event. A bigger turnout had been expected.
  - **Ending the Silence**
    - A challenge was funding to support more student presentations across the county.

School - Behavioral Health Integration Program Results

2,255 Unduplicated Individuals Served

Student Assistance and School-based Consultation Program- Nurtured Heart Approach (NHA)

How Much?

- 1,195 students participated in the program
- 81 teachers/staff participated in NHA trainings
- 42 parents participated in NHA trainings
- 82 students in the program received short term, early intervention services
- 524 one-on-one support sessions were held with students and family members
- 111 meetings (Greatness Groups) with students requiring more intensive relationship building were convened
- 55 in-class, age appropriate skill building presentations were held
- 89 on-site observations with teachers requesting additional consultation in using the NHA were held

How Well?

- 96% (90/94) of the time consumers reported that their family lives were stabilizing
- 64% (1,389/2162) of the time students indicated they have identified their gifts and talents
- 58% (62/106) of the time teachers indicated commitment to NHA values

Better Off?

- Only 7% (8/119) of the time teachers reported on the job stress related to student behavior while participating in the program
- 73% (8/11) of parents reported connectedness with teachers and staff

Student Assistance and School-Based Consultation Program – Creating Lasting Student Success (CLaSS)

How Much?

- 778 students participated in 97 strength based activities
- 124 parents received 334 consultation services
- 55 students received screenings and observations as referred to consultants by teachers resulting in 123 contacts
- 70 students received 452 individual mental health counseling sessions
- 159 parents attended a total of 38 parent education classes

How Well?

- 100% (15/15) of students reported positive response to services
- 100% (34/34) of teachers/staff reported positive response to services

Better Off?

- 100% (15/15) of students reported doing better overall
- 91% (31/34) of teacher/staff reported increased student well-being
- 87% (13/15) of students reported they get along better with others

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Workforce Education and Training (WE&T)

The Workforce Education and Training (WE&T) component of MHSA provides funding to help improve and build the capacity of the mental health workforce. It is designed to help counties develop and maintain a competent and diverse workforce capable of effectively meeting the mental health needs of the public. WE&T funds are a one-time allocation and do not provide direct service.

The goal is to develop a diverse and well-trained workforce skilled in delivering a culturally competent integrated service experience to clients and their families. Equally important are community collaboration efforts to increase protective factors.

Stanislaus County had 6 programs operating during FY14-15:

- Workforce Development
- Consumer Family Member Training and Support
- Expanded Internship and Supervision
- Outreach and Career Academy
- Consumer and Family Member Volunteerism
- Targeted Financial Incentives to Increase Workforce Diversity

Program Budget

FY 2014-15 Actual	FY 2015-2016 Budgeted
$ 377,695	$ 713,960

Highlights

Among the highlights, WE&T continued to integrate its trainings with Behavioral Health and Recovery Services (BHRS) in FY 2014-2015. A total of 42 trainings were provided with 1,942 BHRS, contractor staff, and community members in attendance. The Consumer and Family Member Volunteerism program saw robust growth with a total of 110 volunteers, an increase from 77 volunteers in FY 2014-2015. Under the direction of a new Director of Volunteer Services, BHRS increased the volume of Alliance Worknet participation with five (5) more programs added to the program.

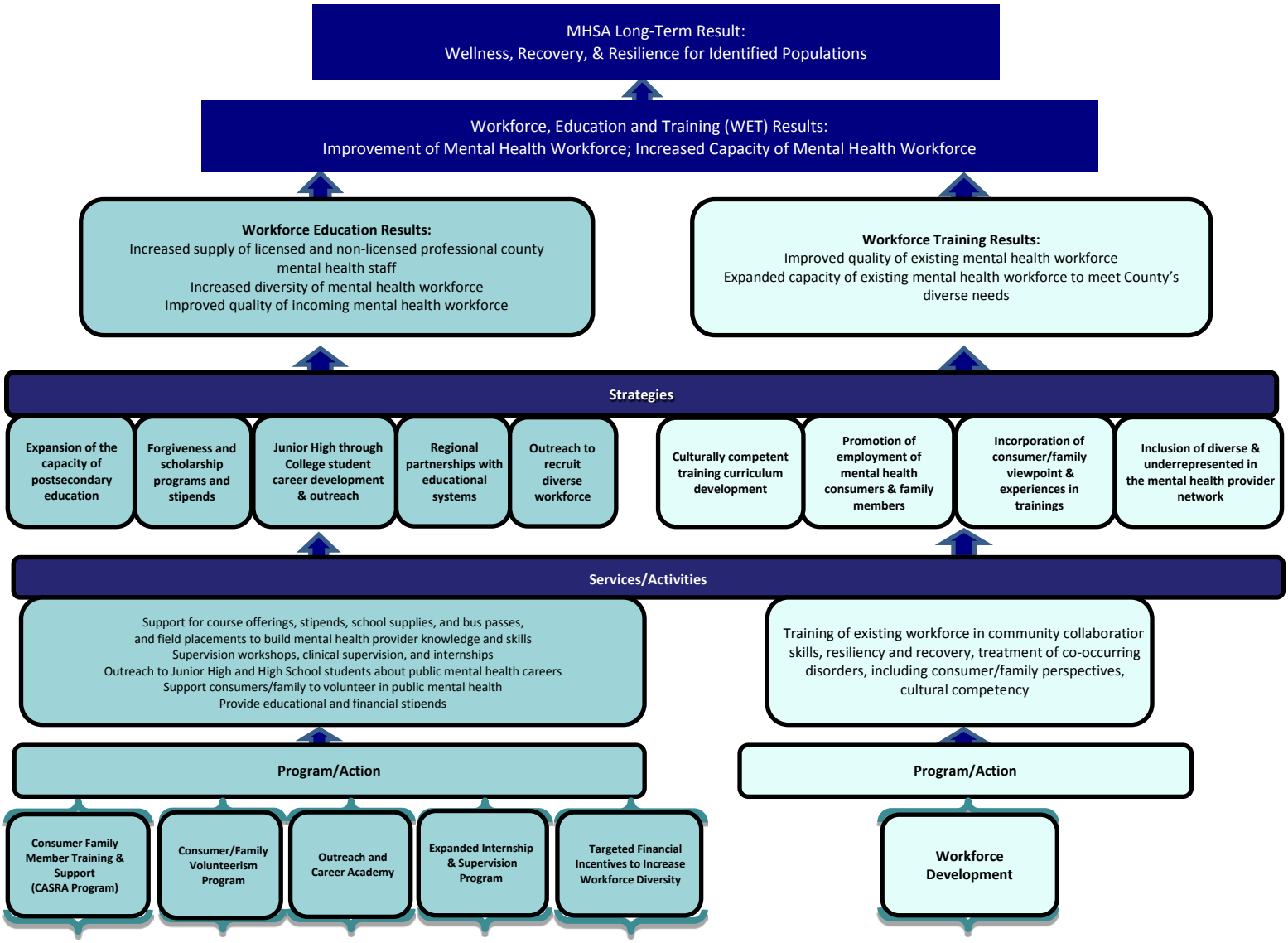
On February 27, 2015, the MHSA Representative Stakeholder Steering Committee (RSSC) endorsed a funding proposal to spend $150,000 for staff training and community workforce development. The one-time funding will go to trainings on topics such as Suicide Prevention, Collaborative Documentation, and Trauma Informed care. Using the Gradients of Agreement matrix, sixteen stakeholders voted to endorse the proposal.

The WE&T proposal was included in a block with two other funding proposals: Innovation-FSP Co-Occurring Disorders Project ($800,000) and Technological Needs Evaluation Outcomes ($400,000).

Challenges

Implementing new diagnostic standards under a vigorous timeline to train staff was among the challenges for the WE&T program in FY 2014-2015.

Theory of Change



WE&T – Workforce Development

Operated within Human Resources and Training Division of Behavioral Health and Recovery Services in collaboration with partner agencies

Trainings are at the core of Workforce Development. The goal of the training program is to increase overall and specific competencies in staff throughout the public mental health workforce and expand capacity to implement MHSA essential elements in the existing workforce. The trainings address a variety of key content identified during the stakeholder planning process. Among them:

- Community collaboration skills
- Resiliency and recovery
- Treatment of co-occurring disorders
- Welcoming consumers and family members perspective in the workplace as a way to ensure an integrated service experience
- How to work with people from diverse cultures to ensure a culturally competent service experience.

Training is designed from a consumer and family member perspective and uses consumer and family member trainers when appropriate. Training was offered to BHRS and organizational provider staff to enhance knowledge and skills, especially in the areas of recovery and resilience and evidence-based practices.

Highlights

There was an increased focus on providing trauma and treatment of trauma trainings for BHRS staff and contractors. Trainings on how to work with people from diverse cultures were also a continued focus. Trainings included the following: Principals and Practices of Interpreting, Introduction to Mental Health and Spirituality, African American Spirituality 101, and California Brief Multicultural Scale Training.

A Motivational Interviewing Consultation Group was piloted to enhance the understanding and learning in motivational interviewing skills, one of WE&T's core Evidences Based Treatment Trainings offered each year for agency staff and contractors. Responses from staff who participated were positive. Training on the Electronic Health Record (EHR) went smoothly this year and is now being offered on a twice a month basis.

Challenges

Getting staff trained for the mandatory implementation of DSM 5/ICD10 coding and Child and Adolescent Needs and Strengths (CANS) proved challenging for the WET department.

The DSM IV was revised to the DSM 5 which made it necessary to train staff on the new diagnostic standards. Three (3) DSM Overview trainings and six (6) DSM 5 Advanced trainings took place to orient BHRS and contractor staff on the new clinical changes. Coordinating the trainings was a huge undertaking.

Another challenge was implementing CANS in a short period of time. The Children's System of Care (CSOC) fully incorporated CANS into their assessments within the EHR. There were two (2) CANS trainings and eleven (11) EHR Navigation Assessment Re-Trainings for the Children's System of Care to support CANS implementation. Scheduling the trainings before their "Go Live with CANS in the EHR" date was also an issue.

WE&T Workforce Development

1,942 Individuals Served

Workforce Development

How Much?

- A total of 42 trainings were provided in FY 2014-15.
- A total of 1,942 BHRS, contractor staff, and community members attended trainings

How Well?

- 95% of participants reported improved understanding and knowledge of the subject (n=763)
- 76% of participants reported that the course content included concepts that were evidence-based and/or best practices (n=671)
- 89% of participants agreed that the training content included family/consumer perspectives (n=721)

Better Off?

- Spirituality in Mental Health Training- 98% felt this course addressed content related to diverse population regarding the topic.
  Participant Comment: Thank you for the FICA Spirituality Assessment. Great way to deeper assess the importance of spirituality in a person's life
- African American Spirituality 101- 95% felt the course addressed content related to diverse populations regarding the topic.
  Participant Comment: I loved this spirituality 101 training. Fun and interesting. I actually did not want to leave.

WE&T Consumer Family Member Training & Support

Operated by Human Resources and Training Division of Behavioral Health and Recovery Services in Partnership with Modesto Junior College and Community-Based Organizations

In partnership with Modesto Junior College (MJC), the California Association of Social Rehabilitation Agencies (CASRA) based program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before this partnership, MJC didn't have a mental health curriculum.

The initiative taken by BHRS to purchase the CASRA curriculum signifies the efforts to fill the gaps for employment of consumers and family members. Students who have received their Skills Recognition Certificate also have the opportunity to become eligible for the National CASRA certification after completing a minimum of 2,500 field experience hours.

This is a nine (9) unit course that provides individuals with the knowledge and skills to apply goals, values, and principles of recovery oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts Degree in Human Services at MJC.

The program includes student stipends to assist with school fees, bus and parking passes, and school supply vouchers, as needed. There is also a textbook loan program. In addition, CASRA students receive ongoing peer support and academic assistance to maximize their opportunities for success.

Highlights

One of last year's challenges has been met with the hiring of a Director of the Volunteer Program to assist with the coordination of placements for CASRA Based Stipend Program participants that match their areas of interests. Since the Director position has been filled, 18 of our participants have been placed in volunteer positions that allowed them to meet the specified hour requirements for each MJC CASRA Program course.

The program is maintaining a steady increase in the recruitment of several other ethnicities into the behavioral health field. All CASRA Based Stipend Program participants are either consumer/family members or they come from a diverse and underserved community. A total of 105 students received CASRA stipends in FY 14-15. Twenty-one (21) CASRA Based Stipend Program participants completed the academic requirements and volunteer hours to receive their Skills Recognition Certificate for completion of the MJC 9-Unit CASRA Program.

They have also completed a minimum of 2,500 field experience hours making them eligible for the National CASRA certification. Sixteen (16) CASRA Based Stipend Program participants have received their Associate of Arts Degree in Human Services at MJC. Eleven (11) CASRA Based Stipend Program participants serving as volunteers have been hired in the public mental health system; six (6) by BHRS and five (5) by community partner agencies. Among our CASRA Based Stipend Program participants, thirty-one (31) are bilingual or multi-lingual.

Challenges

The amount of time and assistance needed to facilitate and manage the CASRA Based Stipend Program was a challenge. But it is being met with help from volunteers. However, a part-time employee would best serve the program with stability and reliability to ensure the needs of the program and the participants are being met.

WE&T Consumer Family Member Training and Support

105 Individuals Served

WE&T Consumer Family Member Training and Support

How Much?

- 105 CASRA Based Stipend Program participants representing diverse ethnicities/cultures received education stipends
- 21 participants received field placement with BHRS or our community partner agencies
- 2 CASRA Based Stipend Program orientations and 5 classroom presentations were held at MJC to raise awareness about the program

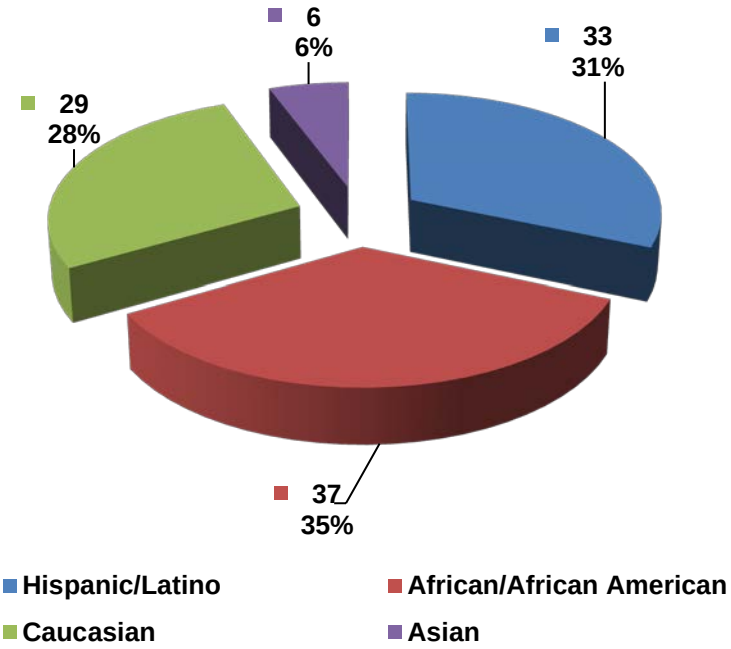
How Well?

- 100% of CASRA Based Stipend Program recipients have lived experience as consumers, family members of consumers, or are from diverse cultural backgrounds
- 31 CASRA Based Stipend Program recipients are bilingual or multi-lingual

Better Off?

- 21 CASRA Based Stipend Program participants completed the academic requirements and volunteer/internship hours needed to receive their Skills Recognition Certificate for the MJC 9-Unit CASRA Program
- 16 CASRA Based Stipend Program participants have received their Associate of Arts Degree in Human Services
- 5 CASRA Based Stipend Program participants have chosen to continue their education at California State University, Stanislaus
- 11 CASRA Based Stipend Program participants were hired in the public mental health system; 6 by BHRS and 5 by partner agencies

WE&T CASRA Ethnicity/Race



WE&T Expanded Internship & Supervision Program

Operated by Human Resources and Training Division of Behavioral Health and Recovery Services in collaboration with CSU, Stanislaus

This program addresses the challenges of identifying internships and providing clinical supervision in the mental health field. In FY 14-15, those challenges were addressed through BHRS funded partnerships with community organizations and academic institutions to provide supervision in the following ways:

- MSW/MA student internships in public mental health
- Supervision workshops for staff that provide clinical supervision for MSW associates and MFT interns.

Highlights

A total of ten (10) master's level MSW students were placed in a BHRS site for clinical supervision from the CSUS, Stanislaus Social Work program. All 10 students completed their internship hours. In addition, seven (7) MSW students were placed in the Brief Counseling Intervention Program (BCIP) located at Turlock Regional Services. The students received supervision from a Licensed Clinical Social Worker (LCSW) who provided them with weekly training on various mental health topics.

Challenges

Identifying staff willing to provide supervision to field placement students and unlicensed staff continues to be a challenge given increasing demands on direct service providers.

Another challenge is how to continue the BCIP program given the new health care requirements which expand services for low to moderate individuals with mental health concerns. More agencies now provide this level of service while Stanislaus County continues to focus on severely mentally ill (SMI) individuals.

WE&T Expanded Internship & Supervision Program Results

10 Individuals Served

WE&T Expanded Internship & Supervision Program

How Much?

- 10 MSW students were placed in internships for clinical supervision within BHRS
- Weekly mental health topic workshops were provided at the Brief Counseling Intervention Program (BCIP) site

How Well?

- 10 students successfully completed their internships and were satisfied with their placements.

Better Off?

- 100% of MSW internship students completed their internship hours

WE&T - Outreach and Career Academy

Operated by West Modesto King Kennedy Neighborhood Collaborative through contract with Behavioral Health and Recovery Services /Workforce Education & Training

Outreach and Career Academies were established in response to strong community input to outreach to junior high and high school students to raise awareness about behavioral health and mental health careers. One community-based organization participated in the project in FY14-15.

The West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) sponsored the Mark Twain Junior High Wellness Project. As part of their learning, students participated in skits, scenarios, and discussions on issues important to them such as stress, self-esteem, and healthy relationships. They also learned how these issues can affect their physical and mental well-being. A total of six (6) students participated in the project which also introduced them to career opportunities in mental health.

Highlights

Educating students about the stigma attached to mental health is a major component of the program. Students are actively engaged in learning about mental well-being and how it affects their lives, the lives of their family and friends, and how to share the information with others.

This year a guest speaker from BHRS talked to students about her career in mental health.

Students also planned and participated in the “Day of Hope” celebration held at the Peer Recovery Art Center-Mod Spot on May 27, 2015. For this year’s project, the students decided to create an art piece that represented HOPE. Each of the students were responsible for painting a portion of the art piece. The final piece was presented to the center’s executive director. The piece is on display at the center.

Another project was the “Positive Affirmation Pencils”. The Academy students helped design and hand out pencils that included positive messages to commemorate the event.

Students also participated in “Love Modesto” with the “Comcast Cares” Clean-Up Day in West Modesto on May 25, 2015. Three of the six students from this group will return to Mark Twain Junior High School and would like to participate in the program next year.

Challenges

This is the only program in the Outreach and Career Academy. Strategic planning continues to explore ways to re-introduce the program into other area schools.

Outreach and Career Academy Program Results

6 Individuals Served

Outreach and Career Academy

How Much?

- A total of six (6) students from Mark Twain Junior High School participated in the wellness project
- Students were actively engaged in activities to learn about mental health and stigma reduction, and mental health careers

How Well?

- Student feedback was extremely positive about their participation in community activities related to mental health awareness

Better Off?

- Students received certificates of recognition and increased knowledge of mental health, stigma reduction, and mental health careers
- Three (3) of the six students in the program are interested in participating in the program again next year

WE&T - Consumer and Family Member Volunteerism

Operated by Human Resources and Training Division of Behavioral Health and Recovery Services

This program addresses the needs of consumers, family members, and diverse community members who wish to volunteer in the public mental health system. It also provides an opportunity to give back to the community as part of their recovery. Volunteers provided an important and valuable service as they worked in countywide BHRS programs.

Volunteer opportunities also continued for California Association of Social Rehabilitation Agencies (CASRA) students from Modesto Junior College, referred to as “field placements.” Volunteers were placed in BHRS programs as well as community-based organizations.

Highlights

A full time Director of Volunteer Service was hired to oversee the BHRS volunteer program.

The volunteer bus transportation program was approved by the Chief Executive Officer in March 2015. This program offers free bus transportation to county volunteers. It’s a collaboration from a Rideshare Grant received from StanCOG, which is referred to as Congestion Mitigation and Air Quality (CMAQ) Grant. The grant money provides volunteers with the choice to use MAX and/or StaRT Transportation ridership to and from their respective volunteer site. The Rideshare Grant covers the cost of badge supplies and the Sheriff's Department offered to provide their technical photo equipment and staff time to create the volunteer badges. Since March 2015, BHRS had 17 volunteers utilize the process and the feedback has been very positive.

Under the direction of the new Director of Volunteer Services, BHRS increased the volume of Alliance Worknet participation with a total of 5 more programs within BHRS utilizing volunteers for FY 14/15.

The program also improved the process for volunteers to return the required forms by having volunteer candidates utilize their program contacts to assist them in completing these forms.

In all, there were 110 volunteers during FY14-15. This is an increase from the FY 13/14 total of 77. Eighteen of those volunteers were Modesto Junior College (MJC) CASRA/Human Services students.

Challenges

Program staff worked to increase communication with MJC to coordinate BHRS presentations to ensure all presenters had the updated procedures and protocols. Staff worked to enhance communication between volunteers and their BHRS program contacts. In addition, communication efforts were also increased to decrease turnaround times with fingerprint clearance processes.

WE&T Consumer and Family Member Volunteerism

110 Individuals Served

WE&T Consumer and Family Member Volunteerism

How Much?

- A total of 110 volunteers participated in the program
- A total of 12 volunteers were hired either by Stanislaus County or other outside organizations
- A total of 18,865.13 volunteer hours were accumulated by the program.

How Well?

- The total dollar value to the department (at $23.07 an hour) equaled $435,218.
- Eleven BHRS sites participated in the program in using volunteers.

Better Off?

Comments received regarding the Volunteer Program included the following:

- My journey here in the BHRS Volunteer Office started a little over six months ago as part of Alliance Worknet /Welfare to Work Program. Being here in the Volunteer Office has not only allowed me to utilize my administrative office skills but has also helped me with my own lived experiences. I've had many great experiences while being here but there's one moment that gave me a feeling that I will never forget, and that was the day I went and I got my Stanislaus County BHRS Badge. My journey here may have started off as me completing a mandatory program but no matter if it is voluntarily or an obligation, I have taken great gratitude and pride in being part of the BHRS Volunteer Services Team.
- A volunteer program contact stated: Since coming aboard, I would say many things have been great with the new BHRS Director of Volunteer Services. The process had been expedited which makes everyone happy! In turn, I'm able to obtain the volunteers that I so desperately need! I think you have a great team it has been a pleasure working with you and your team. Thank you for all your hard work and dedication! I really appreciate you and your team.

WE&T - Targeted Financial Incentives to Increase Workforce Diversity

Operated by Human Resources and Training Division of Behavioral Health and Recovery Service

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. It also offers financial stipends for BHRS and community partner staff working on a Baccalaureate degree in Psychology. The scholarships are awarded to potential recruits who meet established criteria based on the ongoing assessment of "hard to fill or retain" positions. Such positions include those related to language, cultural requirements, and special skills.

MS and MSW stipends were provided to students through an existing contract with CSU, Stanislaus. BHRS awarded a total of 14 stipends this year and all recipients met desirable classifications for hard to fill positions identified in the WE&T plan workforce needs assessment.

BHRS assisted in submitting applications to the Mental Health Loan Assumption Program (MHLAP) funded by Proposition 63 and administered through the Office of Statewide Health Planning and Development (OSHPD). MHLAP is a loan forgiveness program designed to retain qualified professionals working within the public mental health system.

A total of eight (8) individuals received awards in Stanislaus County for a total award amount of $80,000.

Highlights

- Influx of one time money allowed more stipends to be awarded this fiscal year.
- Four (4) individuals gained employment within the public mental health field
- Ten (10) stipend recipients received a student placement for their internship within BHRS and successfully completed their internships.
- New funding sources allowed for the development of new mental health clinician positions within BHRS and contracted partners
- A stipend recipient from FY 2012/13 had to seek employment elsewhere within the county while waiting for BHRS to open its list for new hires. In June 2015, he was hired by BHRS Children's System of Care (CSOC).
- WET staff met with CSU, Stanislaus administrators and students to increase awareness of the MS stipend program including future employment options in the mental health field within Stanislaus County. They were also educated about MHSA and the WE&T component.

Challenges

Both the MS and BS programs had minimal applicants. Three (3) stipends were offered to both programs for a total of six (6). Each program only had two (2) stipends awarded leaving money to be carried over to the 2015-16 fiscal year. The economy remained a challenge in early 2015-15 but began to improve toward the end of 2015 allowing for new hires within the county.

Targeted Financial Incentives to Increase Workforce Diversity

22 Individuals Served

Targeted Financial Incentives to Increase Workforce Diversity

How Much?

- The program awarded 14 stipends to students this fiscal year; 10 MSW, 2 MS, and 2 BS.
- A total of $141,500 was awarded
- A total of 8 individuals received MHLAP awards for a total award amount of $80,000.

How Well?

- 100% of stipend recipients are from diverse populations
- Five of the stipend recipients were bilingual Spanish speaking

Better Off?

- One MSW, one MS, and two BS students obtained full time employment within mental health at Sierra Vista Child and Family Services and Behavioral Health and Recovery Services (BHRS)

Capital Facilities (CF) Projects

The Capital Facilities component of MHSA provides funding for building projects.

In FY 13-14, design and construction work continued on a countywide Crisis Stabilization Unit (CSU) to address a significant increase in the number of acute psychiatric inpatient hospitalizations. As highlighted in the June 2014 Annual Update, the project is the third piece of a strategic planning process by the Stanislaus County Chief Executive Office and BHRS to enhance secure mental health services.

In the MHSA FY 14-15 Annual Update and Three Year Program and Expenditure Plan approved by community stakeholders and the Board of Supervisors on June 17, 2015, the development of a Crisis Stabilization Unit (CSU) represented the first Capital Facilities project to receive MHSA funding. A CSU is a critical need in Stanislaus County.

A year-long strategic planning endeavor involving BHRS, the County Chief Executive Office, the local safety net provider of acute inpatient psychiatric services, and consultants, was endorsed by the Board of Supervisors in November 2012. This strategic planning effort focused on 24/7 secure mental health services as well as the services preceding and following the inpatient services.

BHRS Director Dr. Madelyn Schlaepfer shows the CSU under construction to members of the MHSOAC during their visit to Modesto on August 27, 2015.

Three goals were identified: Development of a new Psychiatric Health Facility, creation of a Discharge Team that would follow up with all discharges of county patients from the inpatient psychiatric hospital, and the development of a CSU. This process included input from a wide variety of stakeholders, including member of the MHSA Representative Stakeholder group. The first two goals have been implemented. The CSU is the last outstanding goal to be accomplished to provide the continuum of services.

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

Under guidelines for Capital Facilities proposals set forth on March, 2008, architectural services are allowable pre-development costs. After discussions with community stakeholders indicating this project would be accomplished in stages, the group endorsed proposing the use of $185,000 of CF funding to begin architectural services for this project. An RFP for architectural services was issued on August 20, 2014, with proposals due September 24, 2014.

The second phase of the CSU project, approved by stakeholders on July 18, 2014, would provide for the construction in FY 14-15. The estimated additional costs related to this CF expansion are approximately $758,000, bringing the total CSU construction costs to $944,000.

The CSU opened its doors on February 29, 2016 and will provide services using General System Development (GSD-06) funding. Program outcomes will be reported in the FY 17-18 Annual Update.

Technological Needs (TN) Projects

Technological Needs Projects provide the tools for secure access to help transform how health and wellness information is used and stored. But most importantly, it supports the empowerment for behavioral health service recipients, their families and providers. By modernizing information systems, the hope is to create greater access to technology, improve the quality and coordination of care, operational efficiency, and cost effectiveness.

BHRS has four Technological Needs projects in various stages of implementation, 1) Electronic Health Record, 2) Consumer Family Access to Computing Resources, 3) Electronic Data Warehouse, and 4) Electronic Document Imaging. Service recipients, family members, and contract organizations continue to be involved in ongoing processes related to project development, planning, and implementation.

Electronic Health Record System (a.k.a. Anasazi and now Cerner) implementation is a massive endeavor that reaches every part of BHRS' service system. All support areas including the billing department are affected. And all face-to-face contacts between service recipients and providers are touched by this new method of keeping health records confidential and accessible. Since Doctor's Home Page (DHP) got fully implemented in FY 13-14, during FY 14-15, we started providing a minimal number of Telepsychiatry services.

During this fiscal year as well, Cerner released several improvements to the DHP component. In the second quarter of the same fiscal year, revisions were made to the CANS (Children and Adolescent Needs and Strengths) clinical assessments to get it ready for training and implementation. In preparation for the implementation of the new Diagnostic System (DSM 5/ICD-10), several upgrades were released by Cerner and applied during FY 14-15. Managed Care Operations continues to be the remaining component of the EHR system, and after an initial discussion and presentation of the component by Cerner in FY 13-14, Cerner put on hold several projects due to the mandated implementation of the new Diagnostic System ICD-10. We have now been scheduled by Cerner to continue with our implementation in the Spring of 2016.

In order to move to the next level of the EHR system, several other components would need to be implemented. They are all required to run on a new and different technology platform. Those components are the electronic Prescription of Controlled Substances (ePCS), electronic Labs (eLABS), Health Information Exchange (HIE), and the Patient Portal for consumers to be able to have access to their Personal Health Record (PHR).

Consumer Family Access to Computing Resources Project is in operation. During FY 14-15, one technician was assigned to manage the computer and internet resources at community sites throughout Stanislaus County. There are plans to hire additional technicians so 2 staff members can be assigned to cover the different MHSA sites. Plans are to upgrade computer equipment and up the internet speed at the different sites during the upcoming fiscal year.

Electronic Data Warehouse is an infrastructure project to extract, manage, and report data from the Electronic Health Record (EHR) system. During FY 14-15, BHRS continued to expand the use of the Data Warehouse and a lot of development took place in order to support the data repository required for the department dashboards. Development will continue to take place since there are still several dashboards to be implemented during the upcoming fiscal years, and additional tools to be incorporated into the Data Warehouse for ease of reporting.

Electronic Document Imaging is aimed at transferring the existing warehouse of paper medical records to more readily accessible electronic files. Work continues on a document management system. Medical Records staff is now able to attach lab results to the client chart in the EHR. This is especially beneficial when providing Telepsychiatry services. This is a paperless system where program staff fax lab results to our Medical Records department, then the fax gets automatically saved as an electronic document that gets attached to the EHR client's chart, and no paper record ever gets generated at the Medical Records end.

A significant order of new equipment took place in the last Quarter of FY 13-14, and during FY 14-15 all of that computer equipment was rolled out.

Program Budget

FY 2014-15 Actual	FY 2015-2016 Budgeted
$ 813,390	$ 1,459,349

Highlights

Implementation, “Go-live” of the CANS (Children and Adolescent Needs and Strengths) Assessments, electronic clinical forms, was completed in March, 2015. This was a major milestone that took a great commitment on the part of the trainers. The trainers developed excellent training material, not only for the EHR clinical assessment itself, for also for the assessment tool certification. Training included both BHRS staff and contract service providers. Training will continue to take place in the following fiscal year.

Several staff received training from Cerner on the tool called WYSIWYG (What You See Is What You Get) used to develop the clinical assessments (forms) in the EHR. This increases our capacity to continue to expand the development of clinical assessments in the EHR, so more and more we are able to have a fully integrated paperless system.

As noted in the FY 15-16 Annual Update, the MHSA Representative Stakeholder Steering Committee (RSSC) endorsed a proposal on February 27, 2015 to fund $400,000 for Technological Needs and Evaluation Outcomes.

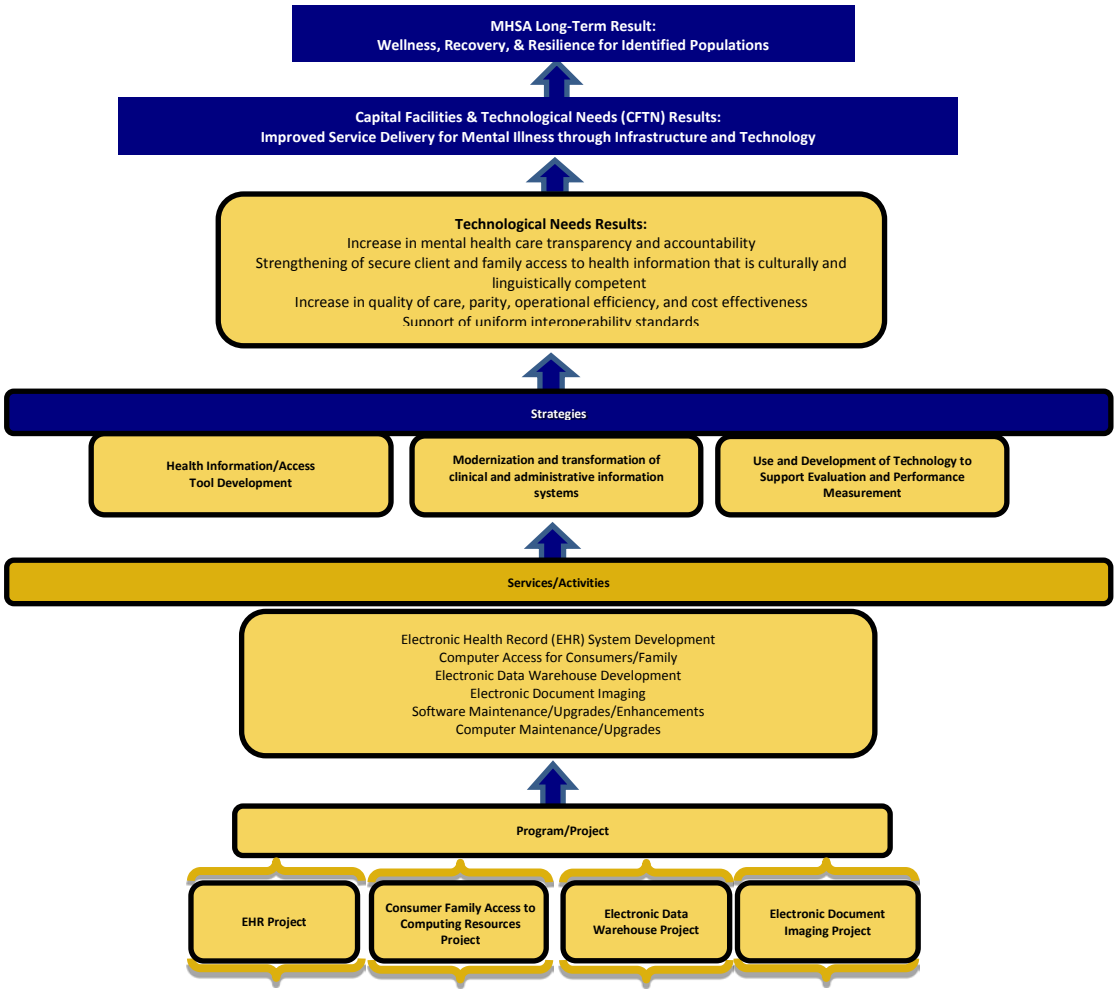
The additional funding builds infrastructure for new and expanded MHSA programs. It includes three additional staff: one (1) Systems Engineer, one (Software Developer), and one (1) Staff Services Coordinator. BHRS has 64 MHSA programs and needs the staffing to adequately maintain and develop data systems to track, retrieve, and analyze program data.

Challenges

The department continues to have the same types of challenges as in prior fiscal years. Due to on-going changes in Federal and State requirements, the EHR vendor continues to release several system upgrades. Upgrades include changes that must be tested prior to installation and may require notification and training of staff. These types of changes will always present a challenge because they could be very time consuming.

System changes took place in preparation for DSM 5 (Diagnostic and Statistical Manual of Mental Disorders) and ICD 10 (International Classification of Diseases) implementation which is mandated to start on Oct 1, 2015. An implementation workgroup was put in place with diverse participation. It included clinical staff, as well as fiscal, Quality Services, IT, and Medical Records. It involves Assessment reviews, state reporting and billing setup changes in the EHR, as well as training to all staff, not only on the new coding system, but also the updated clinical assessment in the EHR. The department continues to experience staff turnover, due to retirements, promotions and departures that have had direct and indirect impacts to the project staffing.

Theory of Change



Technological Needs Program Results

255 Individuals Served

How Much?

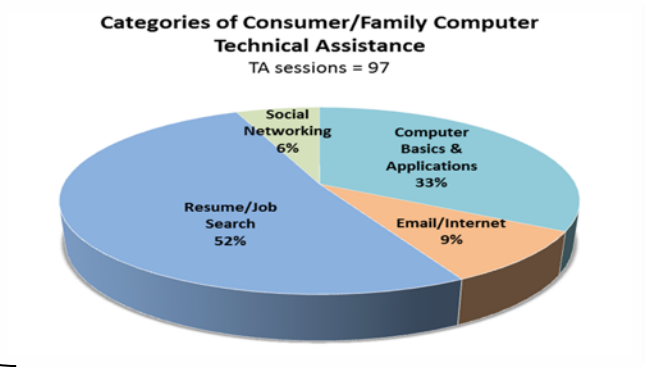
- 158 staff in the Children's System of Care were trained in CANS in preparation of the CANS integration in the EHR; 40% BHRS and 60% contract providers
- 97 appointments were made to assist consumers in accessing computing resources (during the second half of FY 14-15)

How Well?

- 98% (155/158) staff that needed to be certified were trained and certified in CANS before the go-live date in March 2015
- 96% (107/112) of staff were well informed about the new PC Roll-Out process and 97% (109/112) agreed that DMS staff were courteous

Better Off?

- The Data Warehouse continues to be instrumental in the process of data analysis and outcomes reporting for decision making. The data warehouse was utilized for data development to prepare for department-wide dashboards.
- Consumers and families received technical assistance in the following computing resources categories:



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Innovation (INN)

Innovation funding is intended for the development of new and effective practices/approaches to mental health service delivery. The focus is to make a contribution to learning in one or more of the following three ways:

- Introduce a new mental health practice/approach that has never been done before
- Make a change to an existing mental health practice/approach, including an adaptation for a new setting or community
- Introduce a new application to the mental health system of a promising, community-driven practice/approach or a practice/approach that's been successful in a non-mental health context or setting

Innovation projects are guided by MHSA values of community collaboration, cultural competence, a client/family driven mental health system, a wellness, recovery, and resiliency focus, and integrated Service Experiences for clients and family members. The projects must serve one of more of the following purposes:

a) Increase access to mental health services
b) Increase access to mental health services to underserved groups
c) Increase the quality of mental health services, including better outcomes
d) Promote interagency and community collaboration related to mental health services, supports, or outcomes

INN Budget

FY 2014-15 Actual	FY 2015-2016 Budgeted
$1,161,363	**$2,204,736**

Background

A total of five (5) projects were funded and in operation for this MHSA component in FY14-15. They reflect unmet needs and were developed through the community planning process. The projects are as follows:

- INN-02 - Arts for Freedom
- INN-03 - Beth and Joanna-Friends in Recovery
- INN-07 - Families in the Park
- INN-11 - Wisdom Transformation Initiative
- INN-12 – Garden Gate Innovative Respite Project

The Arts for Freedom, Beth and Joanna-Friends in Recovery, and Families in the Park projects were completed in FY 14-15. They were highlighted in the FY 15-16 Annual Update.

Two other projects, the Wisdom Transformation Initiative and Garden Gate Innovate Respite, are included in this Annual Update. These projects will conclude their learning in FY 15-16.

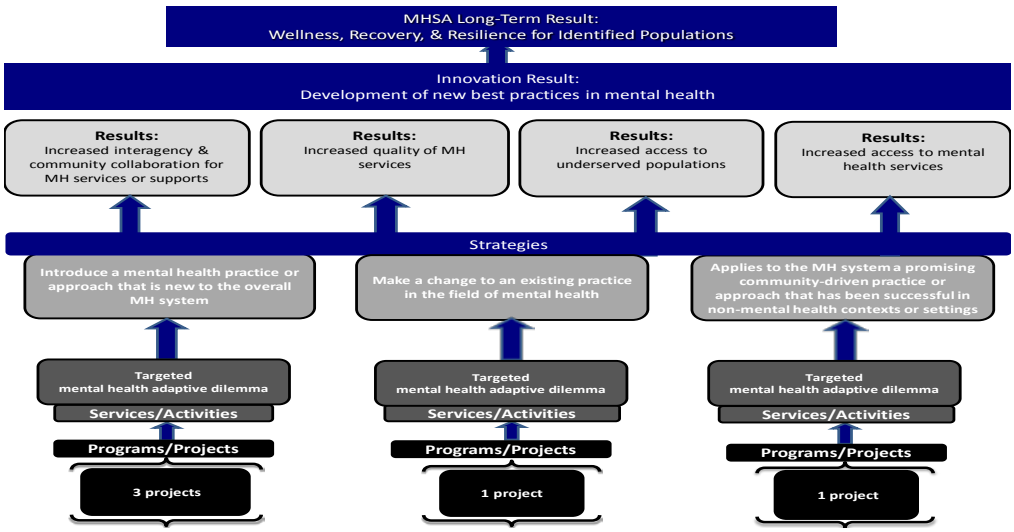
Three additional projects were approved by the Mental Health Oversight and Accountability Commission (MHSOAC) on June 25, 2015. They are as follows: Father Involvement Project/Center for Human Services; Youth Peer Navigators/BHRS; and the Quiet Time Project/Sierra Vista Child and Family Services. The learning projects are just beginning so outcomes won't be reported until the FY 17-18 Annual Update.

One other Innovation project, an FSP Co-Occurring Disorders project operated by Behavioral Health and Recovery Services, was approved by the MHSOAC on August 27, 2015.

Challenges

Innovation projects can prove challenging because of their newness. Since they are short term demonstration projects, hiring staff on a timely basis and establishing needed infrastructure for evaluation can be potential barriers.

Theory of Change



Innovation New Programs/March 17, 2016

On March 17, 2016, the MHSA Representative Stakeholder Committee (RSSC) approved and prioritized three (3) new Innovation project ideas. The estimated three year funding amount for this MHSA component is $1.3. Next are descriptions of the projects as shown in the MHSA Idea Bank and prioritized in order during the stakeholder meeting. Each of the project ideas includes a primary purpose and a contribution to learning. Planned strategies, activities, and results are also highlighted.

BHRS has asked proposers to submit project budget estimates in order to determine overall funding amounts needed. Upon approval of this MHSA Annual Update, the BHRS Leadership Team will decide whether to issue a Request for Information (RFI) or consider projects for sole sourcing. The next step will be to formally submit the Innovation proposals to the Mental Health Oversight and Accountability Commission for their adoption.

Children/Youth (Ages 0-5/6-17)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Innovation	**<u>MoPride/Stanislaus County Probation Department</u>** **Sub-Population:** LGBTQ adolescents involved with Juvenile System of county Probation department **Primary Purpose**: Promote interagency and community collaboration related to mental health services, supports, or outcomes; **Results:** Social inclusion, stigma reduction, peer support and resource education in the community **Contribution to Learning:** Make a change to an existing mental health practice/approach, including an adaptation for a new setting or community **;** **Strategy:** Outreach and Engagement; Community Support; Peer Counseling; Peer Support **Activities:** Create and facilitate peer support groups(s) for adolescents that identify as LGBTQ (lesbian, gay, transgender, bisexual, queer, etc) while incarcerated within the juvenile justice system; Provide resources (including MoPride, Josie's Place Drop-In Center, the Place, The Spot, and others) to build community of support for adolescents; MoPride staff may also link youth to local Gay-Straight Alliance (GSA) at their high school to help build a network of support when they return to campus; Create a support network for family of adolescents identifying as LGBTQ; Activities would include communication and leadership skills, promote positive self-esteem, increase self-care, and suicide prevention awareness; Peer counseling and sensitivity training could also be offered to Probation department staff as needed.	**18 Votes** **1st Priority**	☒ Yes ☒ No *CSS - Josie's Place *PEI Outreach	☐ Possible Expansion ☒Possible New Program

Adults (Ages 18 - 59)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Innovation	**<u>Our Community Outreach and Engagement Program</u>** **Sub-Population:** Homeless individuals **Primary Purpose:** Increase access to mental health services to underserved groups **Contribution to Learning:** Make a change to an existing mental health practice/approach including an adaptation for a new setting or community; **Results:** Behavioral health community capacity building program for neighborhoods impacted by high rates of homelessness related to SMI; Improve safety of homeless and community residents **Activities:** Provide training and staff support for neighborhood associations and Municipal Advisory Councils to develop strategic outreach and engagement action plan; Partner with existing engagement teams; Increase access and community support for homelessness/SMI population	**14 Votes** **2nd Priority**	☒ Yes ☐ No *CSS - SHOP *PEI-Community Capacity Building Initiative *WET community trainings through PEI funds: Mental Health First Aid, ASIST, QPR, SafeTalk, Effective Self Help Group facilitation	☐ Possible Expansion ☒Possible New Program

Older Adults (Ages 60 & Older)				
	Ideas	**Priority**	**Current or Related Program (Y/N)**	**Expansion or New Program**
Innovation	**Senior LGBTQ Community** **Sub-Population:** Senior LGBTQ **Primary Purpose:** Increase access to underserved populations **Contribution to Learning:** Make a change to an existing mental health practice/approach, including an adaptation for a new setting or community; **Results:** Social inclusion, outreach, support and education, understanding of rural and urban LGBTQ seniors that comprise an intersection of multiple disadvantaged populations that include people of color, medically vulnerable, mentally ill, living with HIV/AIDS, undocumented immigrants, and socio economically marginalized **Strategy:** Outreach and engagement, community support, peer counseling, peer support **Activities:** Develop and provide resources for Senior LGBTQ community (gay, lesbian, transgender, bisexual, queer, etc.) resources for medical care; Create a safe place for LGBTQ older adults to age while fully integrating and fostering an agency wide culture of openness and acceptance; Reduce effects of a lifetime of social stigma and prejudice, both in the past and present; Provide peer counseling and resources for psychological and emotional resources for LGBTQ at the end of life; Provide resources for mental health treatment including but not limited to depression, disability, chronic illness, grief, poverty, social isolation; Promote feelings of belonging through peer support groups, inclusive community senior events, awareness of LGBTQ equality rights, transgender rights, and suicide prevention information.	**12 Votes – 3rd Priority**	☒ Yes ☐ No * Josie's Place * PEI	☐ Possible Expansion ☒Possible New Program

INN – Wisdom Transformation Initiative (INN -11)
Operated by Center for Collective Wisdom

Summary

The purpose of this three-year project is to promote interagency and community collaboration by supporting transformation and learning among many of the largest non-profit and community based organizations in Stanislaus County.

In 2010, Behavioral Health Recovery Services (BHRS) began an on-going process of transformation, focused on four commitments: a commitment to results, a commitment to community capacity-building, a commitment to fiscal sustainability, and a commitment to leadership. The focus of the Wisdom Transformation Initiative is to learn how to help non-profit and community-based organizations embody this transformation framework, so they can better collaborate with each other and with BHRS.

Participating organizations—Center for Human Services, Sierra Vista Child and Family Services, Turning Point Community Programs, and West Modesto King Kennedy Neighborhood Collaborative—contract with Behavioral Health Recovery Services (BHRS) to serve some of the county's most vulnerable individuals and families who are at risk of, and affected by, serious mental illness.

The ultimate goal of this project is to improve outcomes for people receiving services and supports through the behavioral health system by helping participating organizations improve their programs and their capacity for collaboration. This Innovation project is currently funded through FY 15-16.

Learning Proposed

The project will assess whether and how the adoption of the Wisdom Transformation framework by participating organizations increases their capacity to do the following:

1. Improve outcomes for people suffering from or at risk of mental illness
2. Create a stronger and more positive internal environment for staff, board members, and others connected to the organization so they can better support the people they serve
3. Learn to adapt better to the current policy and fiscal chaos buffeting the behavioral system; and
4. Cultivate more effective collaboration among each other and with BHRS

Highlights

One of the most important lessons that has emerged through this project is the discovery that, for non-profit and community organizations, the commitment of leadership is foundational for the adoption of the other three commitments.

To this end, we have provided intensive training and support to hundreds of staff and volunteers in the Leadership for Collective Wisdom framework, the framework that defines the commitment to leadership. This training and support have included off-site trainings; facilitation of wisdom dialogues focused on results, community capacity-building; and sustainability; facilitation of program design and strategic planning sessions; and intensive 1:1 and small group coaching.

Some examples of how programs are applying the Leadership for Collective Wisdom framework include the following:

- Staff members from TPCP's Warm Line, a mental health consumer-run program providing non-crisis intervention, peer support, referrals, and shared experiences of hope and recovery, have been strengthening their capacity to engage in meaningful dialogue with program participants, and creating more effective ways to connect them to sustainable sources of care.

- Staff members from CHS's Pathways program, a transitional housing program that provides critical support to homeless young adults 18-21 years old, have been using the Leadership for Collective Wisdom framework to strengthen their intake and assessment process, and the ways they engage young people who join the program. The purpose of this work is to improve the program's capacity to help young people obtain employment, secure housing, and develop supportive relationships.

- WMKKNC is one of the leading community-based organizations addressing the behavioral health care needs of West Modesto residents. WMKKNC leaders, including board members, staff, and

volunteers, have been focusing on developing a long-term sustainability plan for the organization that will increase their impact across the neighborhood.

- Senior leaders from SVCFS, one of the largest non-profit agencies in the Central Valley, have been applying the Leadership for Collective Wisdom framework to strengthen their efforts to recruit, develop, and retain staff to sustain their positive impact for children and families they support through mental health and other services.
- Family Resource Center (FRC) staff and volunteers from CHS have been engaging in a series of wisdom dialogues to more intentionally focus on building and strengthening the experience of community among people receiving mental health and other services through the FRCs. The intention is to support the mental health and well-being of people receiving services beyond what services alone can deliver.

Beginning Reflections about Impact

Through these and other efforts, staff and volunteers are regularly reporting that they are:

- Experiencing higher levels of creativity and less debilitating stress;
- Discovering new solutions to challenges that had previously been regarded as intractable;
- Increasing their capacity to engage productively in challenging conversations with partners, BHRS, and people within their own organization to improve collaboration; and
- Increasing their ability to address collective folly when it arises. Marked by unproductive conflict, stress and incoherence, collective folly is the opposite of collective wisdom.

Below are a sampling of quotes from progress reports submitted by participating organizations that illustrate these and other impacts.

- I believe that WTI is contributing to the development of a more harmonious workplace, where team members are developing the willingness/ability to engage and problem solve constructively with each other.
- Team members seem more willing to engage in the risk-taking necessary to share their stories and be open to feedback. Several long-time staff members are particularly strong in modeling this behavior to others.
- The benefit of our collective efforts is to make gains in our efforts to provide more support to people who are struggling in our program, as well as generate a growing foundation of our intention with the new and existing staff. It feels and looks quite natural that the team has come together and appreciated each other. There are also recordable results with the decrease in the number of time the higher risk individuals are utilizing emergency room services and a decrease in utilization in acute hospitalizations.
- I've found that approaching others within the spirit of the framework often affects the response I receive in return, whether the individual is familiar with WTI or not.
- In interactions with BHRS, engaging others through the framework has helped remove antagonistic or adversarial dynamics that interfere with problem solving, and recognize that we share the same mission in our desire to be of service to others. It has also helped to encourage all involved in complex situations to step back, consider the complexity, and how that might lead to the perception/experience of feeling undermined or thwarted, when there is no such intention.

Challenges

Among the challenges emerging from the project were the following:

- The need to translate and re-frame the framework to make it more relevant and appropriate to non-profit community-based organizations.
- The need to understand each organization's level of readiness, organizational capacity, and engagement to ensure that the framework can meet each organization and program where it is.
- The need to understand sub-cultures within organizations, and to translate and adopt the framework accordingly.
- The need to strengthen each organization's capacity to collect and reflect on data, so that they can assess their progress toward embodying the framework.

WTI has worked with leadership team from each organization over the past year to address these challenges. While it has not encountered new challenges this year, it has begun to document a number of lessons that will be detailed in its Final Report. Among them:

- For non-profit and community organizations, the commitment to leadership is foundational for the adoption of the other three commitments.
- Even when organizations want to embody a commitment to results (and all four of the participating organizations do), they need concrete and differentiated support to improve their capacity to collect, report, and reflect on data.
- Learning how to leverage on-line resources to help organizations sustain the transformation efforts beyond the end of the Innovation project
- Organizations also need concrete and differentiated support to translate the framework into words and images that align with their unique histories and cultures.

INN – Garden Gate Innovative Respite Project (INN - 12)
Operated by Turning Point Community Programs

Summary

The aim of this three year Innovation project is to increase the quality of services, including better outcomes, by developing and testing a consumer and family centered approach to short-term crisis respite housing and peer support for individuals and their families who are at risk for psychiatric hospitalization.

The program links mentally ill homeless individuals to community resources and encourage a focus on wellness through enhanced services such as in-house case management, psycho-educational groups, and group activities. Open 24/7, the project provides a safe home-like environment and works together with law enforcement to reduce incarceration and victimization.

Innovation project is funded through FY 15-16.

Learning Proposed

The project will explore the following overarching questions:

1. Can a "culture" shift occur in the community that creates better alignment between the need and support available? Can we create a more effective way of supporting individuals and families that experience the negative consequences of mental illness?
2. Can this project approach allow individuals to step away from their illness, increase self-esteem, promote recovery, reduce stigma and contribute to healthier, happier and more productive members of the community who are less dependent on the behavioral health service system in a crisis?
3. Can we assist people to avoid the trauma of psychiatric hospitalization by offering community-based peer support paired with short-term respite care?
4. Can we learn a new cost effective approach to significantly reduce psychiatric hospital admits and possibly other related costs to the behavioral health and related systems; such as emergency rooms and jails?

Highlights

The project served 285 individuals (unduplicated number) and 357 individuals (duplicated number).The majority of referrals and community linkages came from the Modesto Police Department (22.7%, n=81). Also, the majority of individuals were linked to organizations or services that fell under the category of Mental Health Services (BHRS/Contractor, 23.3%, n=401). Overall, for FY 14-15, a total of 1,431 (83.1%) linkages were successful, with 269 (94.4%) unduplicated individuals having at least 1 successful linkage.

- 63% (131/208) reconnected with a family member or loved one
- 80% (142/178) connected with peers who were/are mental health consumers
  79% (142/179) learned to practice self0care through peer contact
- 81% (146/180) felt more hopeful and empowered to cope
- 49% (174/354) of respite referrals were for the purpose of avoiding hospitalization
- 88% (310/354) of stays avoided hospitalization within 30 days
- 84% (227/269) of unique respite participants avoided hospitalization within 30 days of stay

INN – Quiet Time (INN – 13)
Operated by Sierra Vista Child and Family Services

Community Agency Implementing
Sierra Vista Child and Family Services

Summary
Quiet Time is a stress reduction and wellness program that enhances the holistic development of children with Severe Emotional Disturbance (SED) and children on the Autism spectrum. Implemented in school districts by the Center for Wellness and Achievement in Education (CWAE) in San Francisco, the program incorporates the practice of an extensively researched stress reduction technique known as Transcendental Meditation to reduce stress, balance lives, and increase a child's readiness to learn.

Learning Proposed
Evaluate whether or not Quiet Time can achieve similar outcomes that have been confirmed in non-SED settings. Test whether or not Quiet Time complements other school efforts, including the support of teachers, in creating changes and enabling SED students to improve their behavior, wellness, and academic performance.

Questions:

1. Whether or not the data collected and results reported for this pilot project will be aligned with the data gathered and outcomes previously reported by the Center for Wellness and Achievement in Education.
2. Will Quiet Time, implemented with SED students and their teachers, achieve these results?
    - Improved academic performance
    - Improved school attendance
    - Reduced student anxiety and psychological distress
    - Decreased attention problems in ADHD students
    - Decreased teacher burnout and psychological distress
    - Increased coping ability and emotional intelligence
    - Reduced blood pressure in students and adults at risk for hypertension

Strategy
Introduce a new application to the mental health system of a promising community driving practice/approach or a practice/approach that has been successful in a non-mental health context or setting.

Adaptive Dilemma
Improving the well-being of children/Honoring and Identifying More Holistic Approaches to Well-Being

Project ends in FY17-18

INN – Father Involvement (INN – 14)
Operated by Center for Human Services

Community Agency Implementing
Center for Human Services

Summary
The Father Involvement Project will create a collaborative learning network that brings organizations and community groups together to achieve positive results for fathers and build protective factors. The project will support and accelerate the local countywide transformation by advancing learning on the following issues: promote interagency collaboration.

Learning Proposed
1. How will participation in a learning network impact the growth and development of its members and father involvement in Stanislaus County?
2. What best practices for father involvement will emerge through network learning?

Strategy
Through interagency collaboration, this project will introduce to the mental health system a community defined approach that has been successful in a non-mental health context or setting.

Adaptive Dilemma
Improving parental competency and social support for fathers

Project ends in FY17-18

INN – Youth Peer Navigators (INN – 15)
Operated by Behavioral Health and Recovery Services

Community Agency Implementing
Behavioral Health and Recovery Services/Juvenile Justice

Summary
The Youth Peer Navigator Project is an integrated consumer and peer centered approach to help young people navigate through the Stanislaus County mental health services system and improve their well-being. Navigators will provide mental health education, linkages, and peer support to youth incarcerated in the Juvenile Justice facility, as well as other BHRS systems of care.

Learning Proposed
1. Is the Youth Peer Navigator service a measurable intervention tool for mental health recovery?
2. Is the Youth Peer Navigator service a measurable intervention tool for reducing criminal recidivism?
3. Will there be an increase from a baseline in client-identified protective factors, as prescribed by research of the "Search Institute" 40 Developmental Assets?
4. Will the Youth Peer Navigator service be more effective by providing initial contact services in facility custody or after family release?
5. Is there a correlation between Youth Peer Navigation and the successful completing of probation terms?

Strategy
Consistent with Innovation guidelines, given by past and present state agencies, this project explores making a change to an existing practice in the field of mental health and improving the well-being of children. The Youth Peer Navigator project seeks to incorporate an adaption from current known best practices of existing Peer Navigator programs. These programs have not been used in a Juvenile Justice setting with youth.

Adaptive Dilemma
Improving the well-being of children, Transitional Aged Youth (TAY) and Transitional Aged Young Adults (TAYA).

Project ends in FY17-18

INN – FSP Co-Occurring Disorders Project (INN – 16)
Operated by Behavioral Health and Recovery Services

Community Agency Implementing
Behavioral Health and Recovery Services/ Stanislaus Recovery Center

Summary
The focus of this project is on adults who have both serious mental illness and co-occurring substance use disorder to insure treatment/primary care is provided to address potential risks to reduce homelessness, criminal justice involvement, acute psychiatric hospitalizations, and institutionalization.

Learning Proposed
1. Will clients be successfully engaged by receiving a combination of services through this new FSP?
2. Will using stage-based treatments for both mental health and SUD concurrently lead to improved outcomes for clients participating in the FSP project?
3. What engagement strategies and interventions will emerge from this concurrent stage-based approach that are most effective for this population?
4. While utilizing the concurrent stage-based approach, what practices/processes are most effective from staffs' perspective?
5. Will access to integrated primary care positively affect outcomes?
6. Will employing an integrated "Housing First" approach positively affect outcomes?
7. Will co-locating this FSP on an SUD/Co-Occurring treatment site lead to increased peer support, SUD treatment follow through and linkages to mental health and SUD resources?

Strategy
Consistent with Innovation guidelines, given by past and present state agencies, this project explores making a change to an existing mental health practice/approach, including adaptation for a new setting or community/treatment options for people struggling with both substance abuse and mental illness

Adaptive Dilemma
Increase the quality of services, including better outcomes

Project ends in FY 18/19

MHSA AND HOW IT'S CHANGING LIVES

From direct services to prevention and early intervention to peer support, MHSA funded programs have impacted thousands of people in Stanislaus County. Here are some personal individual stories of **hope and recovery.**

Community Services and Supports (CSS)

"Mary" first began services with the Juvenile Justice (JJ) program in early January of 2013 at 14 years old. She first came to the attention of law enforcement in early November 2012, when she was arrested for an assault on her grandmother's boyfriend. Mary reported having depressive symptoms starting about a year and a half prior to that, where she experienced chronic depressed mood lasting most of the day, more days than not. She was easily irritable, agitated and became overwhelmed by seemingly small psychosocial stressors. Mary had reported that back in March of 2012, her hopelessness and anger rose to the level of trying to commit suicide; she used marijuana on a weekly basis to cope with her symptoms. Her depressive symptoms impacted her daily functioning to where she was frequently missing school. This contributed to failing grades, falling behind on credits, and daily aggressive conflicts with family members. Eventually this led to her probation status and a mental health referral to JJ.

Mary was difficult to engage at first, as she was very enmeshed with her family. Later, she was able to acknowledge how this became the root of many of her depressive symptoms. Once engaged with the JJ Team, and even through the change of a few different members of the team over the years, Mary and family became receptive to receiving services and engaged with the team.

Mary participated in Aggression Replacement Training successfully completing the group in her first year working with the team. While learning and utilizing appropriate coping skills for anger/aggression, throughout treatment with the JJ program, she also participated in family sessions with mom where they were able to build a better foundation of what a healthy mother and daughter relationship should be. Mary was able to become more independent and stray away from being so enmeshed and trying to solve all of the family problems, and abstained from using substances. With her new found independence, she began to participate in the Youth Leadership program.

She participated in many of Stanislaus County Youth leadership activities, events and also attended the Reach for The Future conference where she reported unforgettable memories. In working through her depressive symptoms and with new found skills and independence, Mary was successfully dismissed from probation in October of 2013 and has not been in trouble with the law since. She is back on track with school and caught up on credits. Upon turning 16, she challenged herself and completed the process of applying for Job Corp and was selected. She chose to try her independence at Job Corp in San Jose in August of this year. She admitted that being away from her family would be her greatest challenge. But she knew this would be a great opportunity.

Mary has since returned from Job Corp, sharing with the team she would like to return next year when she is older (17) and has the ability to participate in their medical assistant program.

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"**Joe**" came to the Family Partnership Center through contact with outreach staff at a Family Law Day outreach event. He expressed the struggles he had experienced in younger years with drug and alcohol problems and criminal behaviors. He had worked hard to overcome them and was now experiencing similar issues with his older daughter who also struggled with mental health issues.

Joe's daughter left her two children with an elderly great grandmother who could no longer care for them. When Joe found out about this, he picked the children up, and then realized that he needed to take steps to protect them and give them a stable and secure home environment. The children appeared to have

*** Note: Some personal stories have been edited for content and length. Client names have been changed for confidentiality reasons.**

experienced trauma, were in need of routine medical attention, and lacked social skills. Joe had been to the courthouse and was given the large guardianship information packet to complete. It was a task that felt overwhelming to him because of his own disabilities.

When he shared this information with Family Partnership Center staff, they were able to talk about supports to help him in his situation. Joe went to the Family Partnership Center and a referral was taken. A Kinship Community Worker was asked to work with him, and they met to discuss how to provide him help.

Joe was invited to attend the Family Partnership Center's Guardianship Workshop where help and legal support was provided. He met with his Community Worker to receive individual and group support. Once Joe filed for guardianship, his Community Worker was able to support him in the court process as well. He and his wife have obtained permanent guardianship of both of his grandchildren.

Through individual support from his Community Worker, Joe was able to access community resources to ensure the children's health, education, and social needs were met. He was able to provide the children with their immunizations and dental care so that he could enroll them in the Head Start program in his community. Because of this educational program and his involvement in his local church, he is able to provide the children the social interactions they lacked previously.

Joe's grandchildren recently disclosed to him that they had experienced significant trauma and abuse. He sought individual support from his Community Worker and was able to identify and access resources in the community that were able to provide him the help he and his grandchildren needed. He plans to continue to use individual support to help him cope with this recent information and to be the parent his grandchildren need. His Community Worker continues to provide individualized support, helping Joe access services to benefit his grandchildren in their community.

Joe continues to come to support group where he participates, receives support for himself, and offers encouragement to others. He and his family have come to events at the Family Partnership Center such as the Family Picnic and Soup Night where he enjoys the opportunities to meet and socialize with other parents and kinship caregivers. He continues to seek support for himself.

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"**Richard**" grew up in a home that was unsafe and abusive. He left home as soon as he was able, selling and using substances, and engaging in other high-risk and anti-social behavior, eventually attempting to end his life on several occasions. His perspective changed the day his son was born: he stopped using and selling substances and engaging in self-harm, and attempted to create a better life for his child. His wife made different choices and he lost contact with his son when she moved. He had to start over again. Eventually, he found a job near the area when he thought his son was located, but due to ongoing mental health symptoms, lack of support system, and no transportation, he found he was going to lose his job and be evicted. One day, as he contemplated this, he was walking down the street and bumped into a respite employee who explained some services to him and offered assistance. Richard thanked the person for their offer, stating he would call when he needed help, which he predicted would be soon.

About two months later, Richard did call. He began receiving some support services through a BHRS homeless outreach program that placed him at respite. Richard was diligent to work on all the tasks case managers could find to assist him, but found himself unable to qualify for any fiduciary support due to the short time elapsed since the loss of employment. He entered a period of waiting with no further "work" to do other than continue engaging with his new primary care physician and clinician and practice some new safe coping skills. He expressed gratitude and was discharged to a shelter.

Due to experiencing an increase in symptoms that were exacerbated by shelter conditions, he left the shelter to go stay on the river, where he found his brother. It was their first connection in many years. His brother connected with a BHRS-contracted outreach program as well, and became willing to engage for a short time at respite as well, where Richard would visit and encourage him.

As time progressed, Richard continued to pop in every now and then to share how he was doing and ask for help with other referrals. When staff noticed Richard beginning to decompensate during his visits, he was referred to a Peer Navigator program. This team again placed Richard at respite. By now, several months had passed and Richard was eligible to apply for various means of fiduciary support, he also had

accumulated enough time on the streets to qualify for HUD-supported housing, and discharged to his own apartment from respite. Outreach, navigator, and respite staff were so enthusiastic that everyone seemed to have found an old broom or an extra pot from the garage to send with him.

This would be a good ending to a success story, but that's not the end! Richard has continued visiting staff at respite, seeking referrals and continuing to engage with his providers. He was able to obtain a therapy pet to stay in his home, build a support system of friends, started engaging in hobbies, and has begun searching for his child to reunite. We see Richard a little less often these days because he has enrolled in college. When he does have a moment to visit, he reminds us his next goal is to come volunteer to give back!

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My name is "**Paula**" and I've struggled with anxiety and depression since I was 7. No one ever talked to me about mental health before so I went on living life like that was normal. When I got into junior high, I started using drugs and I noticed I wasn't feeling anxious all the time. I watched my mother pass away and found out I was pregnant three weeks later. I have a lot of grief and PTSD from that. I had given birth to my son. CPS made me go to rehab. I used during most of my pregnancy so I would not have to feel any emotions. After being in rehab, I noticed my anxiety and depression coming back. I did not want to seek any help.

Knowing they would put me on medication, I didn't think I would be able to take care of my child. Later on, people were noticing that I was not myself and asked if I would seek services. I spoke to my counselor at First Step and was referred to Josie's Place. I am very grateful to be a client there. They have amazing resources. I have got housing through them and they also helped me get started with getting my driver's license.

I meet with a psychiatrist, counselor, and my case manager regularly. I'm also getting other services through Josie's Place. I'm very thankful to be client because staff has helped me accomplish a lot. They are a big support in my recovery.

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Mr. Smith self-presented for DTS. He was very depressed and could not speak without tearing up. He has a father, sister, and wife to support him. However he is currently homeless and staying at The Gospel Mission. He has a history of alcohol abuse, a bi-polar diagnosis, and homelessness.

Most of the support given to this client was in the form of peer support. We identified many positive factors currently in place in his life. He has family support, reaching out for help, and is ready and willing to make changes in his life. A Peer Navigator met with him and his wife during the week and connected them with housing resources and SSI support. He was re-introduced to the Empowerment Center and made an appointment to review and submit a SSI application.

As time passed, our conversations went from understanding his diagnosis to managing symptoms and reaching out to his support network. Peers worked with him to create and build coping skills for being homeless and having a mental health diagnosis.

He was hesitant at first, but we built enough trust with the client. Our relationship started with engagement, then calling to check-in, update, and track progress. Now, he's calling us. Offering updates, and talking about progress on goals. He has expressed enormous gratitude for our help and support. He continued to stay at the Gospel Mission for the entire summer, staying the parks during his blackout time and other places.

He and his wife received her retro pay from SSI and with the money they saved over the past year, they were able to get a home in Modesto. He has family support, shelter, PCP, medication, transportation, stable safe environment and is no longer at risk living on the streets.

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"**Joan**" was an individual with an extensive history, difficult to partner with, and well known to other agencies as well. Multiple problems and obstacles lead to him being barred from many places. He was not overly welcoming to others. And this, perhaps, obviously lead to difficulty in him moving forward in both treatment and recovery.

Additional elements of being taking advantage of by peers and community members, her desire not to be alone but difficulty being arounds others, and ongoing substance use only compounded problems. She was by no means stable based on past criteria for placement.

But she was placed in her own home. Not without many issues, she benefitted from the sense that others believed she was capable and deserving, furthering her relationships with those trying to help and treat her. Having a base to operate from, a home to call her own, regardless of how she used it or we thought it should be used, she benefitted from the effort.

Joan is no longer in the home but through the services she received, her circumstances and well-being have improved.

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The following is a statement from a volunteer at the Empowerment Center:

"Hello. My name is Juan. I have been volunteering at Turning Point Community Programs, The Empowerment Center.

In my experience here, I have developed new skills and gained knowledge in several different areas in Mental Health and Drug Dependency. Topics and groups geared towards stigma, recovery and conflict resolution have opened the door to a variety of possibilities in furthering my career in Human Services. As a student and member, I get to receive assistance with a number of things such as bus tickets, web access and one on one support from other peers with similar experiences. Every day is different but the smiles stay the same and that's why I would recommend this center to anyone looking to change their circumstances or learn something new."

Statement from the Empowerment Center:

Juan has gone on to becoming employed with Turning Point Community Programs, Integrated Services Agency as a Personal Service Coordinator. As Juan may find himself in unique circumstances with consumers that are at a higher level of care, he is fully equipped with the skills and support folks are in need of to get through whatever they are going through. The CEC is pleased to have been a part of his journey in supporting others.

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There have been many small successes for individuals and case managers throughout this fiscal year. Across the Turning Point ISA program, many individuals have achieved some stability in their recovery and gained access to resources they didn't have before.

One individual's story is an example of how being an FSP and providing wrap around services made a difference in his transition from jail back into the community. This individual happened to be client of the program about 3 years ago, but unfortunately due to his severe mental illness and substance abuse he became aggressive in the community and had some criminal convictions that caused him to be in jail for over two years.

Just over 3 months ago, the individual was released from jail and re-opened to the ISA. The sheriffs actually dropped the individual off from jail in the reception area of the ISA, with nothing but the clothes on his back. Since this individual went to jail for two years his social security was cut off, he had no housing, food, or clothing, only a few days' worth of medications, and no family or support system to help him make the transition back into the community.

The ISA was able to provide wrap around funds, get him emergency and temporary housing, and provide him with clothing and food. Since he was assigned to a case manager with a smaller case load, the case manager was able to assist the individual with getting his social security activated again (this requires many long waits at the social security office and time consuming/confusing paperwork). The ISA was also

able to get the individual in to see the psychiatrist right away so that this individual did not run out of any medications, and then pay for his medications since he had no insurance or money in which he could pay for them.

He also had access to support groups and community resources so that he was able to maintain his sobriety after being released from jail. He was able to start building a positive support system with both peers and staff. Had this individual not had access to the ISA, or the ISA not had these kinds of resources to provide to the individual, more than likely he would have been released from jail onto the streets where he would have been homeless with no way of providing for his own food, clothing, or shelter. Had he run out of medications he would have decompensated to the point where he had historically been aggressive in the past and then became a danger to himself and the community. He probably would not have been able to maintain his sobriety either.

Thankfully, due to the resources of the community and the resources provided to the ISA, none of these things happened and the individual was able to continue to make huge progress in his recovery and have an easier time transition from jail back into the community without to many barriers or stressors that could exacerbate his mental health symptoms. This is only one example of how the increased services at the ISA have made a difference to individual's lives.

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The following stories are from clients in the Stanislaus Homeless Outreach Program (SHOP) which provides services to transitional aged young adults (TAYA), adults, and older adults who have co-occurring issues of mental health and substance abuse.

"Joseph" was born in Ethiopia and adopted after arriving in the United States. When he came to the Josie's Place program, he was homeless with two different birth certificates. This resulted in client having no official identity and was unable to obtain SSI. According to his case manager, Bill did not even know how to cook a hotdog. Bill was linked to housing. At this time he was angry, paranoid, and unable to establish relationships due to his extensive trust issues

After a prolonged period of working with his case manager, Bill stopped smoking marijuana and found a job which he has maintained for the past 6 months. He now lives in his own apartment, has regained contact with his biological sister, obtained SSI, and attends groups regularly.

"David" is an example of a person who was resistant to services due to the stigma in mental health and was reluctant to seek services. D.L began to engage with the Outreach program and built rapport and relationships with staff, feeling comfortable to seek mental health services and is currently connected with mental health services in his area.

When **"Janet"** came to Telecare, she was living in a converted garage on her parent's property. Her parents had guardianship of her three children due to her mental health and substance abuse issues. She struggled with erratic moods and aggressive outburst that impaired her ability to communicate with her children, participate in parent teacher conferences, or function in the community. Janet was also not benefited due to difficulty focusing on the numerous internet and paper applications required; several independent attempts had resulted in frustration because websites would time out as cl tried to understand.

Janet has since become fully benefitted, initially receiving food stamps, Medi-cal, and unemployment, then being awarded SSI through the persistent intervention of her treatment team. She successfully learned several assertive communication skills including active listening, I statements, and empathy. Janet was able to learn her medication regimen and budgeting. In the last 10 months, she has moved out of her parent's garage and is paying full market rent in a 2 bedroom apartment. She was also able to purchase a vehicle, and recently reunited with her children and parents.

"Valerie" is a 26 year old woman who struggles with Bipolar 1 and Trichotillomania. She was admitted to Josie's TRAC in December 2008 after a suicide attempt. She was transferred to the Westside SHOP in April 2013 and this year she graduated down to the Wellness TRAC.

Her recovery has been a slow gradual progression. Since her enrollment in 2008 she has only had one additional hospitalization. Valerie currently takes classes at the Junior College, and online and is working toward her goal of getting a bachelors in Child Development to work with children. She attends groups at Telecare and other locations to maintain her wellness; continues to benefit from regular therapy sessions and medications to control her symptoms. She secured a subsidized apartment and SSI income; and has a good relationship with her boyfriend and mother.

"Annie" was opened to Partnership TRAC in October 2014. At the time of her opening, she was living with her mother, unemployed, and experiencing significant anxiety to the point of hearing voices. She was abused by her mother from a young age, and was given charge of taking care of her siblings. As a result, Annie never learned to say "No." She let others take advantage of her, causing more trauma than she already had. This resulted in hopelessness and suicidal ideation. Annie and her case management team developed goals around her learning to set boundaries, finding employment, and getting a place of her own.

Since that time she has been able to secure employment, and get a place of her own. Annie no longer feels wholly responsible for the material and emotional needs of others. She has learned several valuable self-care techniques that promote her own safety, and how to positively assert herself and learning to be "okay" with who she is.

"Dan" is a client in the Telecare Fast Trac Program. He suffers from Bipolar I, MRE, severe with Psychotic features. He was referred to Fast Trac from Josies Place as he had been living on the streets and not taking medications. Dan was placed in Transitional housing for 2 years while he worked with Telecare staff to control his voices and anxiety, apply for financial benefits and become stable on medications. This year, he was able to win his SSI reconsideration hearing and now receives monthly SSI benefits and Medi-Cal. Dan is able to control his symptoms so as to attend his own medical appointments independently. He has also reached his goal of stable housing, having gotten a Shelter plus care voucher and his own apartment. Dan now presents as calmer and more focused, and able to concentrate better on his goals and is taking his medications on a daily basis. He's been making friends in the community and is applying to Culinary Arts School to get a certificate so that he can become a chef.

"Lisa" was a client in the Telecare Fast Trac Program. She suffered with Anxiety Disorder Nos and Attention Deficit/Hyperactive D/O Comb. Client was referred to Fast Trac program after a number of years with Josie's Place. She was noted to suffer high anxiety symptoms and panic attacks that were a detriment to her attaining her goals of maintaining a relationship, being a good mother, going to school and working. She progressed this last year as she learned techniques to control her panic attacks and anxiety to the point where she was maintaining a steady, stable relationship with her live-in boyfriend and son, able to work at the Black Bear Diner and go to school. She graduated a few months ago as she was able to maintain her recovery and mental health stability and able to get her medications through her PCP. Lisa She moved away to Livermore with her son and boyfriend and is successfully going to school there at last follow-up contact and is having no problems.

"Ben" is a client in the Telecare Program. He suffers from Bi-Polar disorder and substance abuse. When first encountered by his current case manager, he was living on the streets, abusing crack cocaine and not taking his medications on a regular basis. He was only able to work short-term part time jobs and was not engaging in recovery groups. Ben's life took a turn for the better when he agreed to be admitted to SRC and become clean and sober. He progressed from SRC to Turning Point outpatient drug treatment to a clean and sober home, then repaired relations with his ex-wife and began living with her. He began to avail himself of NA/AA groups in the community, attending a lot of groups (Matrix) and individual therapy with Telecare as well as regular bi-weekly visits with his case manager.

Furthermore, he began to take his medications on a regular basis. In conclusion, Ben has maintained stable relations with his ex-wife, stable housing, is clean and sober; is availing himself of all possible Telecare Recovery services and maintaining steady employment all year.

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Prevention and Early Intervention (PEI)

A local leader in the Grayson Community Group says she had a significant improvement in her overall emotional well-being by participating in the Community Capacity Building Initiative (CCBI). She was able to reduce and eliminate her depression medication with the help of her doctor. She reports… "I found my leadership again and I'm happy." This local leader has secured full time employment that is more than a job to her. It's her career and her calling. She says that it's an exciting reason to wake up in the morning knowing that she's going to help others by sharing the gifts that she has and her personal story.

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One of the promotoras from the Southeast Stanislaus Promotores Network in Empire shared how deeply she has been impacted by attending this group. Having this support, she says, has made a big difference in her life. She comes once a year as a migrant farm worker with her spouse to work here. She shared she started participating in the group after a friend invited her to join. She reported she had been suffering from severe depression before starting with the group and had to take daily medications to battle her depression. Since attending the group, she has felt a lot better and has stopped taking the medications. She stated that the group has helped her to distract herself and motivate herself to continue in life. She mentioned she has several medical problems but dance therapy has helped her feel better emotionally and mentally. She stated she has met new friends while participating in the group.

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A dedicated a youth leader who has gone above and beyond is a success story for St. Stanislaus. There are many troubled youth today, but "Samuel", with the help of his mentor, was able to overcome many obstacles. Samuel comes from a single parent home. At the most difficult moments in his life, he needed a male role model in his life. With the help of his mentor, Samuel returned from an alternative school to a public school. Today, both meet weekly and Samuel has recently graduated from junior high school with honors. Samuel hopes to one day become a mentor himself to help others.

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A client came to El Concilio's Latino Behavioral Health and Recovery Services for intake frustrated and depressed due to work issues. Client has always worked hard and feels like quitting her job due to discrimination and the lack of support and communication with her husband. After a few sessions of working with her on increasing self-esteem, learning to advocate for herself, assisting her in looking at all the positive things in her life, and having more communication with her husband, client was able to come in to session smiling and feeling empowered. She was able to address the situation at work with her HR department and the discrimination issues have stopped. She felt empowered to be able to take this step. Client is feeling better and working on her self-esteem and depression. Client is engaged and attends her counseling appointments weekly.

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The following are stories from the Promotores and Community Health Workers Network:

This story is about a woman who attended Morning Coffee and other groups in Ceres. "**Mary**" shared her struggles with the groups and how drug abuse, hardships, and homelessness were part of her life. Through the groups, Mary has experienced a totally different environment of friendship, companionship, and a sense of belonging to a family. She is now sharing her story with others. She not only has her diabetes under control, but her dark days of depression have almost disappeared. She has also lost weight and discovered talents that she never knew she had like dancing, painting, reading, and exercising. All of this, she says, has helped her regain hope and enjoy life. Mary commented, "I am living the best time of my life, and I don't want to lose it."

"**Linda**" came to a group in Newman after accepting an invitation from a community promotora. On her first day, she was quiet but at the end of the group she was able to share her story and personal struggles. She was suffering from depression and was at that time dealing with a difficult separation from her spouse which had led her to a couple of suicide attempts. After coming to the groups, she became a regular and wanted to be involved in all the events and groups available. Linda has since then shared how grateful she is for this program and for the support and knowledge that she has acquired. She is currently receiving counseling services but is looking forward to a bright future. Her immediate family has noticed how much she has changed and very supportive.

"Marisol" was a new participant in an Empowerment Group in North Modesto/Salida. She began attending group when she felt her life was falling apart. Her home life was less than ideal, her relationship with her husband was almost nonexistent, her kids were beginning to feel the strain, and she couldn't think of any possible solutions to bring things back to a more normal time in her life. One of her friends had mentioned something about a group to her and that her friend had found it very beneficial. She finally decided to attend one meeting. She also decided it was time to find herself help; she was seeking resources for ESL classes, GED classes, job searching, and possibly counseling services. She went through with a couple classes and has been attending Empowerment Group as often as she can. She is now more at ease and has found more friends to support her in her times of need.

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The following stories were written by Promotoras:

My life was a mess since the day I was born… Being the child that your parent neglects is not a way to start life. Plus your mother leaves you at 3months of being born, according to her for a better future. But who was I to say or judge her that I had clear. I was raised by my Grandma till date I consider my mother.

As a child I was raised in many ways different belief and No structure what so ever just people demanding for things to get done. At the age of 5yrs I was molested by a family member I could still remember that. I grew up living in many places been every ones slave and abused verbally and physically but that was my life. As time pass finally I was brought to the U.S.A. the land of the free.

To be reunited with my Biological mother, I got to live with a work alcoholic mother that never knew my needs and again abused and neglect. Raising my step brothers that kept me motivated and alive because I was that mother I never had. Going to school to only cut my legs and arms my mother never had an idea. I had suicidal thoughts and people assume all I needed was attention. I suffer from panic and anxiety attacks.

As years pass, I got in a relationship that involved alcohol and verbal abuse; then again you believe that is okay for that abuse. I grew up believing it was normal. My son was 8yrs told my youngest was 5yrs at that time I decided enough was enough and left.

Little did I know my nightmare just started with him trying to take my kids and him stocking me, somehow I got help and got counseling for my boys then later on for me? That was an experience that I will always remember, walking into that office and the clinician making a comment about me so I walked away and never returned to that office.

As time pass my emotions and my health were going down the drain, I had anxiety attacks, I could not sleep and I always scared of my surroundings. I made it to a Mental Health Hospital for cutting my arms, my intention wasn't to kill myself, and it was to release anger. I had done this all my life and thought, why was this any different? Then I remember why. My boys were the reason and that was an eye opener for me.

I had lost my job for personal reasons, and in August of 2015 I enrolled in a government program because I depended on food stamps and got cash aid, and was embarrassed but then my whole world changed. Coming as a volunteer to this work place seem like a waste of time for my mother, but for me it was a way to provide for my children. I kept hearing negative stuff and stared to get discouraged but the more I learn and found out about groups I decided to join the Promotora movement in Patterson. At first like everything else it didn't feel right. The Promotora trainings have helped me a lot, I MEAN IT HAS

CHANGED MY LIFE. I changed from not talking very much to being able to speak in front of groups; I was practicing everything I learn at home with my kids. I was being compassionate to others including my children. I learn how to let go of things that don't belong to me, because when we hold grudges we are not free we are not hurting them but ourselves.

I have grown to a better person and mother. I better myself to help others that have gone through situations like mine. I can say I'm happier now than what I was a couple of years ago, Promotores help me better than counseling because it is a different view and people don't judge you but they support you and are there for you. Promotores has been the best thing that has happen in my life, planning to stay in this movement and keep growing keep learning and help others.

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There was a time in which I felt very bad. I had a lot of stress for many reasons. My son was diagnosed with Oppositional Defiance and depressive disorder. I had to leave my job that I loved and had a very good position. I felt sad for some time and I would just stay at home with no desire to go out. Someone told me there were Zumba sessions at the church hall in Riverbank.

I went and liked it since the first day. I haven't stopped going since. This has helped me a great deal to take away my stress and sadness in addition, many ladies in similar situations attend the group and we talk about our issues and feel much better. I have made a lot of friends and feel happy.

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"**Diana**" started going to a support group in Turlock. On her third visit, she shared that she struggled with depression. But now, she says that she feels that she can count on this group of women for support. Diana says she also found community resources thanks to the group. She is currently attending parenting classes and free counseling services in Spanish at the Turlock Family Resource Center.

The center asked Diana and others for feedback about the group. Here are some responses:

"I have benefited a lot from this program. I've learned so much, especially resources available in my community". "I've gotten knowledge, friendships, support, trainings and love. Before this program I had no clue of my life. Now my life has changed 100%. Before this group, I had a life with no expectations."

"I've learned a lot, not only in the personal level but at the community level. Every time we have an event, it charges me with positive energy to continue living a healthy life with my family". "My self-esteem and my mental health have improved since I've attended the group."

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The services at the Zephyr Clark Drop-in Center at the West Modesto King Kennedy Neighborhood Collaborative have supported individuals on their road to recovery; community outreach and the concern of friends have connected the Center with residents:

From a Support Group Participant:
I started using drugs and booze at the age of 13. I got into AA about the age of 26 years old. I got a sponsor, read the book, did my steps, and stayed clean for 6 year … then Life showed up! I got into a relationship with a man that was still using and drinking. I thought I was cured of my diseases. Since I got back on track, I have been through many tragedies such as the death of my daughter, losing my home and my job. I did it with the help of my friends and the program of recovery.

From the Community Therapist:
The individual is showing progress with increased self-esteem, self-worth and is no longer experiencing acute depression but more persistent but manageable. She is presenting positive change talk and speaks of the future with set goals.

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There are two Aggression Replacement Training (A.R.T.) participants who stand out having been positively impacted by the program. In one case, there was a young man who was not taking school or anything else seriously. During participation in the A.R.T. program, he was actually engaged often sharing and using the critical thinking skills embedded in the program quite proficiently. This young man had a circumstance where he got into a power struggle with staff resulting in him being expelled from Elliot Alternative School.

This is someone who earlier on would likely have dropped out of school completely but who instead was able to make the decision that he wanted to finish school. He was able to seek out guidance and support and to continue the pursuit of his high school diploma because he realized that he will need it for a stable future. This is an example of someone who had a negative outcome as a result of faulty thinking but who also realized his mistake and was able to rise to the occasion. While A.R.T. cannot take full credit for his outcome, I believe that his thinking processes and world view was impacted as a result of his participation in group as well as the built in support of the facilitators, support staff and his peers.

Another individual had been dealing with the grief/bereavement of his mother. This is a student who was able to grasp the concepts of A.R.T. but who was really very guarded when sharing and was not willing to allow himself to be vulnerable. This young man was chosen to attend the CMHACY (California Mental Health Advocates for Children & Youth) Conference this past May. This young man truly embraced the experience. He began to open himself to new experiences and meet and connect with new individuals from across the country. While there he was surprisingly able to open up and begin to process his grief as a result of exposure to one of the workshops. He is now in counseling to resolve these issues and is also enrolled in the MTS (Modesto Technical School) program through Elliott which allows him to take concurrent college courses at Modesto Junior College earning college credits.

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"**Andy**" was referred to LIFE Path following a hospitalization for a psychotic break during which he experienced severe psychosis. Andy's symptoms, including intense anxiety, were impairing his ability to socialize with family and friends, maintain employment or begin college as he had planned. Andy and his family engaged fully with their LIFE Path clinician and case manager. Andy received services including screening/assessment, individual therapy, medication services, case management, psycho-education and individual rehabilitation while his family received collateral services. Andy was able to successfully gain and maintain employment as well as successfully discontinue his medication. Andy has begun his first year of college and is back on track with his life goals. Andy is currently being monitored by LIFE Path for any stressors as he transitions to college life.

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The Hughson Youth Council has a very committed youth member who has been participating with the program since he was in 8th grade and is currently a senior in high school. He has been raised mainly by his grandma due to his mother being out of the home a majority of the time. The youth program has really helped him cope through difficult times. He shared that he came from a family that had a lot of personal issues and at times it was very hard to cope with everything that was going on at home.

The youth program has made a big impact on his life. It's made him feel he has a place where he belongs and feels welcome. He mentioned that he used to be very shy and wouldn't talk to anyone but since he's been part of the group it's given him a lot of confidence to talk to others. He states, "It's helped me get out of my comfort shell and talk more". It's helped him with leadership skills and having a support network to count on when he needs someone to talk to. He also mentioned the youth group has given him an opportunity to be more involved in his community in different activities. He has also helps with the recruiting of new members to the youth group. Lastly he shared he would recommend the youth group to any youth who are struggling with problems at home or at school to participate in the program. He stated the youth has helped him in many ways and hopes to continue being part of the group and invite new members.

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Leadership for the Future participants see themselves as capable of success and resiliency in the face of social pressures. They are positive about their experiences in the program. Two participants wrote the following:

- I learned that mentors in Project Uplift take their free time to be with us. I learned how to speak in front of people and not be shy. I learned how to make friends with people who are doing positive things. I learned that the mentors really care for you. I also learned about cyber bullying and it is not nice and hurts people. I learned about peer pressure and how people always try to make you do something bad and you have to do is say no and mean it. I have improved in my grades and I am a B+ student.
- Project Uplift has caused me to be more out spoken and confident. Project has caused me to learn my true talent in acting. I have been to many places with my friends in Project Uplift. We have learned and talked about peer pressure and how to cope with it. I have learned that there many different types of ways of bullying and we learned how to handle them. Success is a big part of Project Uplift and we have learned to build upon the success we have made.

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Feedback from students in the Lifeplan program at Del Puerto High School in Patterson found that they loved being involved and engaged in the program. Program staff noticed that once students built their relationships within the group they were able to share their struggles and get support from their peers. It was observed that students who had had conflicts with each other were able to work together after getting to know one another. The students expressed a great deal of gratitude for the program. Fifteen youth graduated from the program and were awarded Certificates of Completion.

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One student had returned to school as an adult to earn her diploma. She had made numerous attempts to complete the courses necessary for her diploma but because of various circumstances, including lack of motivation, would continually dis-enroll from her classes. Her passion for the content and practices of resiliency and wellbeing sparked her interest and she soon realized the larger purpose for maintaining regular attendance in school. I saw her personality blossoming with each circle session.

She went from being a quiet, withdrawn, disengaged student, to an interactive, involved and eager learner. She made this transformation within 3 months of being in the class. I shared the changes, growth and success I saw in her with the school principal and she was asked to be the keynote speaker at the graduation ceremony. She spoke before a full audience and did a fantastic job. She received her diploma full of enthusiasm to attend college and she described her realization of the potential she had always overlooked. Her relationships with her classmates and new perspective on her educational opportunities made her a wonderful asset and mentor to have as part of the class.

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One speaker in the “In Our Own Voice” program was a 30 year old female who was ill during her teen years and early adulthood. She suffered from mental illness and would self-medicate with drugs and alcohol. Consequently, after having five children, she was helped by county services.

She was referred to the program by a clinician at Modesto Recovery Services. She is now in recovery and ready to tell her story. She became one of the best speakers in the program, and shared her message of hope and resilience to students in schools. She graduated from Modesto Junior College and then applied for a job with Stanislaus County. She was hired by Turning Point Programs to be an outreach peer navigator.

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"**Mary Ann**" is a client who completed Brief Counseling and is a current *Peer 2 Peer* client.

Mary Ann is a 71 year old Peruvian woman who called into Area Agency on Aging stating that she was depressed, afraid and alone. Not only did Mary Ann present with depressive symptoms, there were indicators of anxiety and agoraphobia as evidence by her stating, "I haven't gone grocery shopping, to the doctors, nothing, I want to, I need to but I'm just too scared". Mary Ann stated that the only social life she has is the television. She reported watching the news frequently and becoming disturbed by what she sees "all the terrible things going on in the world, in this country, no one is safe". Mary Ann reported that although she can drive, she chooses not to because of her fear of being targeted and harmed by someone. She stated that she feels someone may do her harm if she were to leave the house, "I have to stay inside because there's danger right next to me too".

Most of Mary Ann's family is in Peru. The only relative she has in the states is her son who resides in the Bay area. She stated, "I talk to him a few days out of the week but it's been months since he's come to visit, I miss him".

Mary Ann refers to herself as a God fearing woman who wants to live well. She reported that she used to love decorating and creating things but no longer has interest or energy to do those things. Initially during visits, Mary Ann would have the blinds closed all day and not step foot outside the house for any reason other than retrieving the mail. The clinician supported her in challenging her irrational fears and excessive worries and encouraged her to explore how they contribute to her anxiety, depression and self-isolation. The clinician encouraged client in committing herself to not allow panic symptoms to take control of her life.

After participating in the Project Hope program, Mary Ann was able to decrease her anxiety and depressive symptoms as evidenced by her being able to leave the house to run her errands, make her scheduled medical appointments regularly, and take walks around her neighborhood two to three times a week. She now makes a habit of opening up her blinds on a daily basis. She stated, "The sunlight really does improve my mood. I feel warmer and the house doesn't seem so sad". Mary Ann has successfully completed the Professional Support component of the program and has now transitioned to Peer Support with the established goals to work on her socialization and continue to utilize her learned techniques to assist her when faced with feelings of fear, depression and anxiety.

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What happens when you partner a mother of two young boys and a former 79-year-old retired English teacher together? The most unlikely relationship that has added value not only to the client's life, but the volunteer's as well. When Mrs. D was first introduced to RS, she was "tickled" at the idea of a young woman wanting to spend time with such an "old" woman. RS had spent years around older adults when she was a child and recently wanted to re-engage with the senior community.

When Mrs. D was first referred to the Friendly Visitor program, she was living alone, and had very little social engagement. Her family ensured her needs were cared for, but living out of town proved making socialization difficult. As often as they could, the family would visit Mrs. D, but it wasn't enough to keep Mrs. D from feeling lonely. Mrs. D was well educated and had the vocabulary that rivaled Oxford dictionary. She enjoyed talking and learning and being with people. Her stories could go on for hours and she wasn't afraid to challenge her visitor's knowledge of the English language.

RS was thrilled by the idea of visiting someone who was so different and dynamic. It's worth mentioning that RS is nearly 5'11'' and Mrs. D is not even close to 5'. Upon introduction, Mrs. D noted RS's height and commented on how useful this will be.

Since the introduction in July of 2014, the pair has created a deep bond. RS visits Mrs. D twice a month (per the program requirements), but she has been able to be creative in the things she and Mrs. D do together. Often times Mrs. D just wants to be able to get out of the house. On the weeks she doesn't visit, RS will telephone Mrs. D just to say "hi".

Mrs. D used to teach and loves children. She insisted on meeting the children of RS. This has created another generational bond. Friendly Visitor isn't just about checking in on someone who lives alone and is

isolated. It's about creating friendships, building bridges and being able to enhance each other's lives in a way that no other program can do. If RS hadn't been introduced to Mrs. D, than RS's children wouldn't have had the opportunity to have met such a spunky older adult, neither would RS for that matter. The pair continues to learn from each other, thus deepening the value for each other.

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"**Juan**" was referred to the Corner of Hope by the probation office through the referral entry protocol. This is the method through which the probation office refers patients that need to be placed on psychotropic medications. The effort aims to reduce lapse of treatment for patients being released from prison and provides a prevention early intervention method to access healthcare services. Juan began receiving medical treatment on August, 28, 2014. On his first PHQ9, Juan reported with a score of 16. Within his first session, the clinician reported the following:

"Pt reported a Hx of bipolar D/O and schizophrenia. Pt also reported having a depressed mood, feelings of hopelessness, poor concentration, and difficulty sleeping most days."

Juan was also scheduled with case management where he reported stressors being homelessness, employment and social supports. The Case Management at Corner of Hope provided education on county homeless resources and begun linking patient to services. To address Juan's financial difficulties, Social Security Disability paperwork was completed and within six months Juan was approved. Once Juan was approved for financial support, the case manager assisted him with linkages to transitional housing services.

Today Juan is no longer homeless and actively involved in our community. He has disclosed how having such major social supports from his healthcare home and county mental health services prevented him from continuing a history of imprisonment. Juan is actively now going to college and involved in community homeless action councils to help others who are homeless. He is employed part-time with a local Empowerment Center. Juan also continues to attend his monthly primary healthcare visits.

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As part of the Nurtured Heart Program, both Don Pedro and La Rosa Elementary Schools hosted Greatness Days featuring a BMX bike assembly called "Perfection on Wheels" and time for each class to present their projects for the Greatness Campaign. La Rosa's assembly was featured in the Modesto Bee. The article highlighted Nurtured Heart Specialist Viviana Barajas as the "greatness teacher" and showcased students verbalizing their inner greatness. Here are some inspiring quotes from the article:

- "We see each other in a better way, instead of a negative way. It's all about what we do well." – Teacher
- "We realized if we asked our kids…What makes you great? Tell me three things they couldn't do it…But if you asked them, "Tell me three things you're not very good at,' they could tell you. It shouldn't be that way." – Principal
- [My greatness is] my great leadership. When things are going wrong and everybody's going crazy, I tell them to calm down. When it's calming down, we can actually get things done." – Student

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A consultant in the Creating Lasting Student Success (CLaSS) program worked with a 5th grade student who was referred at the beginning of the school year by the administrator. He reported that the girl seemed sad often and just stood out to him as needing services. The consultant gathered more information and worked with the girl's mom who shared that her daughter has had a hard time since she was a child, and that she had a hard time fitting in at school and managing her emotions. She would often cry uncontrollably and not be able to calm down.

The student was referred for further evaluation, but her mom was not able to follow through due to transportation issues and other life stresses. The consultant began to build a relationship with this

student. The girl was incredibly bright and opened up quickly. They continued meeting throughout the year. The consultant also supported the teacher in understanding the student's unique needs and developing strategies to communicate more effectively with her.

By the end of the year, her mother and teacher both reported that she was coping much better and really seemed to use many of the skills she had learned from her one-on-one sessions and used them in class. She was able to calm herself down and was upset far less than before. This enabled her to be able to stay in class, focus on her work, and not need to move to a higher level of care.

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In one of the Question, Persuade, Refer (QPR) trainings for school personnel held in May of this year, one participant shared her story on using the skills taught in the course. This participant is a Student Support Advocate with a local school district and originally took the training a few years back. She chose to attend again to sharpen her skills and share her experiences with others. Since she attended the first time, she's met with countless students who were not necessarily at high-risk but had said they had thoughts of suicide.

It's not a surprising anecdote, as the California Healthy Kids Survey has shown that roughly 1 in 5 high school students in Stanislaus County have seriously considered attempting suicide within the past 12 months. The training participant reported that the skills gained during the training previously were very useful in helping to identify suicide risk and provide support for students in need. Her skills helped her to feel more confident and she shared with the class that being confident is especially reassuring to those that you reach out to help. This school staff member directly benefited by building her own capacity to support the students at her school.

Workforce Education and Training (WET)

A volunteer in the Consumer and Family Member Volunteerism program made the following comments: “Growing up I had a little brother who was born with Russell Silver Syndrome. This ailment is a form of dwarfism. He was picked on and always held terrible resentments towards life in general because of his disability. It was my duty to encourage him and to protect him in every way I could as I was compelled to do so.

I feel it is my responsibility to the community to help give back. I took for many years only to become unhappy with my life. Only by helping people do I find true satisfaction. I am not interested in material gain but rather the contentment I feel from being humble and of service to others.”

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CASRA participants had the following comments about the program:

The most helpful part of the CASRA program for me has been that it has allowed me to continue with my educational goals at MJC. It not only has allowed me access to the books for my major but it has opened another option for me to purse the field in Human Services, i.e., the Certificate in Human Services.

The services are fantastic, the process is outstanding, and I am a very fortunate participant in the program.

All the staff members have been fabulous in helping me with not only my application process, but my long-term education goals. But also in being “there” when I needed their advice on certain course load questions. For example, in taking certain classes that would not overburden me and set me up for failure. My interactions with staff in particular have been very valuable in the selection process of my classes. Three cheers for the CASRA program!!!!

I loved the fact that they paid parking fees and provided books. I think that the services were more than adequate.

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(Story from a WE&T Stipend recipient)

I was employed at Stanislaus County Probation Department working as a correctional officer when I had the revelation to pursue a career in mental health. My experience working at Juvenile Hall was satisfying, but made me realize that through that capacity of a correction officer I could not assist individuals in a way I thought was meaningful. I enjoyed one on one time with the youth, listening to their stories and offering support when possible. I learned that many of the youth incarcerated had traumatic child hoods and who were often misunderstood. Many of the youth were from the same neighborhood where I grew up and who I had connections with through older siblings or mutual friends. I felt like I wanted to do more to help others, such as helping youth heal from trauma and strengthening communities to assist students from falling victims to gangs, violence and drugs.

I transitioned into a position at Center for Human Services where I was fortunate to work in a school based program working with students. My experience at Center for Human Services allowed me to identify my strengths and gifts, as well as areas that I needed to develop. My desire for knowledge and further development prompted me to enroll in the Masters of Social Work Program at CSU Stanislaus. I looked into resources to assist me as at the time I had a limited income and did not want to be overwhelmed by debt through student loans. Through my searches I came across the opportunity that was available through BHRS who was offering a Mental Health Stipend. I was fortunate to be chosen to be the recipient of the stipend. This opportunity allowed me to be a part of efforts that I found exciting throughout the county.

My first year of internship through the stipend program allowed me to be exposed to the community capacity building initiatives that were occurring throughout the County through the Prevention Early Intervention Department. This experience of viewing communities through a “glass half full” approach

really resonated with me. Since then I continue to be a part of community efforts in the community I grew up in. We have been able to shift the culture of our neighborhood where neighbors are coming together and working hand in hand to improve the quality of life of the community. This to me is an effective strategy in promoting resiliency and as a way of preventing mental illness.

I'm grateful for the Stipend program as it has allowed me to the opportunity to further my knowledge and provide me opportunities to make an impact a in the life's of others. I'm currently employed as a Mental Health Clinician through Children System of Care. I'm hopeful that such opportunities as the Stipends continue to be available to prospective students as I believe it is a great opportunity for someone who is passionate and committed to helping others.

Technological Needs/Capital Facilities (TN/CF)

I am sharing the following story from Luis Sibrian. He is our MHSA Technician working in DMS and WRC as part of the MHSA TN Project 2, Consumer and Family Members Access to Computing Resources. He has found a permanent job working for the Ceres Unified School District.

He could not find a job in IT in the past because he was lacking the necessary experience. I am very happy for him, and grateful for the opportunities MHSA funding has provided to those that just wished they could one day find way out of their current situation in life. – Patricia Ortega-Ruiz, Behavioral Health and Recovery Services IT Manager

May 19, 2015

I am a product of MHSA success.

My name is Luis Sibrian and I am a Systems Technician 1 for Stanislaus County Behavior Health and Recovery Services. For my time working here with the excellent staff at DMS and WRC, I have grown with my experiences and skills for the profession I have obtained in the field of IT. If it wasn't for the MHSA technician program, I believe neither Nathan Woolbright nor I would have succeeded in obtaining successful careers in our prospective fields, for Nathan in the Clinical side to myself obtaining another position in IT.

Before I was selected in November of 2014, I was working in a job that I didn't like and I had no future. I had no guidance and was stuck in a rut. I knew I had a lot of potential in myself to do more and with all my schooling and education that I have earned in academic lifetime; I figured I can do better. Then it happened. I received a call from Jason Yonano in the month of October 2014 to be in an interview for a Systems Technician 1 for BHRS. I went to the interview and succeeded in obtaining the position. Although the position was part-time, I knew I had to take a risk to chase my dream in one day working in the IT field in which I have always dreamed to be working in. I left my fulltime benefited job in the factory, and went to BHRS and started my goal and dream of working for DMS and Wellness Recovery Center.

In November 2014, I started working with Nathan Woolbright and training me on how to approach this position and the responsibilities it has. For about a month, me and Nathan worked together and helped clients that needed help, tutoring and guidance on the computer. And after so long, thanks to the MHSA program, Nathan obtained a fulltime position within the county and I believed it was due to the skills he obtained and experiences he received from working as a MHSA technician.

Once Nathan left, I myself took full responsibility and made sure I was available for every client that needed help or support working in the labs around the county. From many client success stories I have with clients finding jobs due to my assistance of helping teaching and building their resume, to another client finding his dad through social media, and from another client finding a place to live through the internet boards; this was success given from each consumer. I knew that each consumer was walking away after my one on one appointment, feeling happy, relaxed and excited that they did something that they were afraid of or had no other resource that they knew about.

My personal goal was to obtain ability and skills within my IT education and experience, but I did not count on increasing my ability to be approachable and talk to others, especially others who suffer from behavior health issues. My social skills increased and my confidence in talking to others and being able to listen to them has grown. I also have learned many new aspects of IT from Networking, Server structure, Inventory Tracking and ticket priority. Thanks to Jason Yonano, Hector Ayala, Chester Moon, Oscar Ramos and Patricia Ortega, the amazing DMS team for being patient and understanding.

Now that I am moving on with my career in IT, I would definitely have to credit the MHSA technician program of giving the experience in working in the IT field and changing my life. I now can walk away confident in my own abilities and education knowing that I can achieve my goals and dreams. And this would not have happened without the amazing staff at DMS, giving a chance to a young hard working man working in a labor factory trying to break through a barrier to achieve his goal in working someday in the field of IT.

Innovation (INN)

The following are comments about the Wisdom Transformation Initiative:

Some of the benefits I see for individuals receiving support services from our program is the benefit of partnering with staff members who highly invested in how they treat people and believing that relationships with people can make a difference and is critical and supporting self-efficacy. Another benefit I see is t can be very challenging to work with adults with intensive, psychiatric disabilities with high acuity, and maintain hope and promote wellness and recovery. So there is an assumed relationship between staff well-being and the belief that people (clients) can have better lives, and make choices that support more peace of mind and less suffering.

It has been a great opportunity over the last three plus years to work closely with C4CW staff. The benefits have been tremendous. In addition to the movement we began to make prior to our Immersion Training which was to embrace Collective Wisdom and support staff well-being, the ongoing focus about orientation to the whole and embrace not knowing created a different work environment. Staff could see that we were moving toward better collaborations, development of staff leadership, an examining all data before establish the defining of a problem based upon only what each of us know.

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Client surveys were distributed in order to obtain information on individual's experiences for the Garden Gate Innovative Respite Project. A total of 177 surveys were completed for 14-15 fiscal year. The majority of individuals served had favorable satisfaction rates with the services they received. Guests reported a satisfaction rate of 90.9%.

For more information about BHRS/MHSA funded programs, please visit our website at http:///www.stanislausmhsa.com/