BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health and Substance Use Disorder Services Organization

Ruben Imperial, MBA
Interim Director

800 Scenic Drive, Modesto, CA 95350
Phone: 209-525-6225 Fax: 209-558-4326

July 25, 2019

California Department of Health Care Services
Program Outcomes, Evaluation & Reporting Section
Attention: MHSA
1500 Capitol Ave
Sacramento, CA 95399

Mental Health Services Oversight and Accountability Commission
Attention: Program Operations
1325 J Street, Suite 1700
Sacramento, CA 95814

RE: MHSA Annual Update FOR FISCAL YEAR 2019-2020

Dear Colleagues.

Attached please find out Mental Health Services Act (MHSA) Annual Update Fiscal Year 2019-2020 for Stanislaus County.

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

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 acknowledgment that you have received this document.

The Annual Update was posted for a 30-day review and comment period from March 27th, 2019, to April 25th, 2019. A public hearing was conducted by the Behavioral Health Board on April 25th, 2019.

On June 25th, 2019 the Stanislaus County Board of Supervisors adopted the Annual Update, it authorized the auditor controller to certify that the fiscal requirements had been met. The document was signed by the Assistant Auditor Controller on July 16th, 2019.

If you have any questions, please do not hesitate to contact me or Leng Power, MHSA Planning Manager at (209) 525-5324.

Sincerely,

Ruben Imperial, MBA
Interim Behavioral Health Director
CC: Leng Power
Enclosure

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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:7.2
AGENDA DATE: June 25, 2019

SUBJECT:
Approval to Adopt the Fiscal Year 2019-2020 Mental Health Services Act (MHSA) Annual Update to the State of California as Prepared by the Department of Behavioral Health and Recovery Services

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2019-0435**

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

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

MOTION:

ATTEST: **PAM VILLARREAL, Assistant Clerk**

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services BOARD AGENDA:7.2
AGENDA DATE: June 25, 2019

CONSENT ☐

CEO CONCURRENCE: YES 4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Fiscal Year 2019-2020 Mental Health Services Act (MHSA) Annual Update to the State of California as Prepared by the Department of Behavioral Health and Recovery Services

STAFF RECOMMENDATION:

1. Adopt the Fiscal Year 2019-2020 Mental Health Services Act (MHSA) Annual Update and Three-Year Program and Expenditure Plan.

2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2019-2020 MHSA Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

3. Authorize the Auditor-Controller or designee to sign the MHSA Annual Update certifying that the fiscal requirements on the certification form have been met.

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) to provide services to 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 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 that include outcomes from the previous 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 Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption; and
- All 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 a Representative Stakeholder Steering Committee (RSSC) meeting on February 1, 2019 to review the MHSA program regulations updates, staffing changes, and endorse MHSA funding recommendations under CSS and INN.

A draft of the MHSA Annual Update was posted for a 30-day public review and comment period from March 27, 2019 to April 25, 2019. A representative stakeholder steering committee meeting to review the MHSA Annual Update was held on April 19, 2019. A Public Hearing was held by the Behavioral Health Board on April 25, 2019, following a presentation about the MHSA Annual Update.

There were no substantive comments received during the Public Hearing pertaining to the MHSA Annual Update requiring amendment of the document. One public comment received pertained to a desire for stakeholders to increase engagement in representation and decision making authority. As noted above, the MHSA Annual Update highlights activities and services for MHSA programs for Fiscal Year 2018-2019.

BHRS uses a Results Based Accountability (RBA) framework to measure program outcomes. This framework is designed to answer the question, “is anyone better off?” by measuring how much was done, how well it was done, and what was the outcome. The attached report details outcomes in this format for each MHSA program.

The accompanying charts highlight specific outcomes of the Stanislaus Homeless Outreach Program (SHOP) for Fiscal Year 2017-2018. It is the largest Full Service Partnership (FSP) program and serves the most people in Stanislaus County. The FSP provides services to individuals with serious mental illness and a history of homelessness, as well as people with co-occurring substance abuse.

FY'17-'18	FY'17-'18	# **partners** 1 year prior to enrollment	# **days** 1 year prior to enrollment	# **partners** 1 year post enrollment	# **days** 1 year post enrollment	% change in # of partners	% change in # days
# served = 242 # completed at least 1 year = 175 (72.3%)	Homelessness	44	6,483	29	1,275	-34.1%	-80.3%
	Incarceration	42	1,509	29	1,589	-31.0%	5.3%
	Acute Medical Hospital	21	241	18	162	-14.3%	-32.8%
	Acute Psych Hospital	132	3,151	107	3,188	-18.9%	1.2%
	State Psychiatric	3	392	1	67	-66.7%	-82.9%
	Arrests	43	90	30	53	-30.2%	-41.1%

Outcomes for Partners After One Year in FSP 01
n=192

	Partners	*Days*
Homelessness	↓ 30.2% (from 43 to 30)	↓ 80.3% (from 6,483 to 1,275)
Incarcerations	↓ 31.0% (from 42 to 29)	↑ 5.3% (from 1,509 to 1,589)
Acute Medical Hospitalizations	↓ 14.3% (from 21 to 18)	↓ 32.8% (from 241 to 162)
Acute Psych Hospitalizations	↓ 18.9% (from 132 to 107)	↑ 1.17% (from 3,151 to 3,188)
State Psychiatric	↓ 66.7% (from 3 to 1)	↓ 82.9% (from 392 to 67)

FSP programs are the highest, most intensive level of intervention. The reference to "partners" in these charts is the language that the State requires and is reflective of the fact that the client and provider work closely together in partnership, doing "whatever it takes" to affect recovery.

The MHSA Annual Update and Expenditure Plan provide funding for important programs under CSS to provide services to the mentally ill in Stanislaus County. The CSS component includes FSP, General System Development (GSD), and Outreach and Engagement (O&E) programs. It also includes proposed continuation funding for one program transitioning from the Innovation component to CSS, as well as an expansion of contracts for Transitional Housing Options. The MHSA Annual Update also identifies how the remaining CSS Housing funds will be leveraged to support the No Place Like Home housing project in partnership with Stanislaus Housing Authority.

The following funding recommendations are included in the Fiscal Year 2019-2020 Annual Update and BHRS' Fiscal Year 2019-2020 Proposed Budget request:

<u>CSS Funding for Continuation of Co-Occurring Disorders FSP:</u>

To expand the continuum of care for Stanislaus County residents living with both Mental Illness and a Substance Use Disorder (SUD), BHRS developed the Co-Occurring Disorders project in 2015 as a three-year Innovation project to learn how offering a combination of strategies could increase the quality of mental health services. This Innovation project had several elements, that when combined, have shown to produce better outcomes and create a promising practice for residents suffering from severe mental illness and SUD. Many of these individuals are also involved with the criminal

justice system, often directly related to their mental health and SUD symptoms and behaviors. Many are also homeless, at risk of homelessness, at risk of institutionalization, and/or frequent users of emergency services. Therefore, coordination with existing FSPs continues to be a key component to this project.

Per Innovation regulations, all projects are funded temporarily, and funding for the continuation of the project beyond the initial Innovations period must be allocated from another MHSA component or funding source. Based on the data collection efforts and analysis during the three-year project, BHRS has determined that the Co-Occurring Disorders Project is a critical program to continue under the CSS component. The Co-Occurring Disorders project will be transitioned to a permanent FSP program and will continue to provide the following services:

- Population to be served: Adults, older adults and transition aged young adults (TAYA) with SMI and Co-occurring SMI/SUD.
- Activities: FSP using evidence-based Assertive Community Treatment (ACT) support for individuals enrolled in the FSP, low client to staff caseload ratio, access to supportive services funds to assist with housing and other basic needs.
- Expected outcome: decrease homelessness, incarceration, psychiatric hospitalization, emergency room visits, reduce need for extensive and expensive services.
- Staffing: The program will be continued with the current staffing level.
- Funding: Projected cost for Fiscal Year 2019-2020 is approximately $1.5 million.

<u>Expanded Placement Capacity in Transitional Board and Care Facilities:</u>

BHRS has a continuum of housing options for individuals dealing with serious mental illness. These include emergency housing, transitional housing, and permanent supportive housing. The development of this continuum is based on a Housing First Model, a concept that emphasizes the need to have stable housing before issues of mental illness and substance use can be effectively treated.

BHRS currently contracts with five transitional board and care facilities to provide a transitional housing option for individuals in treatment. In recent years, there has been a dramatic increase in the need for placements at transitional board and care facilities, to support clients transitioning out of more intensive and costly placements in Institutions for Mental Disease (IMD).

BHRS has determined that in order to meet the increase in demand, a corresponding increase in the amount of MHSA funding allocated toward this resource is needed.

- Population: Adults/Older Adults/Transition Age Youth with SMI.
- Results: Increase housing options and reduce homelessness for persons with SMI; Improve the well-being of individuals with SMI.
- Description: Increase the placement capacity in all five transitional board and care facilities.

- Partners:
    - Davis Guest Home, Inc.
    - Ever Well Health Systems, LLC
    - Mar-Ric Jones Care
    - Turner Residential, Inc.
    - Woods' Board and Care Home
- Funding: Projected increase for Fiscal Year 2019-2020 is approximately $1.7 million

Funding Transfer from Community Services and Supports (CSS) to Capital Facilities/Technical Needs (CF/TN) and Workforce, Education and Training (WET):

The Capital Facilities/Technological Needs (CF/TN) component proposal was developed and submitted for approval in July 2009. Following approval, BHRS initially developed two technological needs project proposals; Electronic Health Records and Consumer Family Access to Computing Resources. Initial CF/TN component funding was limited and, by statute, may be funded continuously with CSS funds. $1.6 million of CSS funds are being transferred to CF/TN and WET for continued support of the following previously approved projects:

- Electronic Health Record
- Consumer Family Access
- Data Warehouse
- Document Imaging
- Various WET programs

POLICY ISSUE:

The Mental Health Services Act (MHSA) is designed to expand and improve mental health services. Over the years, treatment and prevention services have been greatly increased in Stanislaus County. California Welfare and Institution Code (WIC) Section 5847 states that county mental health programs shall prepare and submit a Three-Year Program and Expenditure Plan and Annual Update for MHSA programs and expenditures. Plans and updates must be adopted by the Board of Supervisors and submitted to the Mental Health Services and Oversight and Accountability Commission (MHSOAC) within 30 days after Board of Supervisor adoption.

FISCAL IMPACT:

The services described in this Annual Update are funded as part of the State MHSA. Appropriations and estimated revenue to support all MHSA components and programs in the amount of $46.3 million was included in the BHRS Fiscal Year 2019-2020 Proposed Budget. The Fiscal Year 2019-2020 Proposed Budget also includes appropriations and estimated revenue for the transition of the Co-Occurring Disorders FSP project from the Innovations component to the CSS component and the expanded placement capacity in transitional board and care homes. There is no impact to County General Fund.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Boards' priority of *Supporting Community Health* by providing continued and improved access to appropriate behavioral health services and by maximizing the use of State Mental Health Services Act funding.

STAFFING IMPACT:

The continuation of services described in the attached Annual Update will be facilitated by existing BHRS staffing and resources. There is no additional staffing impact associated with the approval of this agenda item.

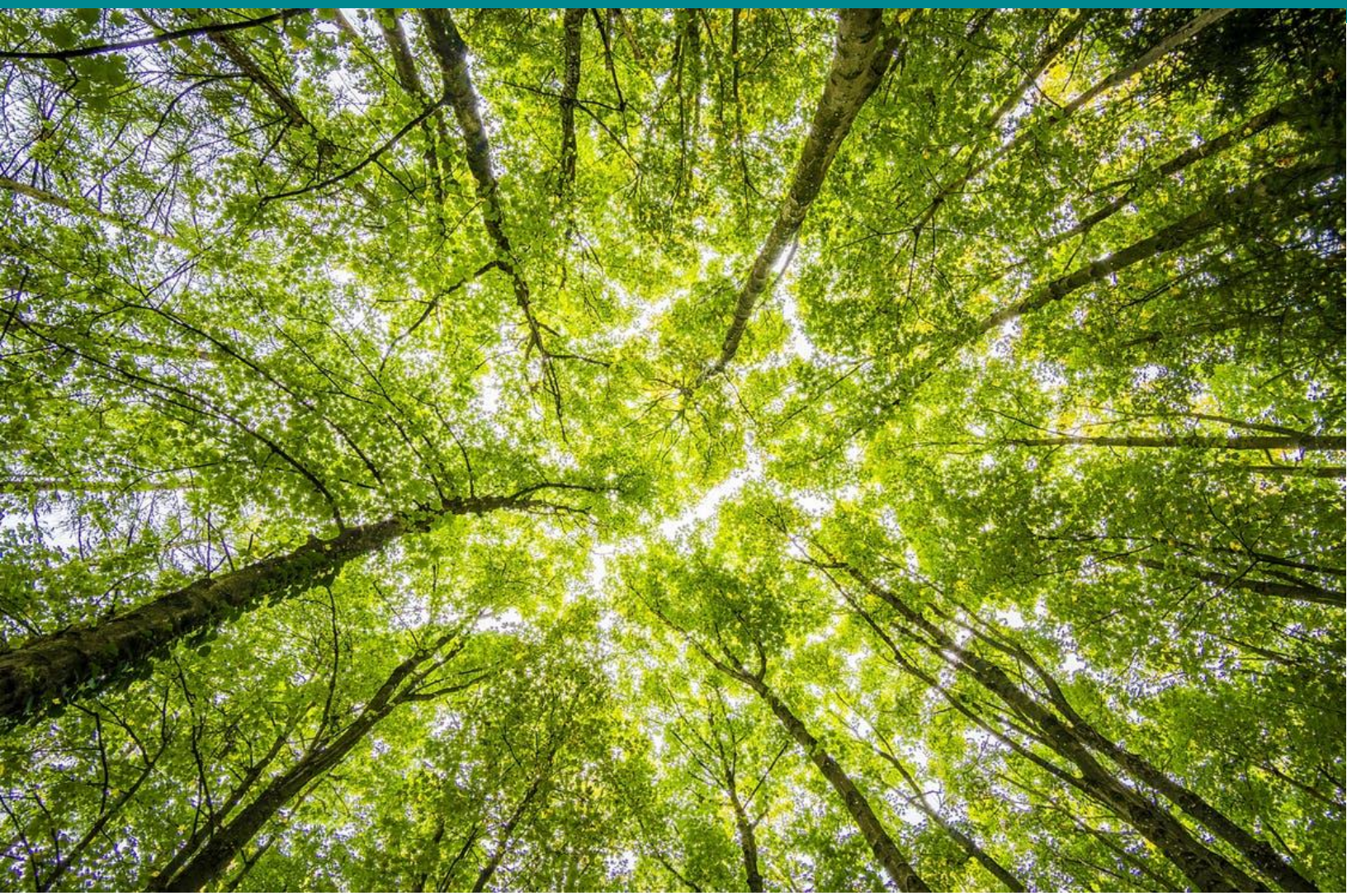
CONTACT PERSON:

Rick DeGette, MA, LMFT, Behavioral Health Director, Telephone 525-6205

ATTACHMENT(S):

1. MHSA Annual Update for Fiscal Year 2019-2020

STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FISCAL YEAR 2019-2020

WELLNESS • RECOVERY • RESILIENCE

JULY 2019

TABLE OF CONTENTS

CERTIFICATIONS

INTRODUCTION/BACKGROUND

COMPONENTS

STORIES/COMMENT FORM

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

Local Mental Health Director	Program Lead
Name: Ruben Imperial, MBA	Name: Leng Power
Telephone Number: (209) 525-6225	Telephone Number: (209) 525-6247
E-mail: Rimperial@stanbhrs.org	E-mail: Lpower@stanbhrs.org
County Mental Health Mailing Address: 800 Scenic Drive, Modesto, CA 95351	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 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 June 25, 2019.

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.

Ruben Imperial, MBA
Local Mental Health Director/Designee (PRINT)

Signature

7-20-201
Date

County: Stanislaus

Date: 7-20-2019

Enclosure 1

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: Ruben Imperial, MBA	Name: Jian Ou-Yang
Telephone Number: 209-525-6225	Telephone Number: 209-525-5673
E-mail: Rimperial@stanbhrs.org	E-mail: yangji@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive Modesto, CA 95350	

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.

Ruben Imperial, MBA
Local Mental Health Director (PRINT)

Signature

7/17/2019
Date

I hereby certify that for the fiscal year ended June 30, 2018, 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 2018 for the fiscal year ended June 30, 2018. I further certify that for the fiscal year ended June 30, 2018, 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.

Jian Ou-Yang
County Auditor Controller / City Financial Officer (PRINT)

Signature

7/16/19
Date

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

MESSAGE FROM DIRECTOR

"Never give up on someone with a mental illness. When "I" is replaced by "We", illness becomes wellness."

– Shannon L. Alder, Author

Stanislaus County Behavioral Health and Recovery Services (BHRS) has been spreading this message of hope and healing for decades. With the passage of Proposition 63 in 2004, the Mental Health Services Act (MHSA), that message has reached more people and addresses more unmet need for behavioral health services than ever before. MHSA has transformed how behavioral health services are delivered in California and here in Stanislaus County.

This year's Annual Update reports on all MHSA services and activities from FY 2017-2018 and reflects our ongoing commitment, we hold with our community partners, to offer integrated services that are client and family-driven, recovery oriented and easily accessible to diverse underserved populations.

I personally, want to thank members of the MHSA Representative Stakeholder Committee, BHRS Behavioral Health Board, Stanislaus County Board of Supervisors for their participation in planning processes to development this Annual Update. I want to acknowledge the work and enthusiasm of BHRS employees who fulfill the promise of a transformed behavioral health system in their daily work.

Lastly, special recognition and thank to the many consumers and family members who shared their remarkable stories of hope, recovery, and resiliency for this report.

Sincerely,

Richard DeGette,

EXECUTIVE SUMMARY

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

In Stanislaus County, funding from the Mental Health Services Act (MHSA) is helping Behavioral Health and Recovery Services (BHRS) address this important issue by expanding and improving programs for people living with mental illness. Our goal is to build a "help first" system of care to eliminate disparities, promote wellness, recovery, resiliency, and ensure positive outcomes.

This year's Annual Update reflects our ongoing work to fulfill the promise of Proposition 63 approved 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.

FY 17-18 HIGHLIGHTS

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

- A total of 6,931 individuals were served through CSS programs
- A total of 726 individuals were active partners in FSP programs.
- There was a 29% decrease in homelessness after one year in an FSP

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 37 programs that promote wellness, foster health and prevent the suffering that results from untreated mental illness. Here are some of their outcomes.

- A total of 1,124 individuals (unduplicated) received brief intervention counseling services.
- A total of 25,400 prevention service provided including information and referral and leadership development.
- A total of 12,900 potential responders (includes families, employees, school personnel/ teachers, leaders, of faith organizations) were trained to recognize early signs of mental illness.
- A total of 3,550 individuals (unduplicated) were reached through dedicated Access and Linkages programs.

WORKFORCE EDUCATION AND TRAINING (WE&T)

Is designed to improve and build the capacity of the local diverse mental health workforce to deliver culturally competent, client and family member directed services. BHRS has five programs that improve and build workforce capacity. Here are some of their outcomes.

- A total of thirteen Behavioral Health and Recovery Services sites hosted volunteers and provided valuable hands on learning opportunities which may increase their skillsets and position them for employment.
- Middle school students at Mark Twain Jr. High School are actively participating in a Wellness Project designed to gain understanding about the mental health field and reduce stigma.
- A total of 89 Individuals participated in the Consumer and Family Member Volunteerism program and contributed 19,089 volunteer hours to BHRS.

CAPITAL FACILITIES TECHNOLOGICAL NEEDS (CF/TN)

Provides funding for building projects and increases technological capacity to improve mental illness service delivery. BHRS has four (4) 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.

INNOVATION (INN)

Funds and evaluates new approaches, test strategies and approaches to increase mental health access to the unserved and/or underserved communities. Innovation projects can also focus on interagency collaboration and increase the quality of services. In FY17-18, BHRS had two (2) unique, time-limited learning projects. Their focus: to learn and develop a new and effective practice or approach to mental health service delivery.

Each project reflected an unmet need and was developed through the community planning process. Project details can be found in the Innovation section of this report.

- INN-16 – Full Service Partnership (FSP) Co-Occurring Disorders- The project entered into the final year of as an Innovation Project.
- INN-17 – Suicide Prevention Innovation Project strengthened the Advisory Board as the project members builds capacity for the work of developing a strategic plan.

FY 19-20 PROPOSED NEW OR EXPANDED PROGRAMS

Community Services and Supports (CSS) and CSS Housing

- New - Transitioning Co-Occurring Disorders Project from Innovation funding to continue as an FSP under CSS
- Expanded Contracts for Transitional Board and Care facilities
- Expanded Short Term Residential Therapeutic Programs to add a third contractor

FY 19-20 PROGRAM TO CONCLUDE

Innovation

- Suicide Prevention Innovation Project – This three year project will end in September 2019. Elements of this project may be continued pending evaluation of project effectiveness, fiscal feasibility and discussion with stakeholders.

EXECUTIVE SUMMARY CONCLUSION:

BHRS is dedicated to continuous process improvement efforts with our partners to identify opportunities to address unmet mental health need in our community. This Annual Update contains many details related to that existing effort. We invite stakeholders to provide input on all aspects of this report.

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 measure places a 1% tax on personal income above 1 million dollars with funds distributed to counties for local allocation. The goal is to transform the mental health system and improve the quality of life for Californians living with a mental illness.

MHSA has five (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)

Behavioral Health and Recovery Services (BHRS) is working continuously to expand and improve behavioral health services using a “help first” approach that enables community members to access services and supports before they are in crisis. MHSA funds are an investment in services, supports, prevention, and system infrastructure to support a full and robust continuum of behavioral health care in Stanislaus County.

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 six essential elements: community collaboration, cultural competence, consumer driven 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). The annual update summarizes Stanislaus County's progress in implementing all services and activities, including highlights and challenges from July 1, 2017 through June 30, 2018. In addition, the report provides an overview of all MHSA-funded programs and component funding and proposals for new or expanded programs, when they are developed, for each of the components.

The Annual Update is developed with feedback from the MHSA Representative Stakeholder Steering Committee (RSSC). The committee is comprised of one primary member and one alternate from the following groups and communities:

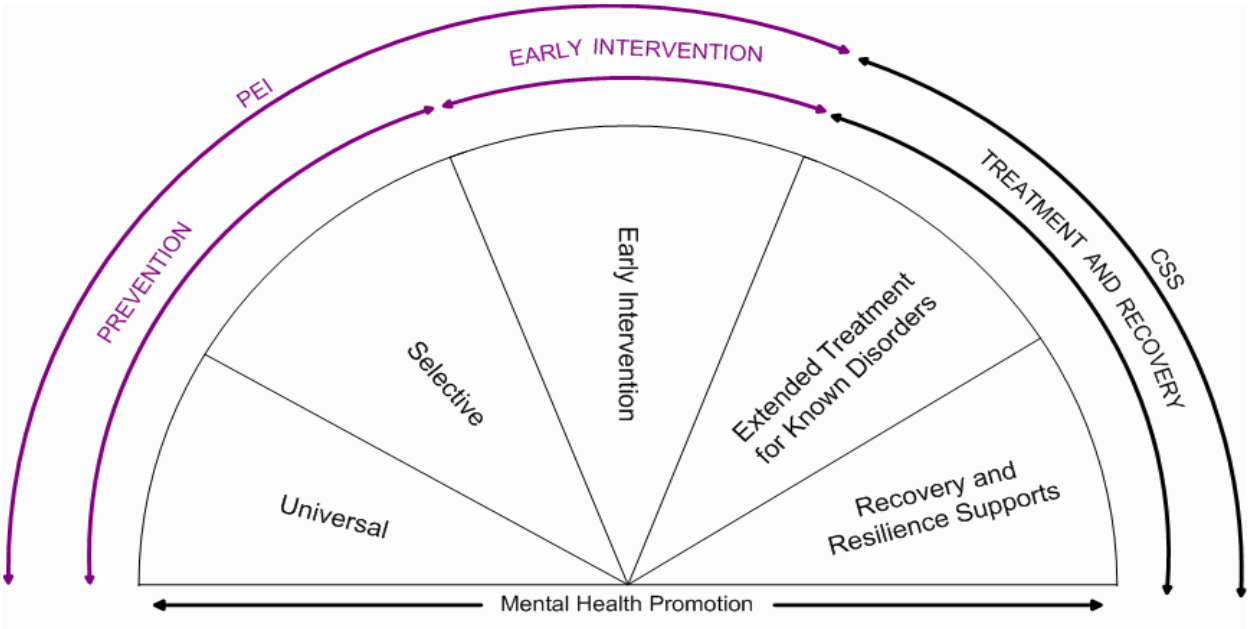
- Behavioral Health and Recovery Services
- Stanislaus County Chief Executive Office
- Community Consumer Partners
- Contract Providers of Public Mental Health Services
- Stanislaus County Courts
- Diverse Communities
- Education
- Family Member Partners
- Health Care Public and Private
- Law Enforcement
- Stanislaus County Probation Department
- Housing: Public and Private
- Public Mental Health Labor Organization
- Regional Areas; South and Westside
- Senior Services
- Social Services
- Veterans community

The Annual Update development process must also include a 30-day public review/comment period and a public hearing conducted by the Stanislaus County Behavioral Health Board (W&I code 5848).

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

MHSA FUNDING SUMMARY

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.



Workforce Education & Training - Capital Facilities/Technological Needs - Innovation

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 to 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 (CSS & PEI) 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 Controller's 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 2019-2020 budget plans. The projected budget attached to the MHSA Annual Plan was prepared on March 20th, 2019 and is subject to change up until the point that it is officially adopted as part of the Fiscal Year 2019-2020 proposed budget by the Stanislaus County Board of Supervisors in June of 2019. Expenditure and revenue projections are updated during each budget cycle and material changes are discussed during the representative stakeholder steering review process.

Funding Summary

County: Stanislaus | Date: 3/20/19

	MHSA Funding							
	A	B	C	D	E		F	G
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	Total
Estimated FY2019/20 Funding								
1. Estimated FY 2018/19 Unspent Fund Balance	14,263,155	5,074,097	2,839,566	90,949	220,814	17,029	500,000	22,988,580
2. Estimated New FY2019/20 Funding	20,399,946	5,099,987	1,342,102					26,842,035
3. Transfer in FY2019/20[a/]	(1,600,000)			600,000	1,000,000			0
4. Access Local Prudent Reserve in FY2019/20							0	0
5. Estimated Available Funding for FY2019/20	33,063,101	10,174,084	4,181,668	690,949	1,220,814	17,029		49,347,644
Estimated FY2019/20 Expenditures	27,542,771	6,309,623	2,369,788	627,637	1,145,407	17,029		38,012,255
1. Estimated Unspent Funds from Prior Fiscal Years	5,520,330	3,864,461	1,811,880	63,312	75,407	0	500,000	11,835,389

FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Stanislaus | Date: 3/20/19

	Fiscal Year 2019/20					
	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	5,571,002	3,863,002	1,708,000			
2. FSP-02 Juvenile Justice	921,308	802,308	119,000			
3. FSP-05 Integrated Forensic Team	2,309,510	1,826,510	483,000			
4. FSP-06 High Risk Health & Senior Access	2,534,627	1,919,627	575,000			40,000
5. FSP-07 Turning Point-ISA	938,435	938,435				
6. FSP-08 FSP for Children/Youth with SED	883,371	513,371	370,000			
7. FSP-09 Assisted Outpatient Treatment	574,685	459,126	115,559			
8. FSP-10 Co-Occuring Disorders FSP	1,518,049	1,038,049	480,000			
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
Non-FSP Programs						
1. O&E-02 Housing Program - Garden Gate Respite	5,712,382	5,326,486		45,847		340,049
2. O&E-02 Employment - Garden Gate Respite	734,441	583,800		65,218		85,423
3. O&E-03 Outreach and Engagement	536,107	536,107				
4. GSD-01 Transition Age Young Adult Drop in Center	1,766,863	1,242,863	524,000			
5. GSD-02 CERT/Warmline	1,026,979	1,026,979				
6. GSD-04 Families Together	699,807	699,807				
7. GSD-05 Consumer Empowerment Center	509,699	509,699				
8. GSD-06 Crisis Stabilization Unit	1,775,594	676,325	1,000,000			99,269
9. GSD-07 Crisis Intervention Program for Children and Yo	637,262	523,364	54,430			59,468
10. GSD-08 Youth Peer Navigators	46,280	46,280				
11. GSD-09 Short-Term Residential Therapeutic Program	1,500,000	825,000	675,000			
12. GSD-10 Crisis Residential Unit - 4 Beds	550,786	275,393	275,393			
13. GSD Portion of Westside Stanislaus Homeless Outreach	1,287,667	1,287,667				
14. GSD Portion of Integrated Forensic Team	278,000	278,000				
15. GSD Portion of High Risk Health & Senior Access	211,000	211,000				
16.	0					
17.	0					
CSS Administration	2,933,573	2,133,573	500,000			300,000
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	35,457,427	27,542,771	6,879,382	111,065	0	924,209
FSP Programs as Percent of Total	55.4%					

FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Stanislaus Date: 3/20/19

	Fiscal Year 2019/20					
	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	1,891,689	1,891,689				
2. Outreach for Increasing Recognition	209,364	209,364				
3. of Early Signs of Mental Illness						
4. Stigma Discrimination Reduction	63,483	63,483				
5. Suicide Prevention	209,237	209,237				
6. Outcomes and Evaluation	169,957	169,957				
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	2,908,411	2,828,411	80,000			
12. Access and Linkage	374,400	374,400				
13. Statewide Initiative	45,000	45,000				
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	618,082	518,082				100,000
PEI Assigned Funds	0					
Total PEI Program Estimated Expenditures	6,489,623	6,309,623	80,000	0	0	100,000

Workforce, Education and Training (WET) Component Worksheet

County: Stanislaus Date: 3/20/19

	Fiscal Year 2019/20					
	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	573,210	573,210				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
WET Administration	54,427	54,427				
Total WET Program Estimated Expenditures	627,637	627,637	0	0	0	0

FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Stanislaus Date: 3/20/19

	Fiscal Year 2019/20					
	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					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. SU-01 Electronic Health Record	665,387	665,387				
12. SU-02 Consumer Family Access	296,512	296,512				
13. SU-03 EH Data Warehouse	115,167	115,167				
14. SU-04 Document Imaging	68,341	68,341				
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	1,145,407	1,145,407	0	0	0	0

FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Stanislaus Date: 3/20/19

	Fiscal Year 2019/20					
	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. Innovations Planning	131,450	131,450				
2. INN-17 - Suicide Prevention	100,428	100,428				
3. Requests for Proposals	2,000,000	2,000,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
INN Administration	157,910	137,910				20,000
Total INN Program Estimated Expenditures	2,389,788	2,369,788	0	0	0	20,000

FY 2018-19 Annual Update Mental Health Services Act Expenditure Plan

Housing Component Worksheet (Returned from CalHFA)

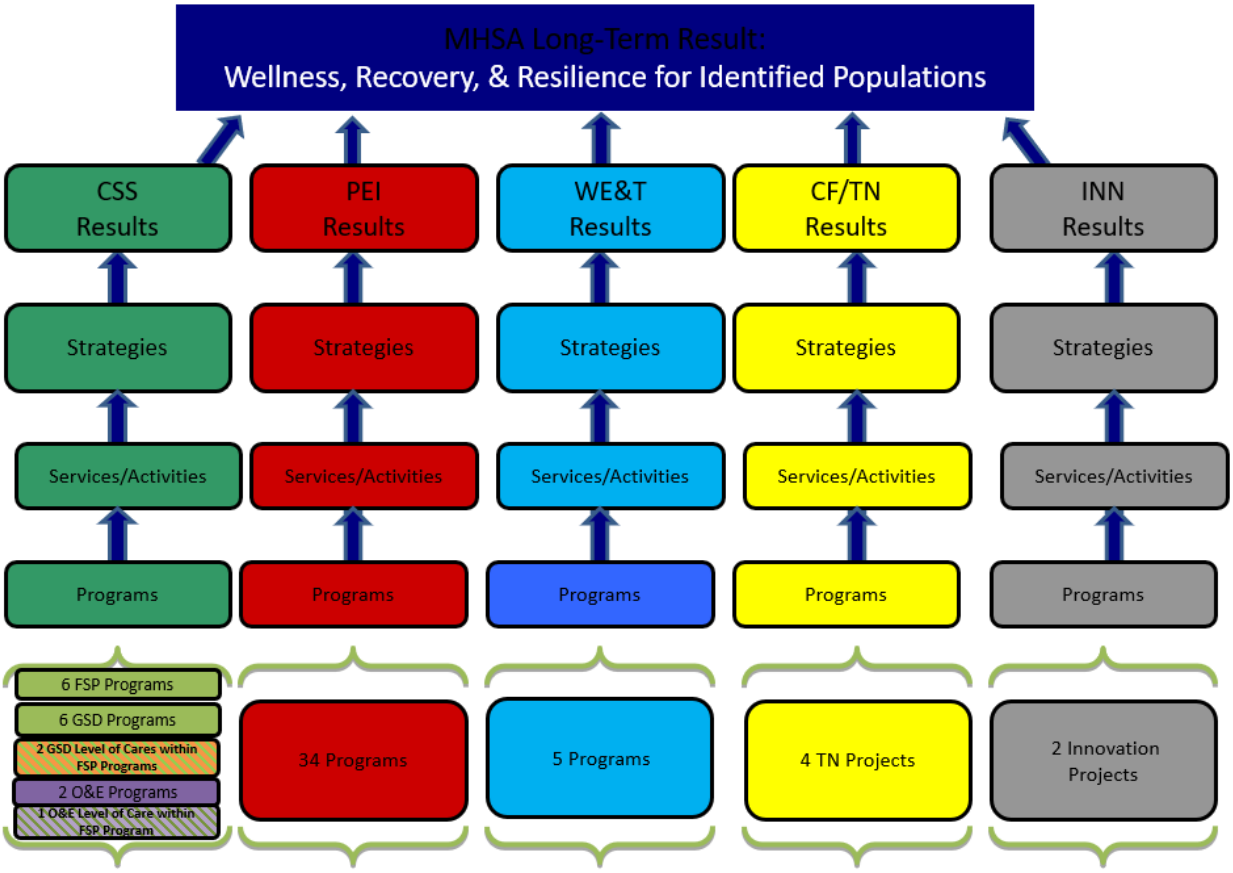
County: Stanislaus Date: 3/20/19

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1. Housing Project	17,029	17,029				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
Housing Administration	0					
Total Housing Program Estimated Expenditures	17,029	17,029	0	0	0	0

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 guide that effort, BHRS has implemented the Theory of Change and Results Based Accountability (RBA) frameworks.

The Theory of Change (shown below) is a type of methodology, a road map for planning and evaluation to promote 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 service programs and progress to show how MHSA programs are impacting lives.



COMMUNITY STAKEHOLDER PLANNING ACTIVITIES

In FY 2017-2018 the RSSC was convened once for an in-person meeting and engaged in ongoing electronic communication throughout the year. The RSSC group met on July 13th, 2018 to begin planning for Innovation Projects. The RSSC group convened on February 1st, 2019 to review new items and items to be expanded in CSS programs in the coming FY 19-20. On March 11th, 2019, the RSSC was convened to review an item submitted for a plan update in FY 18-19. Below are meeting details and course of action.

MARCH 23, 2018

The RSSC was convened with 14 members, 12 alternates in attendance and 30 other participants (e.g. Stanislaus County Chief Executive, BHRS staff, RSSC alternates, community observers.) BHRS Leadership viewed this as the opportunity to re-engage stakeholders, revitalize the committee's role and describe the considerable amount of work to be done in FY2018-19. The three-hour meeting included a detailed description of the agenda items with background information and sharing of diverse points of view with facilitated discussion of key aspects. This opportunity to provide clarification on past planning processes and outcomes related to Innovation project ideas. The discussion achieved consensus and allowed the committee to move forward in the planning process.

Topics:

- Innovation Planning
- Assisted Outpatient Treatment Pilot Project
- New and Expanded Supported Housing Projects

JULY 13, 2018

The RSSC was convened with 7 members, 6 alternates in attendance and 42 other participants from the community including service providers and county program representatives. The purpose of the meeting was to begin planning for community based projects which included a review of the regulations for the Innovation component of MHSA. Stakeholders were engaged in understanding what Innovation funding aims to accomplish within the public mental health system and the unique learning features associated with the time limited projects. The two hour meeting included group activities that allowed participants to discuss and identify unmet mental health needs in Stanislaus County and possible areas of focus for future INN projects.

The stakeholder input and related information was collected and used to develop issue themes and related learning questions that BHRS Senior Leadership reviewed and

authorized to be included as the guiding framework in development of the Innovation Request For Proposals. The following funding chart was shared as part of the discussion.

FY 17-18	FY 18-19	FY 19-20	FY 20-21
$1,000,000	$1,241,333	$1,268,675	$1,268,675
To be spent by June 30, 2020	To be spent by June 30. 2021	To be spent by June 30, 2022	To be spent by June 30 2023

Additionally, stakeholders were informed of upcoming planning opportunities such as the Potential Contractor Outreach Workshops as well as a pre-bidder's conference as part of the Innovation Request for Proposals process.

FEBRUARY 1, 2019

The RSSC was convened with 11 members, 5 alternates in attendance and 43 other participants from the community including service providers and county programs. The meeting provided opportunity for the department to share detailed description of proposed program expansion, updates on pilot programs as well as Innovation planning timelines and give an overview of the MHSA goals for FY 2019-2020.

TOPICS COVERED

1. Legislative updates related to MHSA components.
2. Innovation timeline of activities towards project implementation
3. Annual Update timeline
4. Update on Assisted Outpatient Treatment Pilot Program
5. Proposed and recommended new and expanded programs (see below)

PROPOSED AND RECOMMENDED NEW PROGRAMS AND FUNDING CHANGES:

MOVE COD-FSP INNOVATION PROJECT TO CSS FUNDING

- All Innovation demonstration projects are time limited.
- INN Project to be funded under CSS: Co-Occurring Disorders Project as FSP-10
- Project strategy to be funded: ongoing operation of Full Service Partnership
- Population to be served: adults with both serious mental illness and co-occurring substance use disorder.

- Activities: Serving individuals with a strong ACT model, emphasizing harm reduction strategies, an integrated approach to primary care access, “housing first” strategy and co-location on an SUD treatment site.
- Expected Outcomes: Increase the quality of mental health services and measurable outcomes.
- Estimated Funding Amount: $800K per year

Background support for moving Innovation project to CSS:

The Co-Occurring Disorders Project was submitted for approval in the MHSA Annual Update FY2015-2016 as a three-year project to conclude in FY 2018-2019. The following learning questions guided the work of the project and evaluation report.

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?

Since this Innovation project makes a change to an existing mental health practice that has not yet been demonstrated to be effective for the population experiencing both a serious mental illness as well as a co-occurring SUD, it was important to learn about the effectiveness of processes as well as the impact on the quality of services. Therefore, evaluation included both formative and summative aspects. For example, although Stages of Recovery frameworks have been used before for both Mental Health and SUD programs, it was expected that *how* they are being used by collaborating staff will make a difference in positively impacting client progress.

Both qualitative and quantitative methods were utilized to address the learning questions and help answer the overall question of what combination of strategies and services are most effective at the different concurrent mental health and SUD recovery stages. Data collection has included: referral tracking; staff documentation of working with Stages of Recovery frameworks; Substance Abuse Treatment Scale (SATS) stages tracking and change; Mental Health Recovery Treatment Stages (MHRTS) stages tracking and change;

documentation of strategy and service efficacy; client satisfaction surveys; DCR; and CalOMS.

Staff documented the work surrounding the Stages of Recovery frameworks and how concurrent use of the frameworks affect their work and client outcomes. A qualitative analysis of this documentation has emphasized the strengths and challenges of using the sometimes contradictory language and methods of the two frameworks. We have learned from this process how to best utilize the two frameworks to create shared understanding of clients' recovery needs, and most effectively impact client progress. Data collected thus far has indicated that treating clients through a co-occurring lens has significant impact on recovery. Additionally, transitioning the project to a more permanent funding stream will allow for continuity of services and increase the chances of recovery for clients and enhance the program treatment options available through BHRS. A detailed report of the results of this project will be shared in the final project report following completion of the project in June 2019. The information below represents some of the project data.

Outcomes for clients served in the Assertive Community Treatment (ACT) Level.

Outcomes for Partners After One Year in COD FSP n=32		
	Partners	***Days***
Homelessness	↓29.4% (from 17 to 12)	↓55.2% (from 2,593 to 1,162)
Incarcerations	↓50.0% (from 12 to 6)	↓30.9% (from 601 to 415)
Acute Medical Hospitalizations	↓40.0% (from 5 to 3)	↓78.9% (from 109 to 23)
Acute Psych Hospitalizations	↓32.0% (from 25 to 17)	↓5.8% (from 516 to 486)
State Psychiatric	↓100% (from 3 to 0)	↓100% (from 480 to 0)

CSS SUPPORTED HOUSING EXPANSION EXPENDITURES

1. No Place Like Home Housing Projects- $326,892

On April 26, 2016 the Board of Supervisors approved a Master Plan for Permanent Supportive Housing funds and request to return the remaining MHSA Housing Funds currently held by California Housing Finance Agency to Stanislaus County. Approximately $1.1 million would be made available at the local level for construction, rehabilitation, and acquisition of permanent supportive housing.

BHRS has a continuum of housing options for individuals dealing with serious mental illness. These include emergency housing, transitional housing, and permanent supportive housing. The development of this continuum is based on a Housing First model, a concept that emphasizes the need to have stable housing before issues of mental illness and substance use can be effectively treated.

To date, BHRS has allocated the funds on two approved housing projects;

1. Kestrel Ridge
2. Palm Valley

No Place Like Home funding is from the California Department of Housing and Community Development for acquiring, designing, constructing, rehabilitating, or preserving permanent supportive housing for individuals with serious mental illness. No Place Like Home housing projects provided BHRS an opportunity to leverage the remaining housing funds as matching dollars in partnership with the Housing Authority of Stanislaus County, the City of Turlock, and the City of Modesto.

The total number of units proposed by the Housing Authority of Stanislaus County as the County's development partner for the competitive NPLH funds is 19 permanent supportive housing units. Because the units are spread across three (3) sites, the application is considered a "scattered site" application and the properties are identified as follows;

1. 11 units at 1143 Park Ave. Turlock (8 new units plus 3 rehabilitated units)
2. 4 units at 513 N. Palm Ave. Turlock
3. 4 units at 400 block, Vine Ave., Modesto

Subsequent conversations within the department after the February 1, 2019 Representative Stakeholder Steering Committee Meeting clarified the fact that the amount of $326,892 is subject to reversion at the end of fiscal year 18-19. The action to expend the housing fund balance of $326, 892 on the No Place Like Home housing project will occur prior to June 30, 2019. The $326, 892 amount will not be allocated to rental subsidies as stated in the MHSA Annual Update FY 19-20.

2. Housing Staff- $383,146
    a. Subsequent to the discussion with stakeholders on February 1 2019, this item will be postponed to a future fiscal year.
3. Increase contracts to transitional board and care facilities- $1.7 million

Increasing funding that expands capacity in transitional board and care facilities supports individuals who need a more secure and structured living environment. This level of care is more a continuum of care. Client goals and treatment objectives include moving to the lowest level of care whenever possible.

MARCH 11, 2019

The RSSC was convened to review a plan update for Fiscal Year 2018-2019 that creates a new GSD program for Short Term Residential Therapeutic Programs as part of the Children's System of Care at Behavioral Health and Recovery Services. The following information was considered.

OVERVIEW

A new requirement was established by Assembly Bill (AB) 403 and Continuum of Care Reform (CCR) legislation January 1, 2017. This was an unfunded mandate that created a new community care licensure category for residential treatment programs called Short-Term Residential Therapeutic Program (STRTP).

STRTPs are residential facilities operated by a public agency or a private organization and must be licensed by the California Department of Social Services (CDSS) pursuant to the California Health and Safety Code Section 1562.01. Statute requires that an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision be provided to Children and Youth who are Wards and Dependents of the Court and/or Non-Minor Dependents (NMDs) with the aim of moving the youth to a less restrictive environment within six months. The care and supervision provided by an STRTP are nonmedical, except as otherwise permitted by law. Private STRTPs are organized and operated on a nonprofit basis. STRTPs are designed primarily for youth ages 12-20. Only State-licensed, County-contracted agencies may provide STRTP services.

Counties are responsible for administering their local mental health plans (MHP) funded through Federal Medicaid (known as Medi-Cal in California). Stanislaus County Behavioral Health and Recovery Services (BHRS) is responsible for providing, or arranging for, Specialty Mental Health Services (SMHS) for Medi-Cal beneficiaries that are residents of Stanislaus County. All Medi-Cal beneficiaries have access to SMHS if they meet medical necessity criteria. Medi-Cal covers a portion of the cost and counties must fund the balance of 55% with other funds; primarily 2011 Realignment or Mental Health Services Act funds.

Recommendations:

1) BHRS is recommending the unfunded mandate of STRTP, given by the CCR, be funded with Mental Health Services Act Community Services and Supports funds through the creation of a new General System Development program within Community Services and Supports (CSS) using Mental Health Services Act (MHSA) revenue in the current Fiscal Year (2018-2019) and future fiscal years.
2) This funding decision be revisited with attention to the continued feasibility of use of MHSA funds.

New program description:

- GSD – 09 Short-Term Residential Therapeutic Program
- Population to be served: Children and Youth with SED/SMI including Wards and Dependents of the Court and/or Non-Minor Dependents (NMDs)
- Strategy: Provide for delivery of short-term, specialized and intensive behavioral health treatment to youth whose needs cannot be safely met initially in a more family-like setting. Youth are to be served in short-term residential therapeutic services with the aim of moving the youth to a less restrictive environment within six months.
- Services: Core behavioral health services will be provided by STRTP community-based agency partners through an agreement with Behavioral Health and Recovery Services (BHRS). Behavioral health services will include, at a minimum, medication support services, case management, crisis intervention, and mental health services (e.g., assessment, individual, family and group therapy).
- Numbers to be served: Capacity of up to 110 youth at one time with expected turnover during the year.
- Performance Measures: youth's functionality will improve in the following settings; home, school, and community. Youth and families will be satisfied with services and improved functioning. Youth will build resiliency and coping skills. Youth will meet treatment goals and transition to a lower level of care. Youth will have fewer hospitalizations.
- Measurement Tools: Will include but is not limited to;
    - Reports from youth, caregiver, school records, and therapist evaluation
    - Child and Adolescent Needs and Strengths (CANS)
    - Consumer Perception Survey

In FY 19-20, a third STRTP provider is estimated to begin providing services in FY after completing the process of certification by the State and contracted with Stanislaus County. The addition of a third provider would add up to up 15 additional beds in STRTP level of care.

On March 11, 2019, the Representative Stakeholder Steering Committee considered and discussed this recommendation. The plan update document was posted from March 18th 2019 to April 17th 2019. The Board of Supervisors approved the MHSA Plan Update on April 30th 2019, allowing the new GSD to become operational.

LOCAL REVIEW PROCESS

This Annual Update was posted for 30-day public review and comment on March 27, 2019 April 25, 2019. Notification of the public review dates and access to copies of the Annual Update were made available through the following methods:

- An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- The RSSC met on April 19th, 2019 to review and discuss
- 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, Behavioral Health Board members, as well as other community stakeholders were sent the Public Notice informing them of the start of the 30-day review, and how to obtain a copy of the Annual Update and Three-Year Program and Expenditure Plan
- 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

Comments are solicited through a comment form attached to the back of this document and may be faxed to (209) 558-4326 or U.S. mail to Leng Power, MHSA Planning Manager 800 Scenic Drive, Modesto, CA 95354. Contact may be made through the website www.stanislausmhsa.com and e-mail (lpower@stanbhrs.org).

The public comment period will conclude with a public hearing conducted by the Stanislaus County Behavioral Health Board meeting at 800 Scenic on April 25, 2019 at 5PM. All community stakeholders are invited to participate.

All public comments will be considered and substantial comments included with a response in the final and submitted version of the Annual Update.

There was one substantive public comment received at the public hearing. The comment was related to improving the method of gathering stakeholder input and a desire to have increased peer representation at the RSSC meetings.

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 funds 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. In FY 17-18, Stanislaus County has 14 CSS programs including six (6) FSP programs, six (6) GSD programs, and two (2) O&E programs.

All CSS programs are committed to providing services that embrace the MHSA general standards:

- Community Collaboration
- Cultural Competence
- Client Driven
- Family Driven
- Wellness, Recovery, and Resilience Focused
- Integrated Service Experiences for clients and their families

FULL SERVICE PARTNERSHIPS (FSP)

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 17-18 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)
- FSP-08 - Central Star Youth with SED

GENERAL SYSTEM DEVELOPMENT (GSD)

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 17-18 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
- GSD-07 - Crisis Intervention Program for Children and Youth

OUTREACH AND ENGAGEMENT (O&E)

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 17-18 Programs:

- O&E-02 – Supportive Housing Services
    - Garden Gate Respite
    - Intensive Transitional Housing
    - Vine Street Emergency Housing
    - Supportive Housing Services (Transitional Board and Care)

- O&E-03 – Outreach and Engagement/Underserved Rural Communities

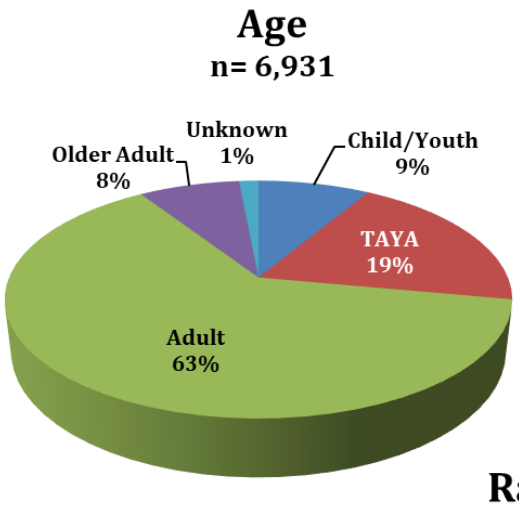
CSS BUDGET

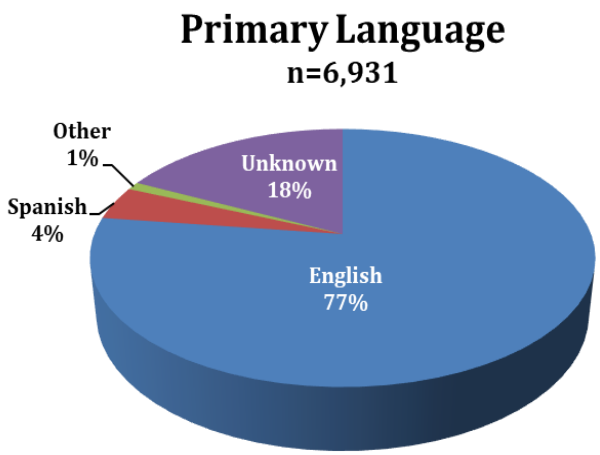
FY 17-18

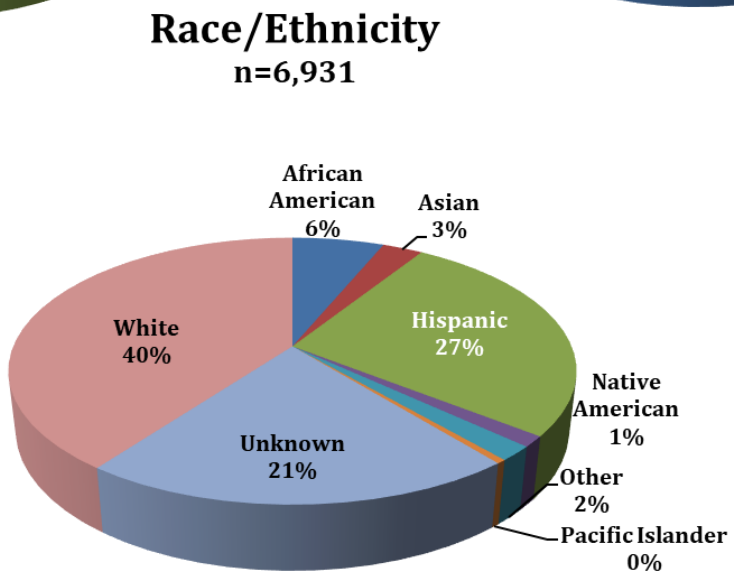
Total MHSA Budget	Actual	Total Number Served	Estimated MHSA Cost Per Participant
$21,082,988	$16,555,806	6,931	2,389

FY 18-19 Budget	FY 18-19 Projected	FY 19-20 Projected
$21,844,944	$22,429,762	$26,434,981

CSS DEMOGRAPHICS OF INDIVIDUALS SERVED IN FY 17-18







CSS-FSP HIGHLIGHTS

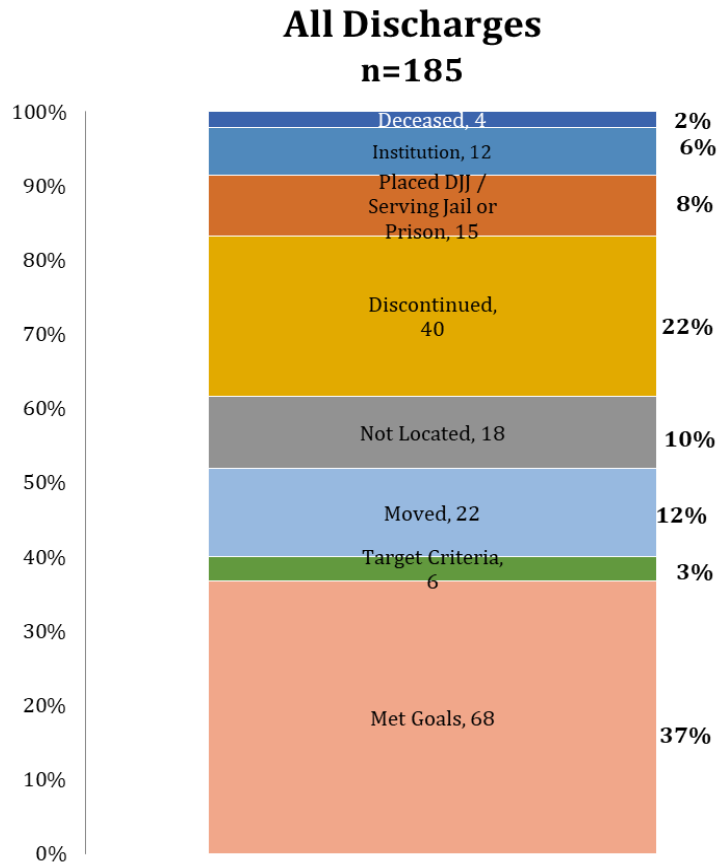
This data represents all FSP's from the time period of July 1, 2017 to June 30, 2018.

- 527 active FSP partners in FY 17-18
- All outcomes in the following table is based on the 527 partners who were active in FY 17-18 and in the program for at least a year.

Outcomes for Partners After One Year in an FSP
n=527

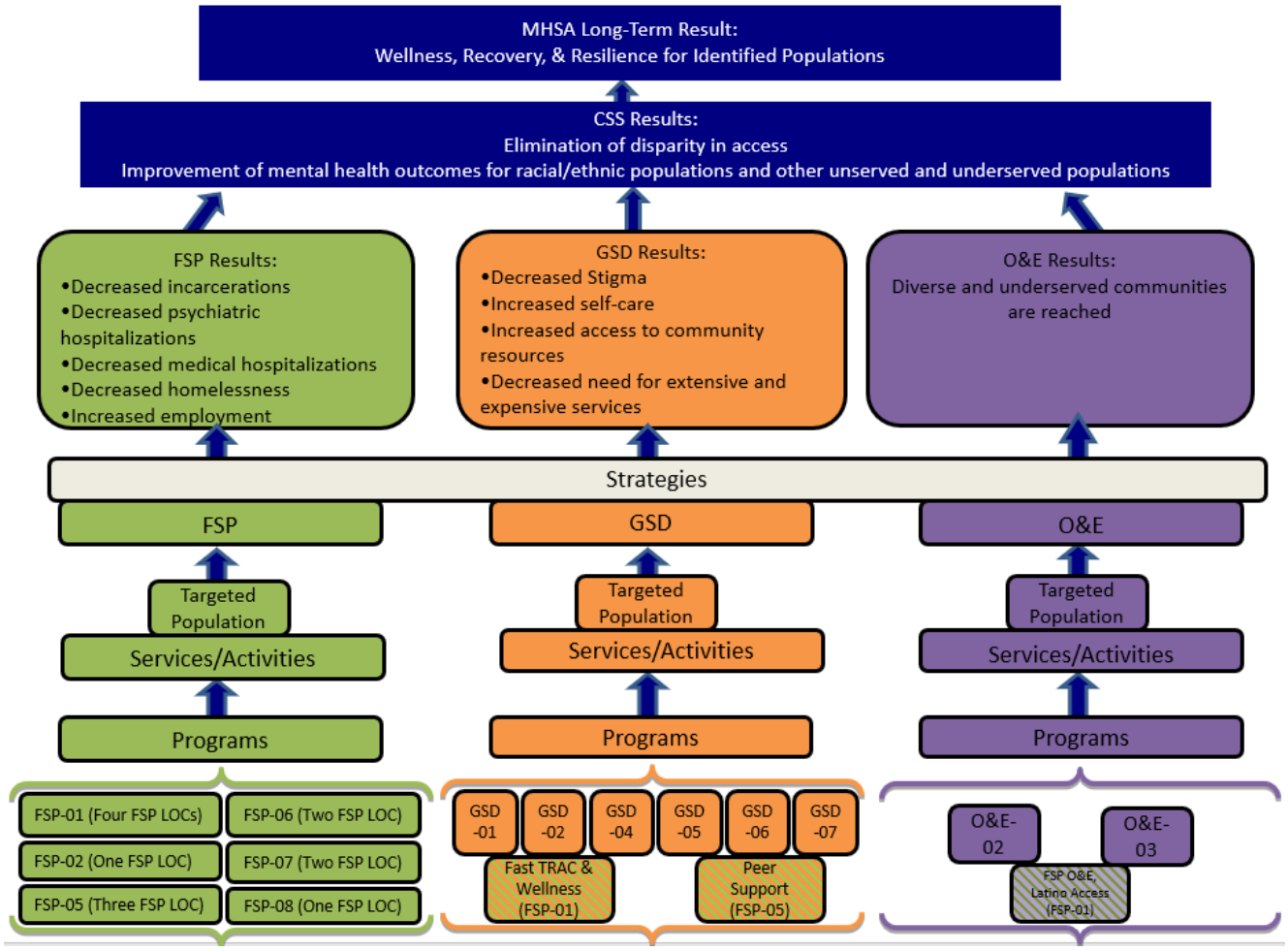
	Partners	*Days*
Homelessness	↓ 28.9% (from 97 to 69)	↓ 73.5% (from 15,210 to 4,028)
Incarceration	↓ 35.6% (from 135 to 87)	↓ 47.8% (from 8,856 to 4,627)
Acute Medical Hospitalizations	↑ 17% (from 53 to 62)	↓ 11.7% (from 1,266 to 1,118)
Acute Psych Hospitalizations	↓ 15.1% (from 292to 248)	↑ 24.7% (from 7,932 to 9,889)
State Psychiatric	↓ 69.7% (from 33 to 10)	↓ 83.8% (from 7,329 to 1,189)

This table represents the total number of discharges from an FSP and provides a breakdown of reason for discharge.



THEORY OF CHANGE FRAMEWORK

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 FY17-18 displayed in the Theory of Change Framework.



STANISLAUS HOMELESS OUTREACH PROGRAM FSP-01 OPERATED BY TELECARE CORPORATION IN THE BHRS ADULT SYSTEM OF CARE

PROGRAM DESCRIPTION

The Stanislaus Homeless Outreach Program (SHOP) program provides culturally competent mental health services to individuals with serious mental illness and a history of homelessness that have mental health or 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.

TARGET POPULATION

Transitional Aged Young Adults (TAYA) 16-25, Adults 26-59, and Older Adults 60+ with a serious mental Illness or co-occurring substance abuse.

SERVICES AND ACTIVITIES

SHOP programs utilize a team approach to provide a continuity of care and a menu of treatment options utilizing the Assertive Community Treatment (ACT) model. Clients receive support including individualized housing plans to successfully achieve their own personal recovery goals.

Under the name “FSP-01 SHOP” there are four (4) FSP teams serving different populations:

1. Westside SHOP
2. Partnership Telecare Recovery Access Center (Partnership TRAC)
3. Josie’s Telecare Recovery Access Center (Josie’s TRAC)
4. Modesto Recovery Services TRAC (MRS TRAC) - FSP Access and Supports.

All FSP teams utilize ACT strategies including, but not limited to, integrated intensive community-based services and supports with 24/7 availability with a known service provider, a “housing first” approach alongside a wellness and recovery focus with client/family centered services that inspires hope.

SHOP offers 3 levels of care within the Full Service Partnerships.

1. Full Service Partnership (FSP) – ACT Model
2. Intensive Support Services – Less frequent contact and more peer support
3. Wellness/Recovery – Primarily peer support with service contact as needed

This level of care approach within an FSP allows an individual to enter the program at the level they need and then move to a lesser or greater level of care as their needs change.

SHOP also includes services funded by General System Development (GSD) dollars that expand capacity to support individuals to receive group and peer support in achieving and maintaining recovery and wellness goals.

GSD Funded levels;

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.

Transition TRAC is an effort to assist individuals who are being discharged from the acute psychiatric inpatient hospital in Stanislaus County. The Transition TRAC team also contacts individuals who are not receiving behavioral health services prior to hospitalization and attempts to engage them following hospitalization. The goal is to prevent re-admissions to inpatient psychiatric services.

The estimated number of individuals to be served in FY18-19 is 615; 456 in the Full Service Partnership and 159 in Intensive Support Services and Wellness/Recovery.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-2018

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$ 4,188,836	***$4,348,140***	***3,043***	***$1429***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$4,762,935	***$5,094,404***	***$5,103,168***

HIGHLIGHTS:

- The Team has had success in transitioning clients from higher levels of care to lower levels of care such as transitional board and care homes.
- Proficient in English and Spanish, Latino Access teams connected with neighborhoods including Latino communities to talk about mental health issues and reduce the stigma of receiving mental health services.
- Successful community agency partnerships include the following: Center for Human Services, BHRS, Sutter Health, Golden Valley Health Centers, Catholic Charities, Riverbank Community Collaborative and the Modesto and Turlock Police departments.
- Telecare was granted a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF renewal in September 2017.
- Each team participates in monthly internal chart audits ensuing that every chart will be reviewed within a year. These audits are triggered by treatment episode opening dates and review dates of treatment plan.
- The Telecare Member's Handbook, available in Spanish and English language, was revamped to include client's artwork.
- Program brochures were updated and improved.
- A new system was implemented to bring new staff onboard quicker and with more timely trainings in an effort to better serve our clients.
- Increased community involvement was achieved through participation in the Out of the Darkness Walk a suicide prevention event and an information booth at the Amgen bicycle race event.
- Telecare has experienced an increase in providing substance use disorder assessments to T-TRAC and Telecare clients seeking admittance to Stanislaus Recovery Center.
- The Team has had success with clients being reunited with family out of conservatorship

(The following SHOP activities/highlights were supported with General System Development funds)

- Transition TRAC Team engaged and provided referral information to all individuals (on the psychiatric units) who were evaluated by Community Emergency Response Team (CERT) and determined to meet criteria for involuntary inpatient care and who were not already connected to treatment service providers.
- Transition TRAC Team responded to individuals for crisis contact evaluations to determine whether they could benefit from other alternatives to another psychiatric admit.
- Transition TRAC Team provided clients with short-term case management service which included accompanying individuals as they accessed community resources.
- Telecare partnered with BHRS to create a Performance Improvement Project (PIP) that resulted in a pre-post tool used to increase engagement, follow-up and linkage to community resources.

- Groups throughout the year including but are not limited to:

    - SUD Co-Occurring Education
    - Depression (Spanish)
    - Women's Group
    - Stress Reduction
    - Men's Group
    - Life Skills
    - Peer Support
    - Triggers and Cravings
    - Parenting Skills
    - Art Therapy
    - Spirituality

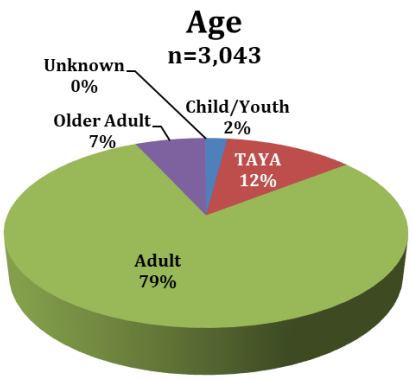
CHALLENGES FOR FSP AND GSD LEVELS OF CARE:

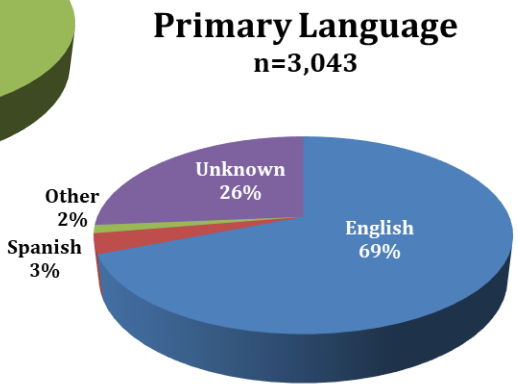
- There is a scarcity of mental health services/resources for uninsured and uninsured undocumented individuals, specifically for the Spanish speaking population.
- There are limited free resources available for Spanish speakers with mild to moderate mental health needs in the areas of individual counseling and support groups.
- Lack of available child care and transportation are barriers identified by individuals who are engaged in treatment.
- A challenge exists for the homeless population in having a safe place to store their belongings or pets when entering residential treatment.
- There exists a shortage in housing and emergency shelters for all homeless individuals and more significantly for homeless individuals needing a link to mental health treatment.
- Hiring and retention of staff is a challenge due a small pool of potential individuals who are qualified and there is considerable competition for those individuals among agencies.
- An increased number of individuals on temporary and permanent conservatorship were served by Telecare in FY16-17. A central challenge with individuals on conservatorship is that placement opportunities (treatment and/or housing) are limited due to the high demand throughout Stanislaus County and neighboring counties. As a result, individuals on conservatorship maybe housed in residential facilities outside county (e.g. Bakersfield, Sacramento, Novato) which necessitates long distance travel for family members and treatment staff.
- Successful engagement into treatment of individuals with co-occurring SMI and SUD is very challenging. These issues can, and regularly do, significantly hamper an individual's efforts to seek recovery, be motivated to obtain and maintain in treatment.
- There are challenges with technology such as computer and network errors

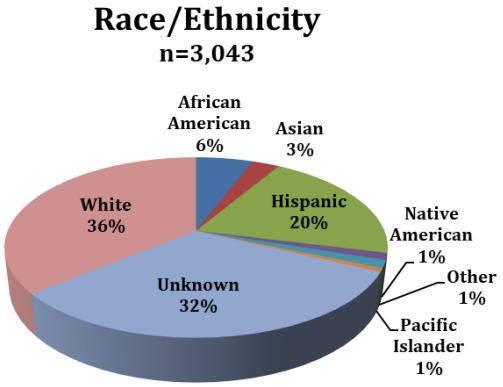
Outcomes for Partners After One Year in FSP 01 n=192		
	Partners	***Days***
Homelessness	↓ 30.2% (from 43 to 30)	↓ 80.3% (from 6,483 to 1,275)
Incarcerations	↓ 31.0% (from 42 to 29)	↑ 5.3% (from 1,509 to 1,589)
Acute Medical Hospitalizations	↓ 14.3% (from 21 to 18)	↓ 32.8% (from 241 to 162)
Acute Psych Hospitalizations	↓ 18.9% (from 132 to 107)	↑ 1.17% (from 3,151 to 3,188)
State Psychiatric	↓ 66.7% (from 3 to 1)	↓ 82.9% (from 392 to 67)

STANISLAUS HOMELESS OUTREACH PROGRAM FY 2017-18

3,043 INDIVIDUALS SERVED







Program Results for FSP Level of Care

How Much?
- 244 individuals were served *
- 37 – average number of clinical services per individual
- 18 – average number of support services per individual

How Well?
- 122% of annual target of individuals served was met (Target: 200)
- 674 days –average length of FSP services
- 90% (266/297) of surveyed individuals were satisfied with services**

Better Off?
- 79% (221/280) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 74% (204/275) of surveyed individuals indicated that as a result of services, they feel they belong to their community**
- 84% (633/752) 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?
- 1321 individuals served *
- 2 – average number of clinical services per individual
- 4 – average number of support services per individual

How Well?
- 76% (13/17) of surveyed individuals reported being satisfied with services**
- 88% (15/17) of surveyed individuals indicated that “Staff believed I could change”**

Better Off?
- 77%% (13/17) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**
- 78% (78/100) 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*
***The number of individuals served is an unduplicated count between all levels of care.*

JUVENILE JUSTICE FSP-02

OPERATED BY THE BEHAVIORAL HEALTH AND RECOVERY SERVICES CHILDREN'S SYSTEM OF CARE

PROGRAM DESCRIPTION

This program is a Full Service Partnership (FSP) that provides mental health services to high risk youth in the Juvenile Justice Mental Health Program. Services are also provided to their families. Many youth 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.

TARGET POPULATION

Children and Youth 0-16, Transition Aged Young Adults 16-25 on formal or informal probation diagnosed with a serious mental illness or serious emotional disturbance.

Many youth are from racially and ethnically diverse communities. There often is a history of domestic violence, gang involvement, and multi-generational incarceration. Due to the severity of the serious emotion 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-town placement.

SERVICES AND ACTIVITIES

This FSP provides 24 hour a day, seven (7) days a week crisis response and on-site intensive mental health services. 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.

Juvenile Justice also includes services and supports funded by General System Development (GSD) that expand capacity to support individuals to receive group and peer support in achieving and maintaining recovery and wellness goals, give young people access to supports that encourage the development of leadership skills and supports for parents.

"THE SPOT"

The Spot is a youth-operated Drop-In Center for youth. It's a safe place where youth can grow, inspire, empower one another, or just hang out. Activities include the following:

- Billiards
- Ping Pong
- Youth Recovery Groups

- Life Skills Education and Coaching
- Volunteer Program
- Opportunities to serve community
- Youth Leadership and Peer Support Groups
- Speakers Bureau Training
- Computer Lab
- Housing Information
- Healthcare information
- Help with Resumes
- Assistance in applying for employment

YOUTH LEADERSHIP AND STANISLAUS YOUTH IN MIND

A program to support youth to participate in leadership and advocacy, including attend member leadership summits, mental health conferences, and local advocacy activities to promote positive change through authentic youth engagement. Goals and activities include the following:

- Improve lives of young people impacted by mental health system through education, advocacy, and collaboration.
- Promotes "Nothing About Us, Without Us" belief that there are no bad or un-healable youth/that a healthy transition to adulthood is made possible by eliminating stigma, extending respect to all constituents, and advocating non-restrictive services.
- Envisions a mental health system that provides all youth with developmentally appropriate services, empowerment, and peer support services where youth are involved in decision making on individual, local, and policy levels.

STANISLAUS COUNTY YOUTH LEADERSHIP NETWORK (SCYLN)

A collaborative networking group formed in 2010 that consists of youth leadership groups throughout Stanislaus County. The mission: to bring youth groups and youth leaders together to build collaboration within the county.

YOUTH PEER NAVIGATOR "YPN" PROJECT

An integrated youth-centered approach to help young people in need of mental health services navigate through Stanislaus County's mental health services system and to help youth improve their mental health and well-being. YPN activities include the following:

- Navigators provide mental health education, peer support, and mentoring to youth in the Behavioral Health and Recovery Service's (BHRS) Children's Systems of Care (CSOC) and to those youth that need help connecting to mental health services.
- Project goals include increasing youth's developmental assets, reducing psychiatric hospitalization and reduce the Juvenile criminal recidivism rate.

PARENT SUPPORT SERVICES

Parent support groups offered to families who wish to receive support in navigating the juvenile justice system or improving parenting skills.

- Groups are coordinated by a Parent Support Specialist to give parents/grandparents an opportunity to gain better understanding of the Juvenile Justice System. It's also a place for parents to support each other and share their experience.

In FY 18-19, there are no proposed changes in the population to be served. The estimated number of individuals to be served is a total of 25 at any given time; 13 Children/Youth and 12 Transition Age Young Adults.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$539,070	***$425,697***	***243***	***$1,752***

FY 18-19 Total Budgeted	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$684,371	***$635,412***	***$802, 308***

HIGHLIGHTS:

- In addition to the increase of youth attendees to Youth in Mind, “The Spot” offers an Art Group, Poetry Group and Anime Group to increase participation and engagement.
- “The Spot” has provided several mock interviews and assistance in creating resumes to adolescents in preparation for job searches.
- During the summer, “The Spot” experienced a large increase in overall attendance. An estimated 100-150 youth attended each month during the summertime.
- “The Spot” increased their efforts in outreach, focusing on participating in two or more outreach events each month.

CHALLENGES:

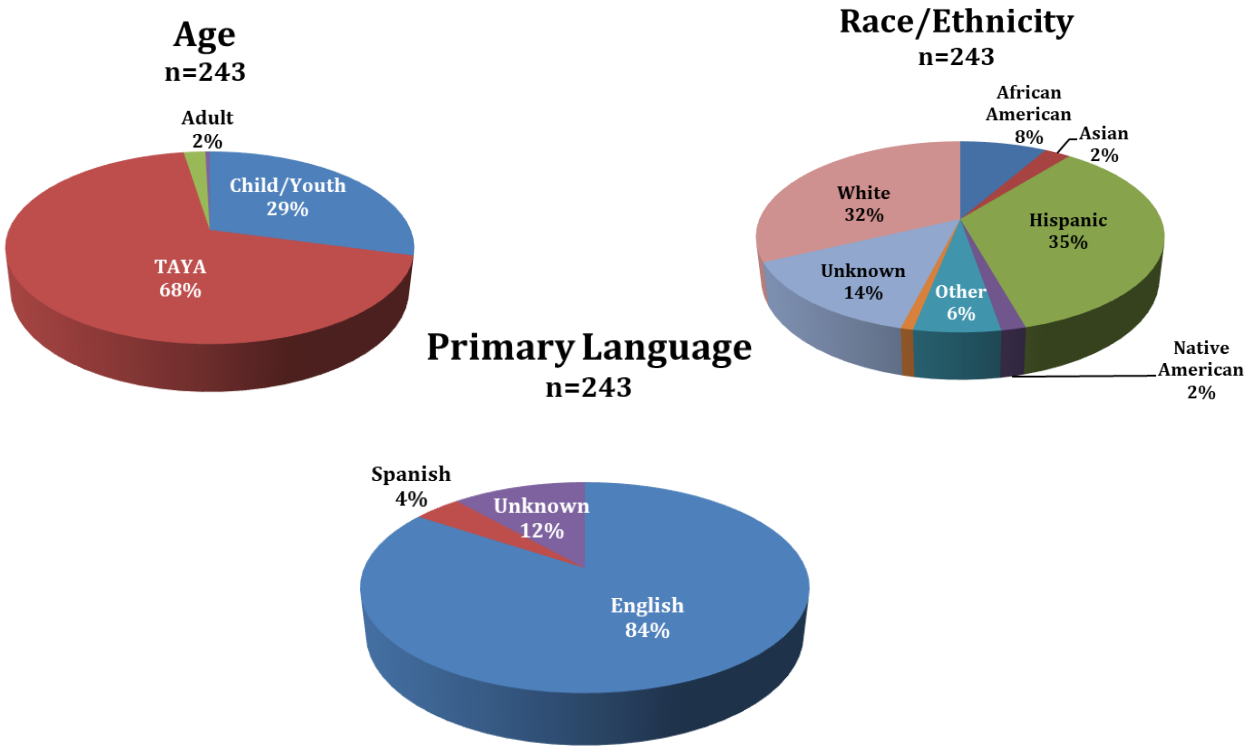
- There has been an increase of youth members at “The Spot” so at times the space can be tight when all members show up to participate.
- Getting to “The Spot” can be challenging for some youth who take the bus to the center.
- Co-location with Probation/Juvenile Hall continues to make it difficult to engage youth in activities when some have distrust of the justice system.
- The Spot has experienced challenges in staff retention. Part of the attrition issue may be related to staff seeking other employment options after receiving training at this site.

Outcomes for Partners After One Year in FSP 02
n=26

	Partners	*Days*
Homelessness	0% (from 0 to 0)	0% (from 0 to 0)
Incarcerations	0% (from 10 to 10)	109.3% (from 280 to 586)
Acute Medical Hospitalizations	0% (from 0 to 0)	0% (from 0 to 0)
Acute Psych Hospitalizations	40% (from 5 to 3)	22.5% (from 80 to 62)
State Psychiatric	0% (from 0 to 0)	0% (from 0 to 0)

JUVENILE JUSTICE FY 2017-18

243 INDIVIDUALS SERVED



How Much?

- 243 Individuals were served

How Well?

- 464 days is the average length of FSP services
- 100% (10/10) of surveyed individuals were satisfied with services

Better Off?

- 90% (9/10) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problem.
- 90% (18/20) 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*
***The number of individuals served is an unduplicated count between all levels of care.*

INTEGRATED FORENSICS TEAM FSP-05

OPERATED BY BEHAVIORAL HEALTH AND RECOVERY SERVICES IN THE FORENSIC SYSTEM OF CARE

PROGRAM DESCRIPTION

The Integrated Forensic Team (IFT) works in partnership with the Stanislaus County Criminal Justice System to serve individuals with serious mental illness or co-occurring substance abuse issues who are also at risk for more serious consequences in the criminal justice system. The program goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

TARGET POPULATION

Transitional aged young adults 18 - 25, Adults 26 - 59, and Older Adults 60+ with a serious mental Illness or co-occurring substance abuse.

SERVICES AND ACTIVITIES

A multidisciplinary team approach that includes 24/7 access to a known service provider, access to supportive service funds, 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 Center (a Federally Qualified Health Clinic).

General System Development (GSD) activities expand capacity to provide crisis services to known clients, peer and family support, and access to community resources for achieving and maintaining recovery and wellness goals (As previously reported, the funding formula for this FSP now is 100% FSP funding without change to services.)

In FY 18-19, there are no proposed changes in the population to be served. The estimated number of individuals to be served is 92; 52 Full Service Partnership level and 40 in Intensive Support Services or Wellness/Recovery Levels.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$2,158,688	***$1,882,953***	***147***	***$12,809***

FY 18-19 Total Budgeted	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$2,285,768	***$2,085,700***	***$2,065,321***

HIGHLIGHTS:

- IFT implemented a new evidence based group as a means to help build capacity in clients. The Dialectical Behavior Therapy group is primarily designed to assist clients in identifying patterns in behavior which are not helpful (self-harm, suicidal thinking). The group emphasizes skills training as a means to assist client in learning and utilizing coping skills in their daily lives.

- IFT identifies partner collaboration as a strong focus for the program. IFT strives to create new opportunities to work with partners to reduce the barriers of linking clients to services. The IFT team actively work with service providers in the community to make available "Door to Door" service for clients needing specialty services in succession (this may include being placed in SUD treatment immediately after being discharged from a psychiatric hospitalization).

- The IFT team continue to advocate for feedback from clients through regular surveys, to better understand how to improve service delivery for the population. The IFT team works to facilitate clients having a voice in treatment which can increase their investment in wellness.

CHALLENGES:

- Maintaining consistent psychiatric coverage is an ongoing struggle for the IFT program. Tele-psychiatry has been utilized but presents its own unique set of challenges.

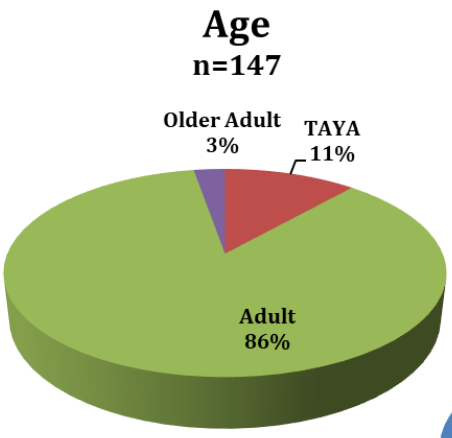
- Lengthy response times from community partners during emergency situations, is a challenge. 5150 transport request can sometimes exceed two and a half hours. The IFT team then relies on transport by ambulance which is sometimes not advisable or a sustainable solution.

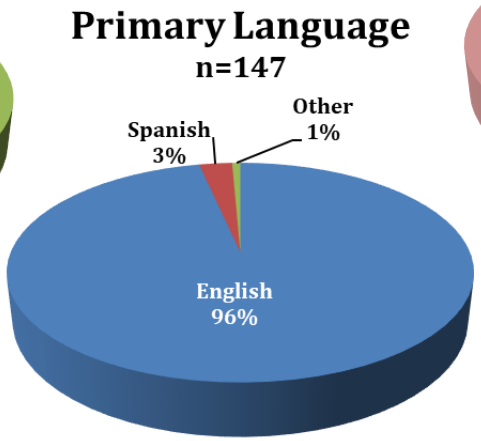
Outcomes for Partners After One Year in FSP 05
n=58

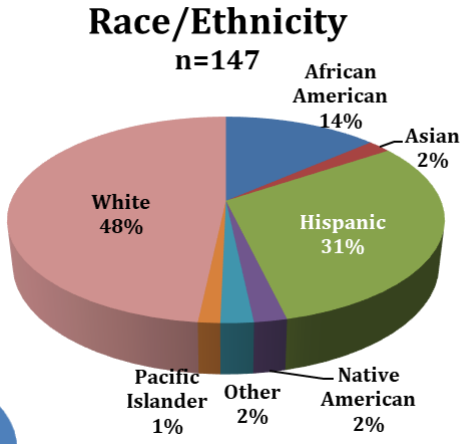
	Partners	*Days*
Homelessness	0% (from 14 to 14)	49.1% (from 2,477 to 1,261)
Incarcerations	39.6% (from 48 to 29)	66.7% (from 4,624 to 1,541)
Acute Medical Hospitalizations	100% (from 1 to 0)	100%(from 4 to 0)
Acute Psych Hospitalizations	0% (from 20 to 20)	64.1% (from 309 to 507)
State Psychiatric	91.7% (from 12 to 1)	94.4% (from 2,126 to 120)

INTEGRATED FORENSIC TEAM FY 2017-18

147 INDIVIDUALS SERVED







How Much?

- 147 Individuals were served
- 12 average number of clinical services per individual
- 19 average number of support services per individual

How Well?

- 160% of annual target of individuals served was met (Target:125)
- 325 days-average length of FSP services
- 87% (20/23) of surveyed individuals were satisfied with services
- 86% (18/21) of surveyed individuals said that “staff believed that I could change”

Better Off?

- 73% (16/22) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems.
- 76% (16/21) of surveyed individuals indicated that they feel they belong to their community as a result of services
- 80% (106/133) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, and 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*
***The number of individuals served is an unduplicated count between all levels of care.*

HIGH RISK HEALTH AND SENIOR ACCESS FSP-06

OPERATED BY BEHAVIORAL HEALTH AND RECOVERY SERVICES IN THE ADULT/OLDER ADULT SYSTEM OF CARE

PROGRAM DESCRIPTION

This program is a Full Service Partnership (FSP) that provides mental health services to adults with co-occurring health and mental health disorders. The program offers two levels of care: FSP 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 FSP level of service when needed.

TARGET POPULATION

Transition Aged Young Adults (TAYA) 18-25, Adults 26-59, and Older Adults 60+ with significant ongoing and potentially chronic health conditions are co-occurring with serious mental illness. Individuals served are also at risk for homelessness, institutionalization, hospitalization, nursing home care or are frequent users of emergency rooms.

SERVICES AND ACTIVITIES

Strategies include 24/7 access to a known service provider, individualized service plans, a multidisciplinary treatment approach, access to wellness and recovery focused groups and peer support, and linkage to existing community support groups. 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. Outreach and engagement services are focused on engaging diverse ethnic/cultural populations and individuals who have or are at risk for mental illness and homelessness.

In FY 18-19, 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 125.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$1,933,164	***$1,606,019***	***144***	***$11,153***

FY 18-19 Total Budgeted	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$1,836,637	***$2,032,561***	***$2,100,938***

HIGHLIGHTS

- HRHSATT moved to a new location at 500 N. 9th street and is now co-located with other Adult System of Care programs.
- HRHSA is an ethnically and culturally diverse team that provides outreach to underserved communities through community events, such as; National Depression Screening Day, BHRS Peer Support/Volunteer programs, local community fairs, educational summits, and a countywide homeless vigil.
- HRHSA Peer Support/Volunteer program has grown to approximately 30 individuals.
- Peer advocacy remains a strong framework for services.
- HRHSA continues to align with Behavioral Health and Recovery Services (BHRS) Cultural Plan Requirements through trainings, hiring practices and use of interpreters.
- HRHSA has an ongoing LGBT support group for older adults on site.
- HRHSA continued to participate as a mental health rotation site for RN students/programs at Modesto Junior College and CSU Stanislaus.

CHALLENGES

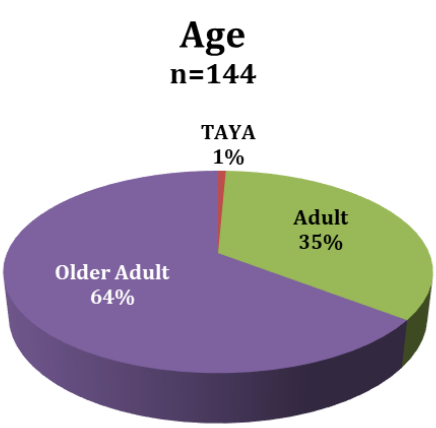
- Recruitment and retention of staff continue to be a challenge.
- There are not enough options of facilities to place clients at appropriate level of care
- Clients oftentimes have additional medical conditions which makes it difficult to find housing or placement that can meet both mental health and medical needs.

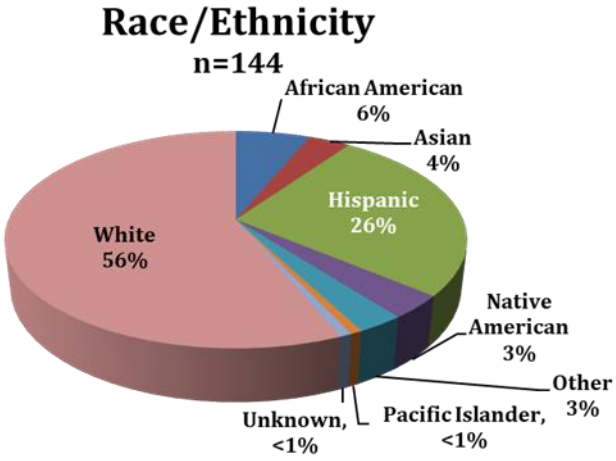
Outcomes for Partners After One Year in FSP 06
n=93

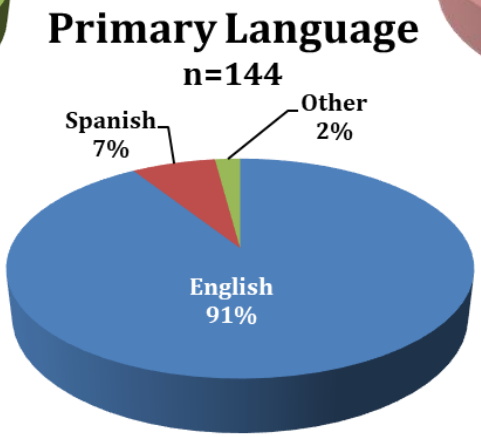
	Partners	*Days*
Homelessness	↓ 50% (from 18 to 9)	↓ 86.1% (from 3,987to 553)
Incarcerations	↓ 60% (from 15 to 6)	↓ 20.9% (from 633 to 501)
Acute Medical Hospitalizations	↑ 41.7% (from 12 to 17)	↓ 22.6% (from 327 to 253)
Acute Psych Hospitalizations	↓ 29.8% (from 57 to 40)	↑ 48.1% (from 1,392 to 2,061)
State Psychiatric	↓ 100% (from 2 to 0)	↓ 100% (from 314 to 0)

HIGH RISK HEALTH AND SENIOR ACCESS FY 2017-18

144 INDIVIDUALS SERVED







Program Results for FSP Level of Care

How Much?

- 144 Individuals were served
- 15- average number of clinical services per individual
- 25- average number of support services per individual

How Well?

- 115% of annual target of individuals served was met (Target:125)
- 420 days-average length of FSP services
- 89% (16/18) of surveyed individuals were satisfied with services
- 83% (15/18) of surveyed individuals said that “staff believed I could change”

Better Off?

- 94% (16/17) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems
- 84% (87/104) 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*
***The number of individuals served is an unduplicated count between all levels of care.*

TURNING POINT INTEGRATED SERVICES AGENCY FSP 07

OPERATED BY TURNING POINT COMMUNITY PROGRAMS IN THE ADULT/OLDER ADULTS SYSTEMS OF CARE

PROGRAM DESCRIPTION

The Integrated Services Agency (ISA) is a Full Service Partnership (FSP) that 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.

TARGET POPULATION

Adults 26-59 with serious mental illness

SERVICES AND ACTIVITIES

Relationship building with service recipients is central to successful services that assist them on the path of wellness and recovery. This FSP 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. This FSP offers services 24 hours a day including crisis response, seven days a week to clients, supportive services including wraparound funds to help client's immediate and temporary needs such as food, clothing, and shelter. The FSP works 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 Warm Line to ensure client's needs are appropriately served.

In FY 18-19, 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 a maximum of 155 at the FSP level and in intensive support services or wellness/recovery levels.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$751,274	***$359,378***	***156***	***$2,304***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$751,274	***$751,274***	***$938,435***

HIGHLIGHTS:

- The program had seven clients complete the program and transition into a lower level of care.
- 12 clients who were residing in locked facilities, transitioned to a lower level of care in the community setting and maintained at the lower level for the remainder of the reporting year.
- Seven individuals in the program transitioned to a lower level of care from a transitional level board and care in the reporting period.
- In the reporting year, there were 1008 less inpatient psychiatric days accrued.
- Supportive Services "Wrap around" funds continue to be successfully utilized to help individuals with their basic needs of food, clothing, and shelter.

CHALLENGES:

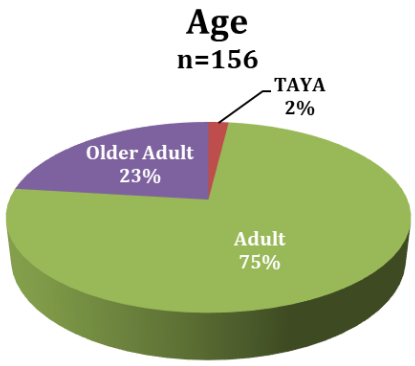
- The challenges for the ISA program persist around systems issues specific to bed availability for individuals needing new placement. There are multiple areas that get back logged with limited bed availability. For example, clients may be in an acute psych setting for multiple days longer than they need to be awaiting a bed in a locked facility. Also, individuals in locked facilities may be waiting for a bed a transitional board and cares to integrate back into the community. One area of back log tends to affect the other which in turn creates a whole systems challenge.
- Individuals served have more symptoms and less ability to function at lower levels of care as a result all new clients this year have been recommended for conservatorship and placement in the highest level of care.
- The ISA also experienced many staff transitions and movement so that there were multiple open positions for the program throughout the year. This creates challenges as less staff are striving to provide more service to individuals with high need.

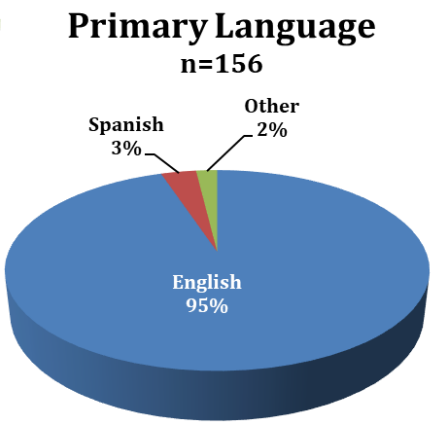
Outcomes for Partners After One Year in an FSP
n=527

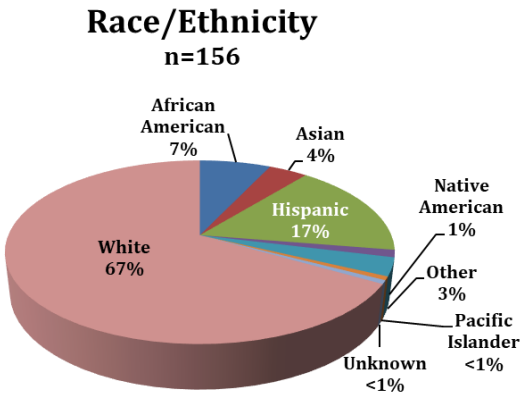
	Partners	*Days*
Homelessness	↓ 28.9% (from 97 to 69)	↓ 73.5% (from 15,210 to 4,028)
Incarceration	↓ 35.6% (from 135 to 87)	↓ 47.8% (from 8,856 to 4,627)
Acute Medical Hospitalizations	↑ 17% (from 53 to 62)	↓ 11.7% (from 1,266 to 1,118)
Acute Psych Hospitalizations	↓ 15.1% (from 292to 248)	↑ 24.7% (from 7,932 to 9,889)
State Psychiatric	↓ 69.7% (from 33 to 10)	↓ 83.8% (from 7,329 to 1,189)

TURNING POINT INTEGRATED SERVICES AGENCY FY 2017-18

156 INDIVIDUALS SERVED







Program Results for FSP Level of Care

How Much?

- 156 Individuals were served
- 30 average number of clinical services per individual
- 21 average number of support services per individual

How Well?

- 104% of annual target of individuals served was met (Target:155)
- 2,662 days-average length of FSP services
- 87% (20/23) of surveyed individuals were satisfied with services
- 86% (18/21) of surveyed individuals said that “staff believed I could change”

Better Off?

- 73% (16/22) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems.
- 76% (16/21) of surveyed individuals indicated that as a result of services, they feel they belong to their community
- 80% (106/133) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.

CENTRAL STAR YOUTH WITH SED FSP 08

OPERATED BY BEHAVIORAL HEALTH GROUP WITHIN BHRS CHILDREN'S SYSTEM OF CARE

PROGRAM DESCRIPTION

This program is a Full Service Partnership (FSP) that provides behavioral health services, including outreach and engagement, to high-risk children and youth with serious emotional disturbances (SED) and their families.

TARGET POPULATION

Children and youth with serious mental health issues and at risk for suicide, violence, residential instability, co-occurring issues of substance use and mental health, criminal justice involvement, involuntary hospitalization and maybe part of unserved or underserved cultural/ethnic populations

SERVICES AND ACTIVITIES

This FSP provides 24 hour a day, seven (7) days a week crisis response, outreach and engagement, and on-site intensive mental health services. 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.

This FSP team of 3 Care Coordinators, 3 Family Specialists, 1 Peer Specialist, 1 Parent Partner, 1 Administrative Clerk, and 1 Program Manager was assembled in January 2017 to begin training. Located in NW Modesto the program opened officially in March 2017.

In FY 18-19 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 48.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$574,191	***$404,063***	***41***	***$9,855***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$574,191	***$588,809***	***$513,371***

HIGHLIGHTS:

- Central Star's Child FSP leadership continue to build upon its first year of operations by supporting the development of a program team of two care coordinators, three family specialists, one parent partner, and one manager along with the regional quality assurance and medical records staff. The child FSP team is also empowered to perform well through the varied trainings; administrative, human resources, database systems and technical assistance offered by Stanislaus County Behavioral Health and Stars Behavioral Health Group.
- Along with new employee training of two newly hired staff and other development efforts this year, six clinicians obtained certification from the Praed Foundation on the use of Child and Adolescent Needs and Strengths (CANS) tool. The Program Manager is aware of the county's goal to have each program achieve at least one CANS "Superuser" and that there be regular program participation in county planning meetings, CANS Oversight and CANS Peer Review Committees.
- The program participated in the authoring and working on the agency's Bi-Annual Cultural Attunement Plan and is in the stages of writing the evaluation plan.
- The Program completed their first audit or peer review from Stanislaus County. They received satisfactory results and completed a plan of correction.
- The program completed their first Joint Commission Tracer in March 2018. Tracers explore milestones along the expected trajectory of a clients care and are a robust way to gauge clinical staffs understanding and abide by program operations and treatment best practices.

CHALLENGES:

- Some caregivers of the clients express a desire to change staff or to change how staff communicates and coordinates scheduling home visits or other related matters. The agency approach has been to listen to the concerns and engage in a way that will ensure appropriate and therapeutic well-being for the child client that will promote effective treatment.
- Staff continue to monitor the child and caregiver environments to ensure program models can be adapted and accurately assess the scope of possible interventions. There are barriers and family dysfunction that can affect how much information and data staff has access to and can collect.

Outcomes for Partners After One Year in FSP 08
n=12

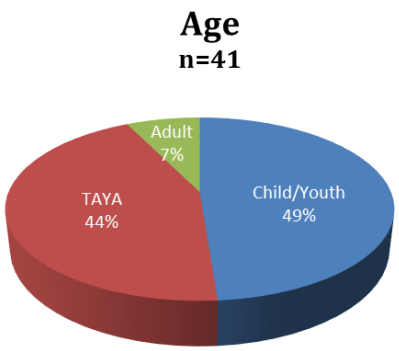
	Partners	*Days*
Homelessness	N/A	N/A
Incarceration	N/A	N/A
Acute Medical Hospitalizations	N/A	N/A
Acute Psych Hospitalizations	↓ 50% (from 8 to 4)	↓ 38.2% (from 136 to 84)
State Psychiatric	N/A	N/A

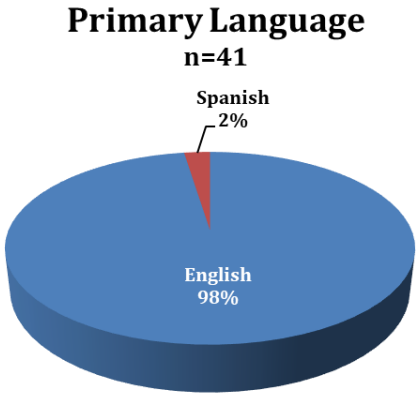
Due to the low 'n' there is little substantiated data

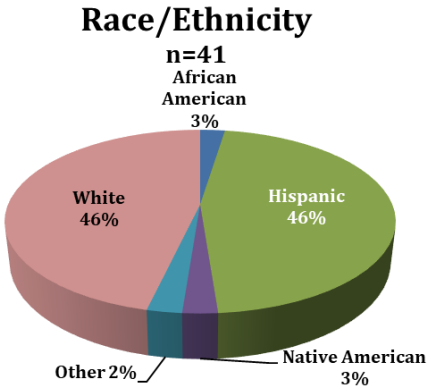
***Note: All data is from EPLD Reports Run 10/18/18**

CENTRAL STAR CHILD YOUTH WITH SED FY 2017-18

41 INDIVIDUALS SERVED







How Much?

- 41 individuals were served

How Well?

- 229 days average length of FSP services
- 74% (17/23) of discharged individuals met goals or transitioned to a lower level of care
- 88% (61/69) of clients surveyed were satisfied with services.
- 97% (67/69) of surveyed clients indicated that “staff believed I could change”

Better Off?

- 83% (55/66) of surveyed participants indicated that they feel they belong to their community as a result of services.
- 90% (122/135) of surveyed participants indicated decreased stigma, increased self-care and an increase access to community resources.

ASSISTED OUTPATIENT TREATMENT FSP-09

OPERATED BY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Note: This program did not formally begin until August of 2018. Below is a summary of information from the data we have available. This program outcomes will be included in full detail in the MHSA Annual Update FY 2020-2021

PROGRAM DESCRIPTION

This program is a Full Service Partnership (FSP) that provides behavioral health services, including outreach and engagement, to high-risk adults in an outpatient mental health setting. Using a multi-disciplinary approach, the team offers 24/7 access and support. AOT is a civil court-order for treatment of individuals with severe and persistent mental illness. This program has been approved for a three year pilot.

TARGET POPULATION

Population to be served is adults, older adults and transition aged young adults (TAYA) with Serious Mental Illness and Co-Occurring SMI/SUD who have not voluntarily engaged in treatment services and who are at significant risk due to mental Illness.

SERVICES AND ACTIVITIES

This program uses evidence-based Assertive Community Treatment (ACT) Approach including but not limited to, the following features: 24 hour, 7 day per week access and support for individuals enrolled in the FSP, low client to staff caseload ratio, access to supportive service funds to assist with housing and other basic needs.

FY 18-19

FY 18-19 Total Budget	***FY 18-19 Total Projected***	***FY 19-20 Total Projected***
$315,347	***$241,410***	***$454,376***

UPDATE

- The AOT team is fully staffed with a Behavioral Health Clinician (1 FTE), a Behavioral Health Advocate (1 FTE), a Behavioral Health Specialist (1FTE) and a Behavioral Health Coordinator (.3 FTE).
- BHRS has convened an ongoing oversight committee to monitor various phases of the pilot project. The membership is comprised of community partners as well as department representatives.
- The AOT team in collaboration with community partners at NAMI have conducted extensive outreach and education efforts to various organizations, groups and partnering agencies.

- The AOT team presented an update on the project implementation at the Board of Supervisor meeting on January 15th, 2019.

JOSIE'S PLACE DROP-IN CENTER GSD 01

OPERATED BY BHRS IN THE CHILDREN'S SYSTEM OF CARE

PROGRAM DESCRIPTION

Josie's Place is a membership-driven "clubhouse" type center for diverse transition age young adults with mental illness. Programming consists of: 1) Drop in Center, 2) Regional Level Outpatient Mental Health (Josie's Service Team) and 3) Full Service Partnership (Josie's TRAC).

TARGET POPULATION

Transition age young adults (TAYA); Drop in Center 16-25 years; Service Team and Josie's TRAC serves 18-25 years of age.

SERVICES AND ACTIVITIES

Service Team and TRAC provide:

- Therapy, Intensive case management, Psychiatrist/medication services, Psychiatric RN support.
- Work collaboratively with client and programs to reduce mental health symptoms.
- Work to help stabilize housing, reduce hospitalizations, reduce incarcerations, and reduce substance use.
- Work to increase healthy coping skills, socialization and community supports.
- Work towards independence and Recovery on TAY terms.

Drop in Center:

- Provide Social Skills and activities including independent living skills.
- Provide Groups including Anger Management, LGBTQ and Transgendered support groups, SUD Peer support, Gender specific Peer Support Groups.
- Linkage and Advocacy for Independent Living skills including: Housing, Eligibility, California IDs, SSI, Vocational and education support.
- Outreach and Engagement with TAY population in all settings to provide resource and referral.

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 and have the voice of programming at Josie's Place. Services can be provided in English, Spanish, and Cambodian currently but all cultures and ethnicities are accommodated for all members/clients.

In FY 18-19, 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+ in Drop in Center; approximately 175 with service team and 60+ at the TRAC level.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$966,780	***$588,962***	***432***	***$1,363***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$963,703	***$816,438***	***$1,233,956***

HIGHLIGHTS

- Currently working with Parent Partnership project to implementing a support program for Young Parenting TAY.
- Added structured and comprehensive job/school training program to center's list of activities this year; Program is run by staff and provides peer support to help young people find work and return to school
- The center continues to reach out to young people in neighboring cities; there are Drop in Center sites in Oakdale open two days a week to bring services to the TAY population.
- The center has been an active participant in Stanislaus County's Focus on Prevention Initiative to represent the TAY homeless population.
- The center continues to collaborate with HSA to provide health and sex educations as well as testing and prevention measures on site at Josie's.

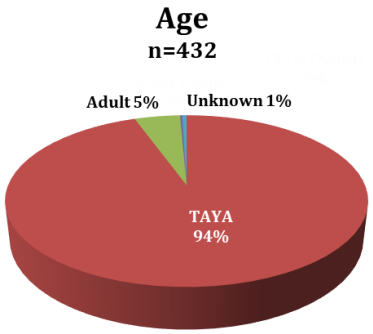
- Outreach and engagement to PHF/hospitals, children's Crisis center and AB12 Child Welfare clients as well as homeless youth to support the community as well as housing/pathways
- Continued collaborations with SRC, First Step, Probation and Child Welfare
- The center offers individual peer support to help with coping and social skills as well as referrals and resource in community

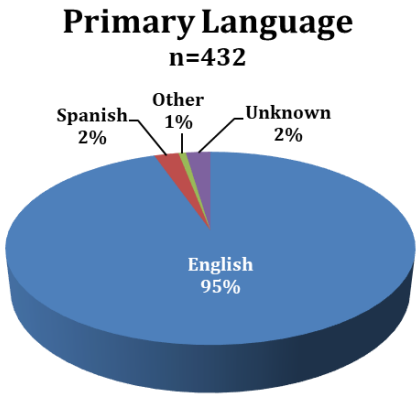
CHALLENGES

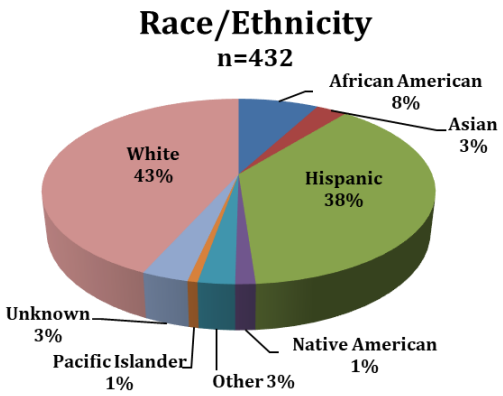
- There exists a lack of housing for the homeless TAY population in the community.
- Due to limited employment opportunities for individuals without work experience, Transition Aged Youth are not financially stable enough to obtain housing.
- There are inadequate resources for transgendered and LGBTQ youth in the community.
- Because of limited mass transit, transportation to the center continues to be a barrier for some youth
- The increased level of services has caused Josie's Place to outgrow the office space and location.

JOSIE'S PLACE DROP-IN CENTER FY 2017-18

432 INDIVIDUALS SERVED







Program Results for GSD Level of Care

How Much?

- 432 Individuals were served
- 5 average number of clinical services per individual
- 4 average number of support services per individual

How Well?

- 174% of annual target of individuals served was met (Target:250)
- 222 days-average length of GSD services
- 95% (70/74) of surveyed individuals were satisfied with services
- 86% (62/72) of surveyed individuals said that "staff believed I could change"

Better Off?

- 75% (48/64) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems.
- 68% (42/62) of surveyed individuals indicated that as a result of services, they feel they belong to their community
- 85% (365/431) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.

COMMUNITY EMERGENCY RESPONSE TEAM (CERT) & WARM LINE GSD 02

OPERATED BY BHRS AND TURNING POINT COMMUNITY PROGRAMS

PROGRAM DESCRIPTION

The CERT program provides the community with a team of licensed clinical staff who provide interventions in crisis situations. The Warm Line is a telephone assistance program that provides non-crisis peer support, referrals, and follow-up contacts. In 2015, Warm Line expanded services to provide Peer Navigators to help support CERT to connect individuals to specialty mental health services and avoid hospitalization.

TARGET POPULATION

Children 0-16, Transition Age Youth 16-25, Adults 26-59, and Older Adults 60 +. 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.

SERVICES AND ACTIVITIES

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.

Collaboration is central to the success of emergency mental health assessment and referrals. It occurs on a daily basis with individuals who have mental illness, families, 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.

This program is 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 addition, the program also houses the following programs: Crisis Intervention Program (CIP) and Peer Navigators. Program descriptions are included in the Highlights section.

In FY 18-19, 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. Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$979,706	***$920,879***	***2,789***	***$330***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$962,853	***$962,856***	***$1,026,979***

HIGHLIGHTS:

Mobile CERT

- Provides Modesto Police officers with additional information and strategies for helping individuals with mental illness
- Can reduce the need for hospitalizations by providing community members with immediate access to a mental health clinician while in crisis
- CERT staff explain and refer individuals who may not be in crisis but are in need of behavioral health services to additional community resources available
- CERT staff assist Modesto Police officers with screening clients to better determine the course of action and disposition for a person in crisis. This can reduce the number of transitions/transports for clients who are in crisis.

CERT:

- Commonly referred to as “CERT/Warm Line”, the program combines consumer and/or family team with a team of clinical staff to provide interventions in crisis situations. The consumer-operated “Warm Line” is administered under contract with Turning Point Community Programs. CERT is operated by BHRS. Warm Line serves as the first point of contact for all incoming calls and provides non-crisis support, referrals, and follow-up contacts.

- The population served includes all ages: Children, Transition Age Youth, Adults and Older Adults. Primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI). Emphasis with each age group is placed on provision of age-appropriate outreach, engagement in the recovery process, and crisis intervention that include family and natural systems of support when available.
- Collaboration is central to the success of emergency mental health assessment and referral and occurs on a daily basis with families, consumers, law enforcement, and medical 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 that are available in the community.
- CERT performs 24 hour checks on all children and adults who have not be placed within a 24 hour period to determine if inpatient psychiatric hospitalization remained necessary or if there is an alternative plan available for safe discharge.
- CERT is responsible for placement of clients for inpatient treatment, which includes ensuring a complete referral packet, consultation with other programs assessing clients to ensure completion of needed documentation, working with placing hospitals to ensure needed information is available, 24 hours re-assessments if a client has not been placed, and ensuring after placement has occurred that the needed parties are notified.
- CERT is responsible for answering crisis calls referred by the Warm Line. If an individual, family members, or community program call regarding an individual in crisis, CERT assists in attempting to de-escalate the situation, create a safety plan, access emergency transportation to get clients to a safe assessment site, and provide community resource information when immediate crisis services are not needed.
- CERT maintains a log of all individuals assessed and this log is then made available to the county programs and appropriate contract agencies for coordination of care purposes.
- Crisis Stabilization Unit
- In February 2016, CERT expanded its services to include a Crisis Stabilization Unit (operated by Telecare). The purpose of this voluntary twenty-three (23) hour program is to expand how BHRS serves the community through CERT. Key features of the CSU include:
    - Offer immediate supportive counseling services to individuals in crisis who do not need hospitalization.
    - Provide meals and safe shelter for up to 23 hours.
    - Provide constant monitoring to ensure client's safety and stability.
    - Provide information regarding community resources (housing, support groups, AOD options, etc.).
    - Connect individuals to contracted provider to explore the option of continued mental health services.

- Assist clients in establishing medication services (e.g. Golden Valley, Aspen Medical) if needed.

- AspiraNet Children's Crisis Intervention Program (CIP) and Stabilization Program (ASP).
  - CERT is responsible for referrals to AspiraNet's CIP and ASP.
  - The CIP is a 23 unit where parents/guardians and the child can stay and received additional monitoring, support, crisis support, and linkage to outpatient services.
  - ASP is a short term, intensive outpatient therapy program comprised of a treatment team and works directly with the child and family to stabilize and then refer to longer term outpatient services.
- These programs provide alternatives for children and families when psychiatric inpatient treatment is not needed, but additional support and stabilization services are needed to ensure a safe return to the family/child's placement.

Central Star Crisis Residential Unit (CRU)

- Beginning in 2019 CERT will be responsible for management of referrals to the CRU, located in Merced, CA. The CRU is a 30 days 16 bed residential program in which Stanislaus BHRS has 4 allocated beds. This program assists clients with mental health, substance use, and therapeutic milieu to assist clients in positively re-integrating with the community

Peer Navigators:

- This program offers supportive peer services to help individuals and family members get connected to specialty mental health services.

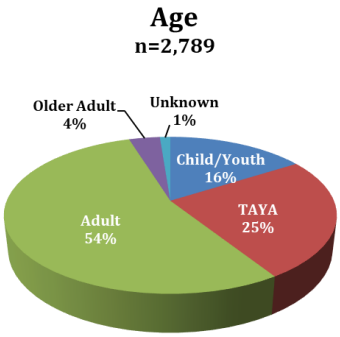
CHALLENGES:

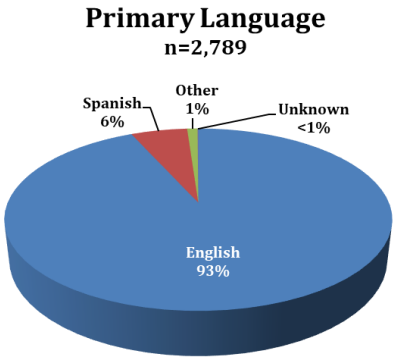
- The need for mental health crisis services has increased rapidly due to a variety of factors across all counties in California. CERT/Warm Line services are stretched to the limits of time and budget to provide 24/7 coverage that includes an immediate response to all who need crisis interventions and the needs of law enforcement.
- There continues to be an increase in the number of referrals for pre-adolescent and adolescent crisis assessments and the need for inpatient hospitalizations. CERT has attempted to identify other inpatient hospitals where minor children can be referred, however there continues to be limited numbers of such facilities and there remains no child-adolescent psychiatric hospital in Stanislaus County.
- Staff turnover: although there is a core team of experienced Clinicians working at the CERT program - retention of staff is a significant issue. In part, this can be attributed to the nature of the 24 hour service; e.g. some people find it very difficult to balance life while working 24 hour shifts. Another factor in retention of staff is competition for a small pool of qualified

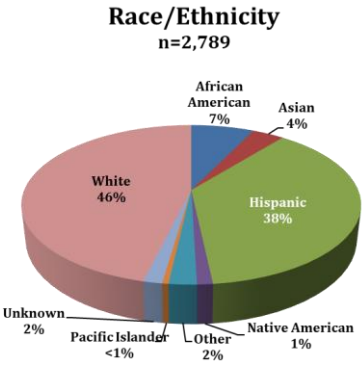
clinicians. E.g. when new staff are identified and hired, significant time is needed to train staff and that includes multiple shifts for new staff to “shadow” experienced staff. CERT staff must be well trained, knowledgeable and capable of completing a crisis assessment that will result in an individual going to the hospital or back to the community.

COMMUNITY EMERGENCYRESPONSE TEAM AND WARMLINE FY 2017-18

2,789 INDIVIDUALS SERVED







Program Results for GSD Level of Care

How Much?

- 2,789individuals were served (combined)
- 1 average number of clinical services per individual (CERT)

How Well?

- 93 % of annual target of individuals served was met (Target:3000)
- 1 day –average length of GSD services (CERT)
- 100% (1/1) of surveyed individuals were satisfied with services (CERT)
- 100% (1/1) of surveyed individuals said that “Staff believed I could change (CERT)

Better Off?

- 80% (4/5) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services

COMMUNITY FAMILIES TOGETHER GSD 04

OPERATED BY BEHAVIORAL HEALTH RECOVERY SERVICES IN

THE CHILDREN'S SYSTEM OF CARE

PROGRAM DESCRIPTION

This program provides mental health services to families in a one-stop shop experience. The Parent Partnership Project promotes collaboration between parents and mental health providers. Kinship Support provides services to caregivers, primarily grandparents raising grandchildren. The Family Partnership Mental Health Team provides mental health and psychiatric services and linkages to other programs.

TARGET POPULATION

Families and caregivers who have children with Serious Emotional Disturbance (SED).

SERVICES AND ACTIVITIES

Together, the Parent Partnership Project, Kinship Support Services, alongside the Family Partnership Mental Health Team, provides a wide variety of support services to meet the need of diverse families at the Family Partnership Center (FPC). Services include peer group and individual support, family education, guardian workshops, and help with navigating Mental Health, Juvenile Justice, and Child Welfare systems.

In FY 19-20, there was a proposed change to increase the service target to be served from 100 to 700 individuals.

Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$627,380	***$461,728***	***719***	***$642***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$558,593	***$555,274***	***$682,922***

HIGHLIGHTS:

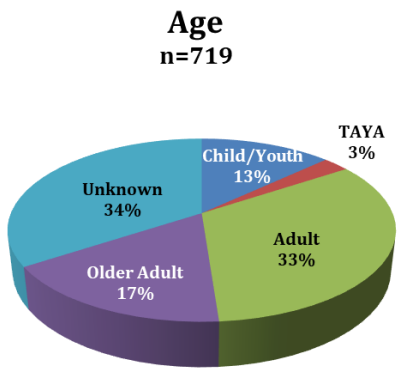
- Volunteers at the Family Partnership Center was fully implemented and increased volunteer's responsibilities to include, clothes closet, assistance with events and co-facilitating groups.
- FPC program staff integrated into the Children's/TAY System of Care (CSOC) with other CSOC programs: Probation, SED, Child Welfare, Leaps & Bounds, etc.
- An increased effort to have FPC staff do outreach work with families outside of the office.
- Increased capacity for activities and events with a building redesign
- Added Modesto Junior Collage CASRA Practicum Students to the Center to increase job skills of community members, and to introduce new ideas to employees working within the Center.
- The team began community outreach through attending community outreach events at such as; Mellis Park, Beard Brook Park, and Aegis Treatment Center.
- The team formed relationship with CSOC hospital liaison and have begun accepting referrals generated from hospitalizations. Parent Partners are reaching out to those families, offering referrals and support services.

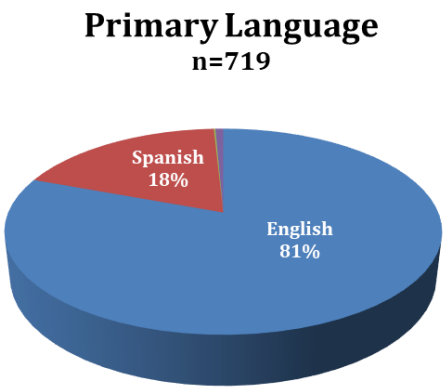
CHALLENGES:

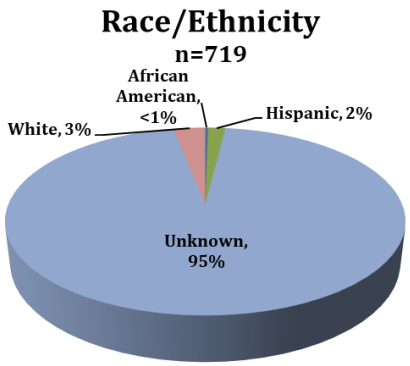
- Program growth and staffing changes has temporarily delayed referrals as relationships are being developed
- Steering Committee with parents and caregivers has been on hold until the new Coordinator adjusts to her role
- Engaging Families in the field is always challenging

FAMILIES TOGETHER FY 2017-18

719 INDIVIDUALS SERVED







Program Results for GSD Level of Care

How Much?

- 719 Individuals were served

How Well?

- 103% of annual target of individuals served was met (Target:700)
- 97% of surveyed clients were satisfied with services

Better Off?

- 96% (22/23) or surveyed participants indicated they deal more effectively with daily problems as a result of services.
- 93% (49/53) of surveyed participants indicated that they feel they belong to their community as a result of services.
- 89% (187/210) of surveyed participants indicated a decrease in stigma and an increase in self-care, access to community resources.

THE CONSUMER EMPOWERMENT CENTER GSD 05

OPERATED BY TURNING POINT COMMUNITY PROGRAMS IN

THE BHRS CONSUMER/FAMILY AFFAIRS SYSTEM OF CARE

PROGRAM DESCRIPTION

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

TARGET POPULATION

Transition Age Young Adults 18-25, Adults 26-59, and Older Adults 60+

SERVICES AND ACTIVITIES

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 18-19, there are no proposed changes in the population expected to be served or the strategies to be used. The estimated number of individuals projected to be served is 400. Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total MHSA Budget	*Actual*	*Total Number Served*	*Estimated MHSA Cost Per Participant*
$509,377	***$496,727***	***607***	***$818***

FY 18-19 Budget	*FY 18-19 Projected*	*FY 19-20 Projected*
$509,365	***$509,498***	***$506,699***

HIGHLIGHTS

- Development of 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.

- CEC members actively participate in community events, galleries, and panels to present their experiences and support other opportunities surrounding mental health and substance abuse.

- Maintain community partnerships including the Stanislaus County Focus on Prevention Initiative.

- Members are active in local boards and committees and collaborate with service providers to enhance service knowledge and ease in navigating the mental health system.

- Monthly Advisory Council meetings take place to focus on issues of importance and current community trends that affect consumers and their family members

CHALLENGES

- Transportation continues to be a challenge as EC does not have a vehicle for transportation which limits participation from people outside Modesto

- CEC relies heavily on fundraising efforts to help pay for activities and supplies as program funding is limited; CEC is a non-profit organization that accepts donations

- As many members face cycles of homelessness due to their mental health instability, focusing on mental health needs vs housing needs can be difficult to separate

- Limited services for the substance-use disorder community continues to present challenges in connecting individuals to treatment or establishing healthy relationships with others

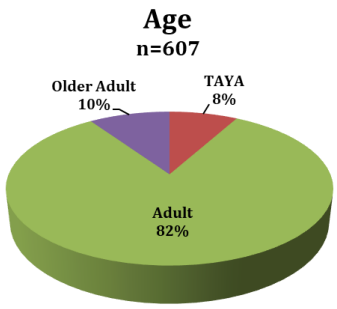
- In some response to California's Public Safety Realignment Act, an increase of individuals released from prisons and jails have presented their need to Mental Health services and support

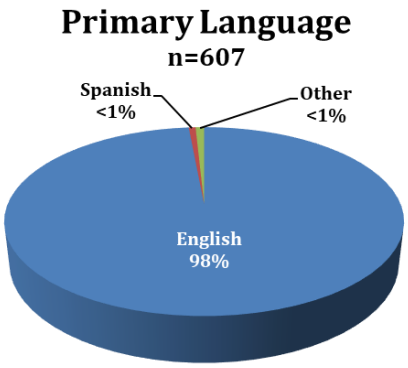
- Continue to offer education and combat stigma to the community and its service providers while appropriately representing our varying population's needs

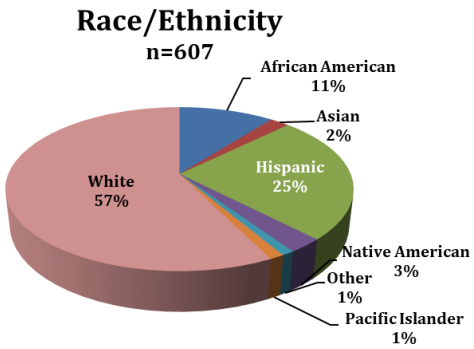
- Partnerships with community vendors that offer employment continues to be a limited resource for the population we serve

CONSUMER EMPOWERMENT CENTER FY 2017-18

607 INDIVIDUALS SERVED







How Much?

- 607 individuals were served

How Well?

- 151% of annual target of individuals served was met (Target: 400)
- 95% (138/145) of surveyed individuals were satisfied with services*
- 89% (125/140) of surveyed individuals said that “Staff believed I could change”

Better Off?

- 77% (108/141) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems*
- 71% (99/139) of surveyed individuals indicated that as a result of services, they feel they belong to their community.
- 83% (670/804) 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*

CRISIS STABILIZATION UNIT GSD 06

OPERATED BY TELECARE CORPORATION

PROGRAM DESCRIPTION

The Crisis Stabilization Unit (CSU) provides clinical and psychiatric services and more intensive levels of care, including the ability to provide medication. The CSU opened in February 2016 and is co-located with the county's Community Emergency Response Team known as CERT and Warmline. The CSU's goal is to focus on recovery-centered care and create an opportunity for each individual to stay for a short time in a safe and less restrictive setting that an inpatient psychiatric hospital.

TARGET POPULATION

Transition Age Young Adults 18-25, Adults 26-59, and older adults 60+ with mental illness and in crisis

SERVICES AND ACTIVITIES

The CSU offers up to 23 hours of crisis stabilization services to provide mental health care to residents in crisis and have an alternative to area emergency rooms and hospitals. In addition, the CSU provides group interventions as necessary. The CSU is a one-stop shop for people in crisis. CERT provides most of the county's crisis assessment services so having a CSU in the same building allows the CERT team to give a warm hand off to CSU staff, ensuring that interventions are seamless. The building is also home to Peer Navigators who help guide consumers through the mental health system and provide more follow-up and early intervention services.

The CSU building was a capital facilities project funded through MHSA. The project is now funded under General System Development (GSD) dollars for operational costs. A total of 150 individuals were served in the first four months of providing services.

In FY 18-19, there are no proposed changes in the population expected to be served or the strategies to be used. The estimated number of individuals projected to be served is 110. Future changes in estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$1,088,450	***$425,366***	***309***	***$1,377***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$1,088,450	***$974,589***	***$676,325***

HIGHLIGHTS:

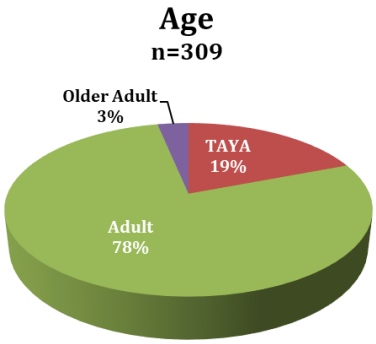
- The CSU provided individualized services to clients to meet their needs, this resulted in the ability to divert 79% of admitted clients from needing inpatient admissions.
- The CSU staff collaborates well and has built strong relationship with outpatient providers to provide aftercare services to clients as quickly as possible, many with warm-hand offs, which provides quality continuity of care for individuals served.

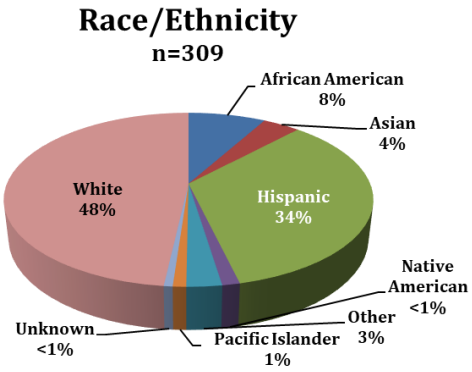
CHALLENGES:

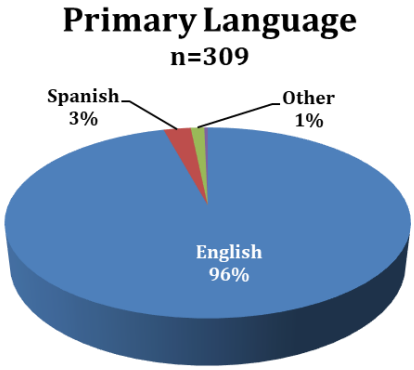
- The census of the CSU dropped significantly this past year. Strategies for improving census numbers include hiring a new Program Director (effective January 8, 2018). The function of Program Director is to monitor adherence to program expectations and eliminate barriers for accessing CSU services. The Program Director has worked to increase communication with the county and other BHRS providers.
- The Stanislaus CSU is a unique crisis program in that it works with both voluntary and involuntary clients in an unlocked setting. Being in an unlocked setting does limit the ability to accept clients who may need any level of behavior management.

CRISIS STABILIZATION UNIT GSD 06 FY 2017-18

309 INDIVIDUALS SERVED







How Much?

- 309 Individuals were served
- 1- average number of clinical services per individual

How Well?

- 281% of annual target of individuals served was met (target: 110)
- 3 days-average length of GSD services

Better Off?

- 86% (16 surveyed) of surveyed participants indicated that they deal more effectively with daily problems as a result of services.
- 100% (16 surveyed) of surveyed participants indicated that they feel they belong to their community as a result of services.

CRISIS INTERVENTION PROGRAM FOR CHILDREN AND YOUTH GSD 07

OPERATED BY ASPIRANET

PROGRAM DESCRIPTION

The Crisis Intervention Program work with children and their families to reduce the risk of hospitalization for a psychiatric emergency. The Crisis Intervention Program is a field-based program. Families work with clinicians and support counselors to gain skills and reduce the safety concerns that place youth at risk for hospitalization. Families are connected to appropriate referrals to community-based resources.

TARGET POPULATION

Children ages 6-18

SERVICES AND ACTIVITIES

The Crisis Intervention Program provides Individual and Family counseling, referrals to community resources, post-hospital discharge medication appointments.

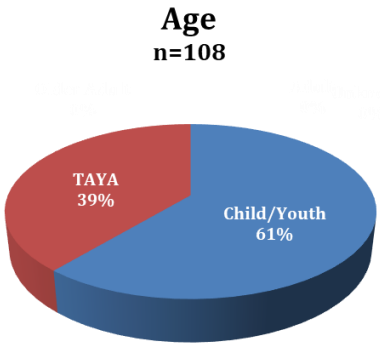
FY 2017-18

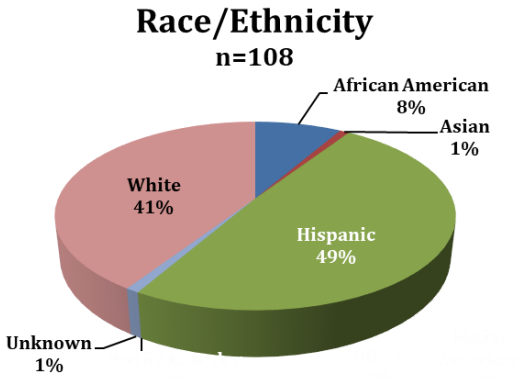
Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$626,854	***$311,478***	***108***	***$2,884***

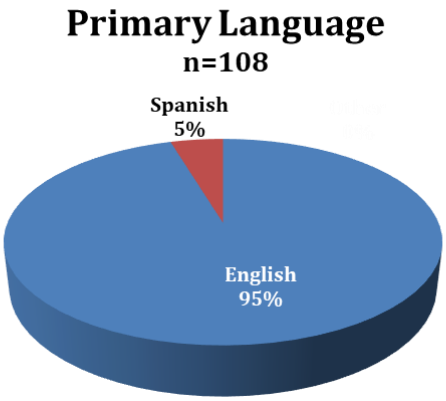
FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$558,684	***$595,482***	***$523,364***

CRISIS INTERVENTION PROGRAM FOR CHILREN AND YOUTH FY 2017-18

108 INDIVIDUALS SERVED







How Much?

- 108 Individuals were served
- 1 average number of clinical services per individual
- There were 35 incidences where a client with private insurance or who were uninsured was served.
- There were 98 incidences where hospitalization was averted.

How Well?

- 108% of annual target of individuals served was met (Target:100)

GARDEN GATE RESPITE O&E 02 OPERATED BY TURNING POINT COMMUNITY PROGRAMS IN THE CONSUMER/FAMILY AFFIARS SYSTEM OF CARE

PROGRAM DESCRIPTION

Garden Gate Respite (GGR) is a residential based respite program that introduces individuals from unserved and underserved populations to mental health services. GGR is a welcoming and engaging environment in the context of a home-like setting. The 11-bed facility is open 24 hours a day, seven days a week, and 365 days a year. Each guest receives an individual needs assessment to facilitate access to mental health services, case management, evaluations for AOD treatment, and other outreach and engagement services.

TARGET POPULATION

Transition Age Young Adults (ages 18-25), Adults, and Older Adults from diverse and/or underserved populations who are either known or suspected to experience mental illness, and are either homeless or at risk of homelessness, incarceration, victimization, and/or psychiatric hospitalization.

SERVICES AND ACTIVITIES

Garden Gate Respite provides crisis intervention with basic needs such as food, clothing, shelter and an individual needs assessment to facilitate targeted crisis intervention case management and support services and linkage to outreach and engagement services. GGR is situated in a residential neighborhood adjacent to the BHRS Housing First Transitional Program's apartment complex for which GGR provides limited ancillary support. Staff members of GGR represent diverse cultures, including individuals with lived experience and family members of individuals with lived experience. Each guest at GGR is offered 1:1 peer support and groups that encourage leisure activities and stress reduction.

GGR works closely with community partners who offer mental health services, case management, crisis assessments, housing services, and alcohol and drug treatment. Referrals to GGR come from various community agencies including but not limited to: Modesto Police Department, Community Emergency Response Team (CERT), Peer Navigators, Consumer Empowerment Center, and Telecare Transition TRAC.

In FY 18-19, 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 FY 18-19 is expected to be more than the required 97. In the future, changes in the estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*	*Total Number Served*	*Estimated Cost Per Participant*
$3,608,919	***$2,433,997***	***692***	***$3,517***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$3,497,934	***$4,384,739***	***$4,963,667***

HIGHLIGHTS:

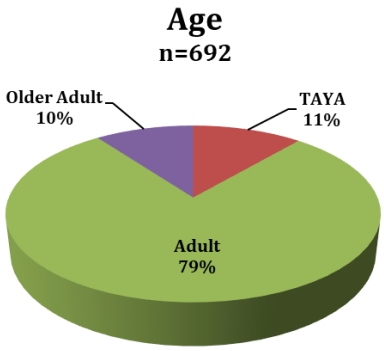
- Garden Gate staff are proactive in collaborative site-based case management to assist with long-term placement/treatment planning, on-site linkage with Outreach and Engagement staff/programs, referrals to rep-payee, housing, and community process support groups. In house pro-social activities such as cooking, playing games, writing poetry, and engaging in stress reduction practices.
- Staff conduct immediate “Need Assessments” for client’s access to food, clothing, treatment, support systems & long-term shelter through peer support/navigation.
- Garden Gate staff continue to engage with the community to serve diverse individuals and create areas for new referrals and linkages through presentations and participation in collaborative partnerships. (Outreach & Engagement Center, Empowerment Center, Community Liaisons, NAMI, Collective Wisdom Initiative, Restorative meeting with local Police Department, Community System of care continuum meetings) Outreach and participation in local interest-based non-profit groups such as the Homeless Action Council, Stanislaus Housing and Supportive Services Collaborative, Faith Sector Homelessness Action Council, Housing Innovation Workgroup, Boots on the Ground homeless outreach, Modesto city HEART/CARE teams, and other community stakeholders.

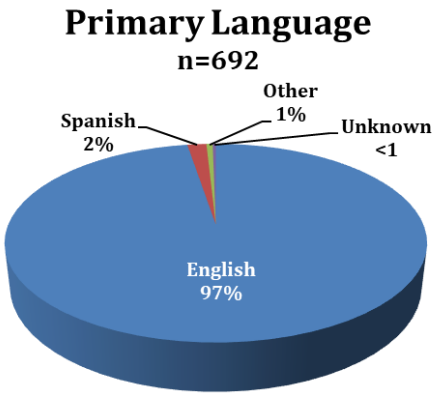
CHALLENGES:

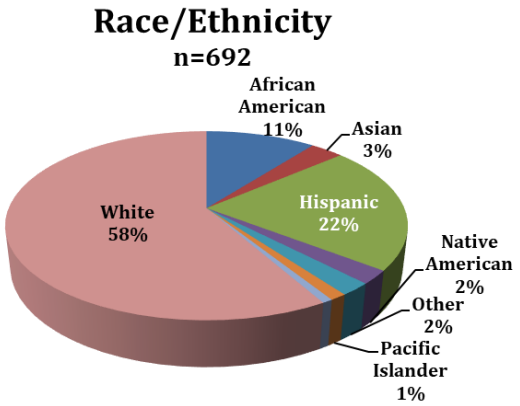
- There continues to be challenges in scheduling trainings, staff meetings, interviews, and maintaining 24/7 on site staffing including an extensive on-call list.
- Retention of qualified individuals is difficult due to the demands of the 24/7 nature of the program.
- A challenge exists in managing the evolving community perceptions about the scope of work and referrals that are suitable for our services. Staff work to educate external service providers as too the level of medical or developmental cases we can serve. Developing improved partnerships with new service providers who may believe we are a traditional crisis residential rather than a short-term crisis intervention program that provides data-rich linkage services to local outreach & engagement programs and other treatment providers within the BHRS system of care.
- A continuing challenge is filling in the gaps in service in areas such as family support (our community lacks transitional family housing, low barrier shelters), serving homeless with pets, timely outpatient mental health assessments and difficulty with reliable and adequate transportation options (we have limited bus tickets and guests who may experience functional deficits which significantly impair their independent navigation in the community).
- Garden Gate prioritizes creating a safe and low risk environment. Due to an overall increase in the local homeless population and referrals to Garden Gate as a result of dispersing the encampments found throughout the county, staff have had to increase monitoring for Bed Bugs, Scabies, and Hepatitis.

GARDEN GATE RESPITE FY 2017-18

692 INDIVIDUALS SERVED







Program Results for O&E Level of Care

How Much?

- 692 unique individuals were served
  - 456 -Garden Gare Respite
  - 32 – employment
  - 192- Housing
- 1 - average services per client for housing
- 1 – average services per client for employment

How Well?

- 374% of annual target of individuals served were met (Target: 185; 97 Garden Gate, 88 Housing & Employment)
- 6 days-average length of O&E Services
- 100% (19/19) of surveyed individuals were satisfied with services
- 89% (16/18) of surveyed individuals said that “Staff believed I could change”

Better Off?

- 78% (14/18) of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems.
- 85% (258/304) of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources, or decreased need for extensive and expensive services.

WESTSIDE SHOP – RURAL ACCESS AND ASSESSMENT O&E 03

OPERATED BY TELECARE CORPORATION IN THE

BHRS ADULT/OLDER ADULT SYSTEM OF CARE

PROGRAM DESCRIPTION

The Telecare Outreach and Engagement Team provides brief counseling intervention and engagement services that actively seek out, engage, assess, and refer individuals with serious mental illness to appropriate service providers and community supports within Stanislaus County's rural communities.

TARGET POPULATION

Underserved Community Members: Adult and older adult clients who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided resources to support their recovery, wellness and/or resilience. Individuals who may have had only emergency or crisis oriented contacts and or services from the County may also be considered unserved.

SERVICES AND ACTIVITIES

Services include brief counseling, behavioral health screening/assessment, referrals to BHRS and community partners, peer support group facilitation, and transportation that assists individuals with access services or peer/community supports. The Rural Access & Assessment Team designs and implements activities to inform the wider community about behavioral issues, services, and community support.

Rural Access and Assessment provides outreach services that seek to engage, assess, and refer individuals with serious mental illness to agency services and community supports.

Strategies include:

- Individual Engagement;
- Referrals;
- Behavioral Health Services Navigation;
- Transportation that helps with access to services or community supports.

In FY 18-19 there are no proposed changes in the population to be served and strategies to be used. Future changes in the estimated number of individuals to be served will be based on approved program targets, fiscal sustainability, and stakeholder input.

FY 2017-18

Total Budget	*Actual*		*Estimated Cost Per Participant*
$140,000	***$122,810***	***724***	***$170***

FY 18-19 Total Budget	*FY 18-19 Total Projected*	*FY 19-20 Total Projected*
$140,000	***$529,039***	***$536,107***

HIGHLIGHTS:

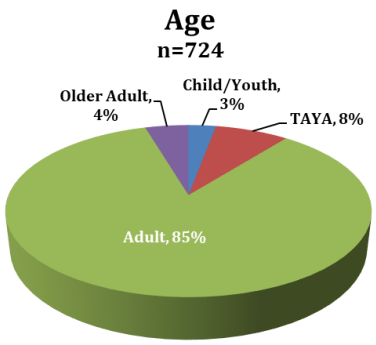
- Rural Access and Outreach staff built positive relationships with community agencies and worked in collaboration with Stanislaus County programs such as; DRAIL, Center for Human Services, CSA, Family Promise, and Modesto Collaborative
- Outreach to Modesto Police Department and Turlock Police Department
- The team continues to work in partnership with new Homeless Outreach and Engagement Center in downtown Modesto
- Extensive outreach resulted in an increase in referrals to the outreach programs from community agencies and clients referring other clients.
- Many individuals contacted the outreach team to thank them for the services they received

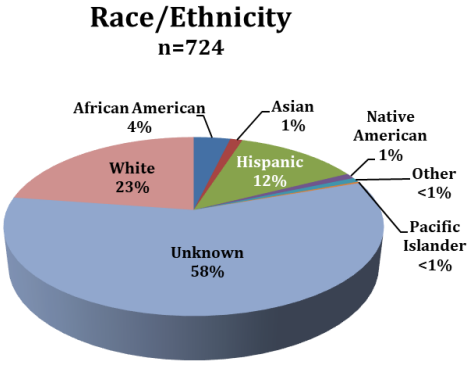
CHALLENGES:

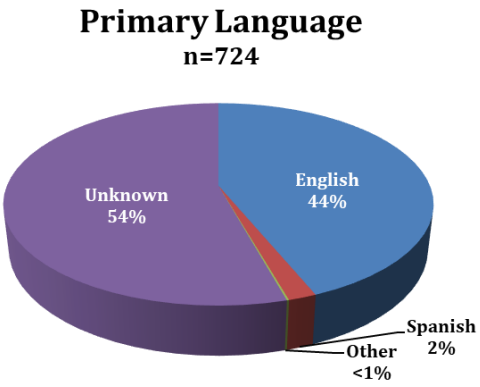
- Scarcity of mental health services/resources for uninsured (undocumented) individuals
- Transportation and child care for individuals living in the rural communities were barriers to access and remain in treatment.
- For the homeless population, there is a challenge in finding a place to safely leave their belongings or pets when obtaining treatment especially inpatient and residential treatment
- Limited housing and emergency shelters are a challenge when individuals want to seek mental health treatment

WESTSIDE SHOP- RURAL ACCESS AND ASSESSMENT FY 2017-18

724 INDIVIDUALS SERVED







Program Results for Westside SHOP

How Much?

- 724 Individuals were served
- 1 average number of clinical services per individual (644/724)

How Well?

- 188 days is average length of O&E services per assignment
- 194 days is average length of O&E services per client

Better Off?

- No data was available for this section.

PREVENTION AND 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.

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.

The following illustrates how PEI programs will be structured and categorized in the new PEI redesign and presented in this FY2019-20 Annual Update:

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

Stanislaus County has six (6) PEI categories that include eighteen (18) overall program areas. Many have more than one contracted agency to implement the program in communities across Stanislaus County that result in 37 programs across the 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.

PEI BUDGET

FY 2017-18

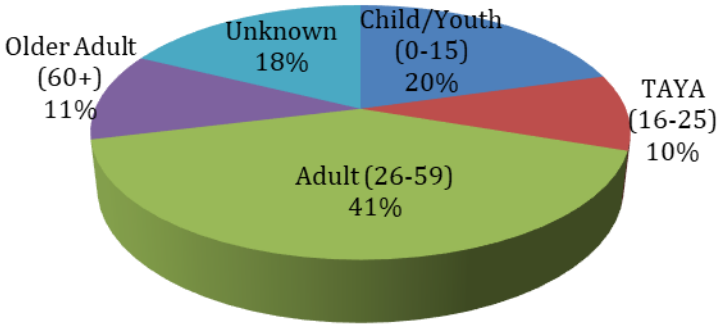
Total MHSA Budget	Actual	Total Number Served*	Estimated MHSA Cost Per Participant
$4,980,596	$3,657,916	4,713	$776

FY 18-19 Budgeted	FY 17-18 Projected	FY 18-19 Projected
$6,009,443	$5,011,335	$6,292,497

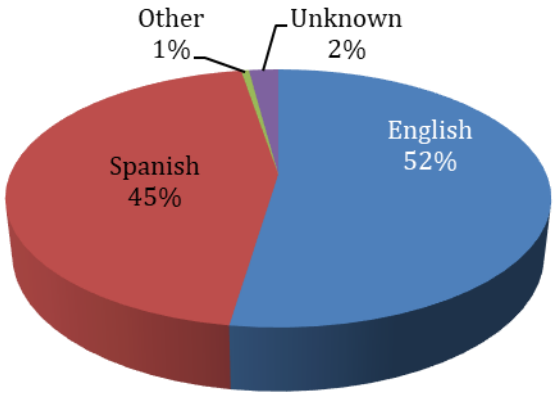
Prevention & Early Intervention Program Results

How Much, How Well,
& Is Anyone Better Off?
4,713 Total Unique Individuals Served

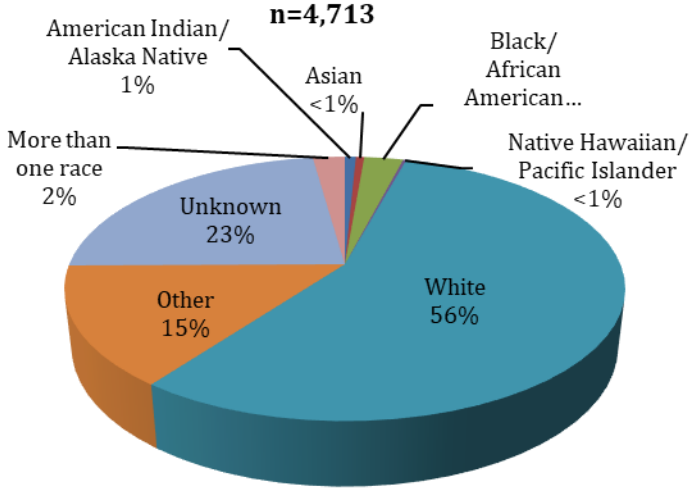
Age
n= 4,713



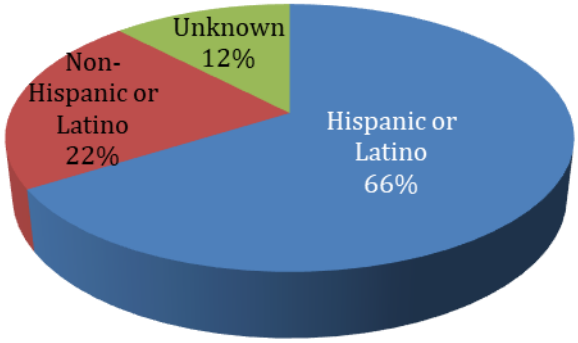
Primary Language
n=4,713



Race
n=4,713



Ethnicity
n=4,713



EARLY INTERVENTION PROGRAMS

PROGRAM DESCRIPTION

Early Intervention (EI) programs provide treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence. The services can include relapse prevention and outcomes encompass the applicable negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes.

Early Intervention Programs:

- **Brief Intervention Counseling (BIC)**
  - Catholic Charities *(adults and older adults, age 60+, including Spanish speaking)
  - El Concilio *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - West Modesto King Kennedy Center *(adults and older adults, age 60+, including Latino and Spanish speaking)
  - Golden Valley Health Center
    - Integrated Behavioral Health *(adults and older adults, age 60+, including Spanish speaking)
    - Corner of Hope *(homeless adults and older adults, age 60+, including Spanish speaking)
- **Parents United- Child Sexual Abuse Treatment Services** *(trauma exposed individuals, adults sexually abused as children, and sexual abuse offenders, including Latino and Spanish speaking)
- **Sierra Vista- LIFE Path, Early Psychosis** *(youth and TAYA exhibiting signs of early psychosis and potential responders)
- **School Behavioral Health Integration**
  - BHRS-School Based Services, School Consultation *(youth and potential responders in underserved schools, including Spanish-speaking)
  - BHRS- Aggression Replacement Training (ART) *(youth and TAYA, including Spanish-speaking)
  - CHS- Resiliency and Prevention Program (RaPP) *(youth and potential responders in underserved Modesto schools, including Spanish-speaking)

TARGET POPULATION

All Early Intervention programs target Stanislaus County's underserved/unserved populations in the following categories:

- Individuals at-risk or exhibiting onset of serious mental illness
- Individuals displaying mental illness early in its emergence
- Families of individuals in the above populations

Some Early Intervention programs target specific age, cultural, and geographic communities within the underserved/unserved populations as specified above by programs with asterisks.

BUDGET AND COST PER PARTICIPANT

FY 2017-18

Total MHSA Budget	Actual	Total Number Served	Estimated MHSA Cost Per Participant
$2,305,420	***$1,461,055***	**2,867**	**$510**

FY 18-19 Budgeted	FY 18-19 Projected	FY 19-20 Projected
$1,694,440	**$1,368,830**	**$2,811,585**

SERVICES AND ACTIVITIES

Early Intervention services by statute may not exceed 18 months, with the exception of first onset of SMI/SED with psychotic features (4 years). Early Intervention can also include services to parents, caregivers, and other family members of the person with early onset of a mental illness. In addition, all EI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from

underserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

One of the primary services in all of the Stanislaus County EI programs is Brief Intervention Counseling (BIC). Brief Intervention Counseling is short duration and low intensity and can be provided via individual sessions or group sessions. Collateral services to parents or other family members may also be part of BIC.

All BIC participants are screened for early signs of mental illness through various methods, including Patient Health Questionnaire 2 (PHQ2), Patient Health Questionnaire 9 (PHQ9), Pediatric Symptom Checklist for Children and Adolescents, clinical observation, historical review of mental health, and consultation. Once it is determined that an individual is in need of more intensive services, a referral and/or warm hand-off is made.

Most Early Intervention programs provide services focusing on depression and anxiety through Brief Intervention Counseling, and the Patient Health Questionnaire-9 (PHQ-9) is used to help determine depression symptoms and to measure improvement in depression symptoms. In addition, programs use satisfaction surveys and self-report of improvement. The following programs also utilize different tools to measure improvement for different targeted populations:

- ***LIFE Path*** services target those with early onset of psychosis (prodromal). LIFE Path uses the Structured Interview for Prodromal Symptoms and Scale of Prodromal Symptoms (SIPS/SOPS) to determine early onset of psychosis.
- The ***Aggression Replacement Training (A.R.T.)*** program specifically targets chronically aggressive children and adolescents and those with early onset of SED. It is a cognitive behavioral gap intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. ART started to utilize the Aggression Questionnaire to measure the pre and post levels of aggression for participants, which includes an overall aggression measurement and five subscales of aggression (physical, verbal, anger, hostility, and indirect).

Outreach, engagement, and access and linkage activities are integrated into Early Intervention programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services - Older Adult Services has been identified as the program with this focus, and is described in the next section. However, all Early Intervention programs incorporate access and linkage activities and strategies.

In addition, all Early Intervention programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration

(2) Cultural Competence

(3) Client Driven

(4) Family Driven

(5) Wellness, Recovery, and Resilience Focused

(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Highlights for Early Intervention

Activities that bring about mental health and related functional outcomes and demonstrated effectiveness for the intended populations

- ***Golden Valley Health Center's*** Annual Tonic Survey results on patient satisfaction reported that 99% of patients served indicated that counseling sessions were very helpful, and 96% indicated that their quality of life has improved as a result of their counseling at GVHC Corner of Hope. (5)

- ***Golden Valley Health Centers Integrated Behavioral Health*** reported survey results related to Prevention and Early Intervention that 97% of patients served indicated that individual counseling sessions were very helpful and 88% indicated that their quality of life has improved as a result of counseling at GVHC IBH. (5)

- Many ***LIFE Path*** clients in the treatment phase are now adults and are receiving assistance with meeting their college or vocational goals. The majority of the program's young adults are attending college and/or employed. In addition, all clients have individualized goals monitored regularly. Of the 15 clients concluding treatment, 13 (87%) demonstrated partial progress towards or completion of goals. (1, 3, 5)
- ***RaPP – CHS*** facilitated numerous well-being circles, which engage and identify at-risk students and assist with referrals to mental health services. Participants in well-being circles build protective factors by taking part in check-ins within their classroom communities and are referred to additional services by teachers and providers as needed. Well-being circles were provided in both English and Spanish, which allowed the program specialist to connect with and impact all students in each classroom. Student wellbeing increased as evidenced by the Child and Youth Resilience Measure (CYRM) pre/post data. (1, 3, 5, 6)

- ***BHRS School Consultation*** staff facilitated small groups, individuals counseling, and presentations and received feedback from both the community and school personnel that the interventions have helped with mental health awareness and increasing wellness. (1, 3, 5, 6)

- ***ART*** groups provide a cognitive behavioral gap intervention to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. The Aggression Questionnaire (AQ) Pre/Post evaluation tool indicated that many aggression categories were positively impacted through the program. (3, 5)

<u>Improved access to services for underserved populations</u>

- ***Aging & Veteran Services (AVS)*** welcomed a new part-time bilingual counselor/social worker to the team and are now fully staffed to continue serving their growing Spanish-speaking clientele. (2)

- ***Catholic Charities*** has learned that the communities they serve typically utilize the church as a first resource when seeking services. Parishes have generously donated office spaces to provide brief intervention counseling. (1, 2, 6)

- ***El Concilio*** clinicians collaborated with different organizations to provide individual and group support at Ceres Healthy Start, Franklin Healthy Start, Keyes Healthy Start, and Hanshaw Middle School. El Concilio's mental health clinicians are also part of the Latino Behavioral Health Coalition, the Cultural Competency, Equity and Social Justice Committee (CCESJC), the Hispanic Leadership Council of Stanislaus County, and the Father Involvement Learning Network. (1, 2, 6)

- ***Expanded Child Sexual Abuse Prevention & Early Intervention (ECSAPEI)*** currently has the largest Speaker's Bureau in its history with twelve speakers. Presentations at California State University Stanislaus have drawn large audiences in an effort to increase the community's knowledge about the program. The program also increased the number of trainings to educate community members in a position to identify needs and refer to services. (1, 5)

- ***Golden Valley Health Centers Corner of Hope (COH)*** increased patient engagement in the homeless population with the addition of a Behavioral Health Case Manager who dedicates time to outreach outside of the clinic. Tele-Psychiatry and On-Demand Tele-Psychiatry services were added and proved effective in providing quick access to psychiatry without wait time. Outreach strategies including incentives such as hygiene kits,

water bottles, undergarments, and feminine products have successfully engaged homeless patients in services. (1, 3)

- ***Golden Valley Health Centers Integrated Behavioral Health*** tele-psychiatry and on-demand tele-psychiatry services have been effective in providing quick access to psychiatry without wait time. (3)

- ***LIFE Path*** continues to provide Multi-Family groups, Teen Social Skills groups, and Adult Life Skills group. LIFE Path increasingly received referrals from private therapists and psychiatrists as well as family members. In addition, an focused effort was made to provide clients, families and therapists with appropriate treatment recommendations for those clients who do not meet program criteria. (1, 3, 4, 5, 6)

- ***RaPP – CHS*** engagement activities included individual services and conflict mediations for students on an as-needed basis. Engaged in outreach activities such as attending on-site parent meetings, facilitating two mental health informational presentations to school staff, and two outreach events at Bret Harte and one outreach event at Shackelford. Additionally, the program specialist facilitated ongoing parent presentations and groups that focused on mental health and well-being at both sites. Parent engagement and presentations increased this year as a result of the program specialist's work with school staff targeting specific groups of at-risk parents. Due to this increased parent engagement, individual parent services also increased. Provided referrals to school-based and community resources. Referrals promote access and linkage to treatment and improve timely access to mental health services. The Student Assistance Program is a school-based early access point for beginning mental health support. Specialists have the ability to contact parents and make referrals to assist with linkage to additional services if the student is deemed to need a greater level of care. Provider was able to meet individually with four parents at each site—eight parents total—to provide individual support and offer resources and referrals. (1, 4, 5, 6)

- ***West Modesto Early Intervention*** engaged clients effectively, making 28 referrals to clinicians for mental health services. Of those, 26 were engaged at least once, for a 93% engagement rate. In addition, 28 new individuals participated in groups, including an anger management therapeutic group that was facilitated on a weekly basis. (3, 5, 6)

- ***Aging and Veteran Services, Catholic Charities, El Concilio, and Golden Valley Integrated Behavioral Health, and Golden Valley Corner of Hope*** strategically offer counseling services, in more accessible sites such as assisted living facilities, churches, health care centers, school sites, and other community venues. This has allowed the

clients with low incomes and/or poor transportation issues to seek mental health services. These counseling programs then can make referrals to other mental health services. (1, 2, 6)

- ***Resiliency and Prevention Program (RaPP), BHRS School Consultation, and Aggression Replacement Training (ART)*** programs facilitated students accessing services through the School Behavioral Health Integration initiative as services were offered at the site where students were already entrenched. These programs also facilitated access and linkage to both students and parents to access and link to specialty mental health services and brief intervention counseling. (1, 3, 6)

Non-stigmatizing and Non-discriminatory

- All early intervention programs provided counseling and/or support services in community locations, which allowed individuals and families a means of receiving mental health services in a non-stigmatizing manner in a known and comfortable environment. (1, 2, 3, 4, 6)

- The ***Aggression Replacement Training (ART)*** and Community Engagement Services program hosted week-long mental health awareness campaign at a school site engaging participants in a conversation around mental health, mental disorders, anti-stigma strategies, suicide awareness and prevention, and anti-bullying. (1, 5)

- ***BHRS School Consultation*** facilitated various campaigns at school sites throughout the county to raise awareness around mental health and stigma reduction engaging school staff, students, parents, and community leaders. Activities included music, art, dance, food, and presentations about self-care, coping skills, resiliency, etc. (1, 2, 5)

- ***Catholic Charities*** clinicians have undergone cultural sensitivity training, and priests, associate pastors, deacons, and other parish leaders are well-versed in the culture of the people they serve. Pastors have had a great opportunity to promote mental health services from the pulpit to the community. (1, 2, 5, 6)

- ***El Concilio*** clinicians have collaborated in conferences with the Father Involvement Network at Center for Human Services and RAIZ Promotores to reduce stigma and educate the community about mental health and provide resources. (1, 2, 5, 6)

- ***West Modesto Early Intervention*** held a Speaker Jam outreach event to promote mental health, well-being, and recovery, drawing more than 100 attendees in a non-stigmatizing

environment. Early Intervention groups included an anger management group, self-care art therapy group, and two emotional intelligence and regulation groups for children and adolescents. (1, 3, 5, 6)

Challenges for Early Intervention

- While ***Aggression Replacement Training (ART)*** continued program growth and development; groups are closed with optimal numbers between 8-12 participants per fidelity guidelines and the A.R.T. curriculum is designed to be quarterly (10 weeks). This can make it difficult to reach a large volume of children in the communities. Awareness and demand for this program and its services have greatly increased and outgrown a two-person team. Therefore, there is a current lack of capacity and adequate staffing to serve all the school and community settings that are interested in and in need of services.

- ***Catholic Charities*** received an overwhelming amount of requests from the faith community to increase accessible, community-based on-site mental health services such as those funded by this PEI MHSA effort.

- ***El Concilio*** experienced a continuous trend of decreased client enrollment/participation in short-term mental health brief intervention counseling during specific times of the year. Due to the cultural traditions of migrant family communities, the times of low participation are during the months of peak immigrant cannery work as well as the winter break, mainly the month of December.

- ***Expanded Child Sexual Abuse Prevention & Early Intervention (ECSAPEI)*** continued to struggle with establishing a strong rapport within the Latino community, which seems to be correlated with the stigma and shame related to child sexual abuse prevention. Additionally, the program also experienced resistance with audiences allowing offenders to be present and participating in presentations.

- High no-show rates for ***Golden Valley Corner of Hope (COH)*** has been an ongoing challenge. The homeless community's low engagement in behavioral health counseling programs is an apparent result of no-show rates as homeless patients are focused on meeting their basic needs such as food, clothing, and shelter, and the need for behavioral health services becomes less important or is not a priority.

- ***Golden Valley-Integrated Behavioral Health (IBH)*** also experienced the ongoing challenge of long-term engagement. Participants either forget appointments or are challenged with constant changes given a lack of steady schedules.

- The biggest challenge for clients of ***LIFE Path*** has been transportation. While the program has the capacity to meet clients in their own homes, many of them refuse the service citing confidentiality concerns from family members. The program also offers bus passes to clients to help with transportation, but very few are willing to use the public transportation.

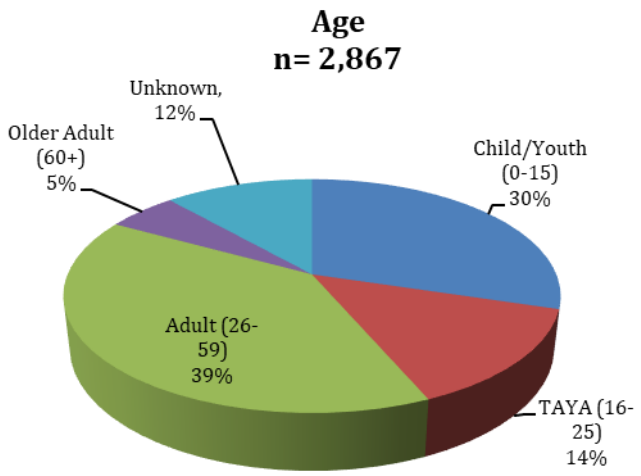
- ***West Modesto Early Intervention*** clinicians have observed and experienced an increase in parents' requests to provide mental health treatment interventions for their children and adolescents, especially at the schools. Clinicians are able to travel to student's school site and provide services to the student during break or an elective class. Clinicians would like to accommodate all these requests but are limited in the number of youth to which they are able to provide services. Another challenge is that many monolingual clients need additional time to discuss issues without a time limit. The one-hour session has become intrusive and does not take into consideration the monolingual client and bilingual clinician. In these instances, where interpreting and translating is needed, more time is required to process and deliver needed treatment intervention.

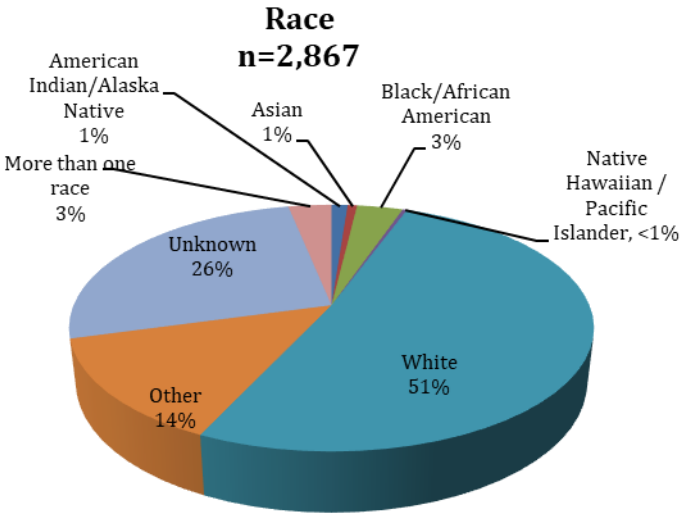
- The ***BHRS School Consultation*** program experienced the following challenges:
  - Father involvement within school settings and child mental health and well-being support is an ongoing challenge. Conversations have begun on better understanding culture and potential barriers to father involvement.
  - Effective buy-in with parent engagement related to child and family wellness activities, as well as successful access and linkage to other mental health services continue to be a challenge.
  - There is limited structured support to provide effective strategies and consultation to school-based practitioners regarding successful Prevention and Early Intervention support to children.

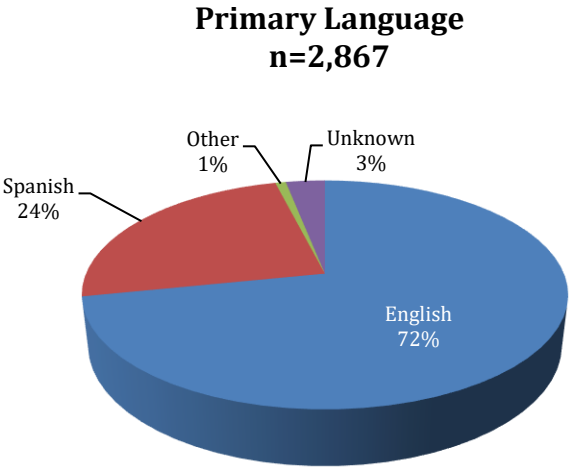
Early Intervention

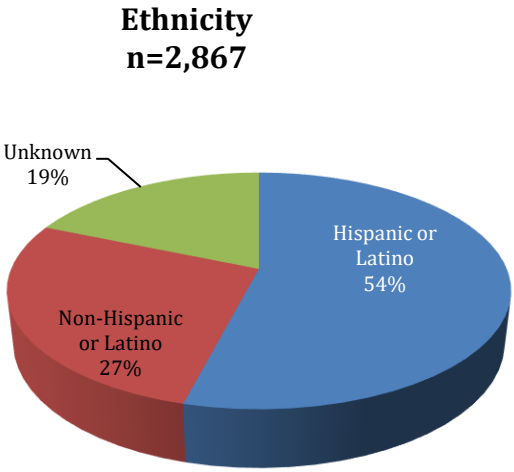
FY 2017-2018

2,867 Individuals Served









***Please note most unknown are due to participants declining to answer.**

Prevention Programs

PROGRAM DESCRIPTION

Prevention programs provide a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of prevention programs is to bring about mental health. This includes the reduction of the applicable negative outcomes as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly greater than average and, as applicable, their parents, caregivers, and other family members.

Prevention Programs:

- **RAIZ Promotores Program** *(Latino community in each of the dedicated cities/regions)
  - AspiraNet – Turlock
  - Center for Human Services – Ceres, Newman, Patterson, Grayson/Westley, Airport
  - Oak Valley Hospital District – Oakdale
  - Riverbank Unified School District – Riverbank
  - Sierra Vista Child and Family Services – North Modesto/Salida, South Modesto Hughson/Waterford/Denair/Empire/Hickman
  - West Modesto King Kennedy Center – West Modesto
- **Collaboratives**
  - Assyrian Wellness Collaborative - Assyrian community including male and female adults, youth, new-status refugees and people with disabilities.
  - Khmer Youth of Modesto- Supports youth ages 5 and up, including adults. Majority of members are Cambodian, but has historically served Hispanic, Laotian, Caucasian, and African-American.
  - Manos Unidas- Youth in South Modesto
  - LGBTQ-A Collaborative – LGBTQ-A Community
  - Stanislaus Asian American Community Resource-SAACR - Asian Americans
- **Friends are Good Medicine-**Peer support resource directory

TARGET POPULATION

All prevention programs target Stanislaus County's underserved/unserved populations in the following categories:

- Individuals at-risk or exhibiting onset of serious mental illness
- Individuals displaying mental illness early in its emergence
- Families of individuals in the above populations

Some Prevention programs target specific age, cultural, and geographic communities within the underserved/unserved populations as specified above by programs with asterisks.

BUDGET AND COST PER PARTICIPANT

FY 2017-18

Total MHSA Budget	Actual	Total Number Served*	Estimated MHSA Cost Per Participant
$1,277,214	**$860,798**	**1,553**	**$554**

*Unduplicated served

FY 18-19 Budgeted	FY 18-19 Projected	FY 19-20 Projected
$2,732,627	**$2,146,459**	**$1,891,689**

SERVICES AND ACTIVITIES

Prevention programs provide services that reduce risk factors and increase protective factors. These services include one-to-one support, screenings, referral and behavioral health navigation assistance, presentations, trainings, and other engagement and outreach activities. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

Like Early Intervention programs, all Prevention programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved populations when appropriate. Prevention programs use a variety of methods to determine if a program participant could benefit from a behavioral health referral. Most methods center on outreach, and then establishing rapport, trust, and relationships in a non-stigmatizing environment in which participants feel safe to discuss and disclose mental health issues. The following are venues through which this occurs:

- Mental health support groups where a variety of mental health topics are discussed, allowing for open conversations about mental health and wellbeing

- Other group activities that support health and wellbeing
- One-to-one support sessions that provide opportunities to assess and identify if referrals/services are appropriate

Promotores are trained in Mental Health First Aid and to recognize early warning signs of specific behavioral health issues that affect the Latino community, including post-traumatic stress disorder, depression, anxiety, and substance use. The training also helps to change perspectives about individuals with mental illness, often shifting to compassion and empathy. Promotores facilitate and support the referral process, providing information and referrals when appropriate and following up and maintaining communication and support to ensure engagement in services. Translation services and assistance with scheduling appointments are also often utilized as well to increase access to behavioral health services.

In addition, Community Promotoras are trained in the RAIZ Basic Mental Health where they learn to recognize mental illnesses and early signs of mental illnesses. Community Promotoras who facilitate their support groups throughout the community are trained to provide resources to participants in need of extra support, including the Stanislaus County WarmLine and The National Suicide Prevention Lifeline.

Outreach, engagement, and access and linkage activities are integrated into Prevention programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services has been identified as the program with this focus, and is described in the next section. However, all Prevention programs incorporate access and linkage activities and strategies.

In addition, all Prevention programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration

(2) Cultural Competence

(3) Client Driven

(4) Family Driven

(5) Wellness, Recovery, and Resilience Focused

(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Highlights for Prevention

Activities that bring about mental health and related functional outcomes and demonstrated effectiveness for the intended populations

- ***RAIZ Promotores – Ceres*** created and hosted specific activities for children during the school year recess with high attendance. Topics discussed helped parents and children improve their communication intended to promote well-being and social justice through cognitive skills, role-play for empathy, peer interaction, cultural traditions, and personal goals. Staff Promotores also provided close interaction with individuals in need of engagement due to delays in receiving professional help. Engagement was successful in prompting participants to advocate for self-improvement. Some began to attend ESL (English as a Second Language) classes while others continued to finish their GED or began looking for their very first jobs. (1, 2, 3, 4, 5)

  * RAIZ, or Realizando Alianzas y Inspirando Sabiduria, which means "building alliances and inspiring wisdom."

- ***RAIZ Protomores – Hughson*** graduated ten new community leaders in the Basic Mental Health training and provided certificates. A total of 22 active leaders are now present in the southeast area of Stanislaus County who are active in promoting well-being in the Latino community through presentations in network meetings, also gaining new skills in public speaking as this challenge was a new experience for many of them. Promotores also organized a Mother's Day event where participants learned about anxiety and depression. This allowed for powerful testimonies and an open conversation around self-care. Some of the mothers expressed feeling acknowledged, happy, and cared about. (1, 2, 5)

- ***RAIZ Promotores – North Modesto*** trained a total of eleven participants in Basic Mental Health. Trainees expressed having a positive shift in perspective when navigating personal relationships, and feeling more present when engaging with others. The program also launched Ritmo Latino, a dance fitness program that promotes well-being through physical activity. Participants developed accountability among the group, continued to motivate each other to make positive nutritional and lifestyle changes for them and their families, and recognized the importance of self-care. Participants expressed the Latino community struggles with the concept of self-care due to feelings of guilt associated with not focusing on family needs first. In addition, Staff Promotores collaborated with WithOut Permission, the District Attorney's office, the Stanislaus Justice Center, and other agencies to emphasize the trauma associated with human trafficking and the direct impact it is having in Stanislaus County and surrounding areas. The event allowed the participants to learn potential warning signs of mental illness, where to seek help, as well as resources that directly support victims of human trafficking. (1, 2, 5)

- ***RAIZ Promotores – Oakdale*** provided more advanced training to develop stronger leadership skills within the network. Most of the trainees began co-facilitating new groups as leaders. There has been tremendous growth in the group's mental health and well-being as well as in leadership skills. (2, 5)

- ***RAIZ Promotores – Patterson*** received recognition during Suicide Prevention week in September from Mayor Deborah Novelli for raising suicide prevention awareness. The declaration expressed the importance of the work of Community Promotores in raising awareness and preventing suicide in the community of Patterson. In the month of May, the mayor provided another declaration during Mental Health Awareness Month recognizing the group's efforts towards a healthier community in increasing public awareness about mental health and the importance of prevention and early intervention work. (1, 2, 5)

- ***RAIZ Promotores – Riverbank*** held peer-support groups that have improved participants' well-being, increased mental health knowledge, access to services, and personal development. Women in the community have entered the workforce and become more independent while others have returned to school, and even started their own businesses. (2, 5)

- ***RAIZ Promotores – Turlock*** group suffered the loss of one of their own community promotoras and, through the grief, they came together to support the family by raising funds for funeral costs by selling tamales and organizing a Zumbathon. Activities were provided for the group to help in the process of grief. Some of them were able to deal with previous loss and suppressed grief. The experience allowed for healing to take place and reducing further chances for depression. Members disclosed this was the first time they had felt supported and prepared to deal with loss. (1, 2, 3, 5)

- ***RAIZ Promotores – West Modesto*** added a new group called *Mommy Fit* that focuses on increasing both physical and mental well-being, and is led by one of the community promotores. (5)

- ***LGBTQA Collaborative*** supports the Silver and Gold LGBT Elder Support Group. Meeting weekly, it is an ongoing support group for mental health and wellness to meet the needs of the older adult LGBT community. It is designed to help older adults cope with life challenges, depression, isolation, and other mental and emotional situations impacting the quality of life. An additional group has also developed focused on social events, decreasing isolation. (2, 3, 5)

- ***Stanislaus Asian American Community Resource – SAACR*** supports nurturing cultural practices and education in the community such as meditation, yoga, dance, community gatherings, and English classes at the Vietnamese Buddhist Temple to increase mental health and wellbeing. (1, 2, 5)

Improved access to services for underserved populations

- ***RAIZ Promotores – Airport*** at its inception, focused on finding partnerships in the community and planning events and activities to launch the program. At least 13 community members were recruited to begin the Promotores Basic Core training. (1, 2)

- ***RAIZ Promotores – Ceres*** increased community-based collaboration with local organizations allowed for Staff Promotores to connect Spanish-speaking communities with events related to behavioral health and well-being such as Awareness of Human Trafficking, Children in the Park, The Reborn Walk, and Opening the Conversation about Suicide. (1, 2, 5)

- ***RAIZ Promotores – Hughson*** participated in Denair's Summer Fitness and Health Camp in collaboration with community leaders. Parents and children engaged in physical activities as well as presentations about diabetes, nutrition, blood pressure, and bullying. Parent Café was introduced in Empire to migrant camp families in an effort to raise awareness around mental health and services available in the community. Approximately, 15 families were engaged in dance exercise classes in Empire, connecting them to mental health and services information. (1, 2, 3, 4, 5)

- ***RAIZ Promotores – Newman*** held its annual stigma discrimination reduction event, which drew out partnerships with the community, and outreached to underserved populations at the same time. (1, 2, 5)

- ***RAIZ Promotores – North Modesto*** Promotores held immigration support and passport application workshops, and focused on translating each section of the application form. This activity also served as an access point for services. (1, 2, 3, 6)

    - ***RAIZ Promotores – West Modesto*** held a *Stomp Out Stigma* event for Mental Health Awareness month and was successful in engaging more than 150 community members. A total of 15 vendors and community agencies participated and offered resources to the community. (1, 2, 5)

    - ***All Promotores Programs*** continued to improve access to mental health services for the Hispanic/Latino population by providing information and referrals after building trust within their respective communities. (2, 5)

- ***All Promotores Programs*** nurture the relationships with other community assets in order to improve mental health services access and the well-being of children, youth, adults, and elders, especially in the Hispanic/Latino communities. (1, 2, 5)

Non-stigmatizing and non-discriminatory

- ***RAIZ Promotores – Ceres*** completed the training of a new community leadership group utilizing a curriculum that delves into issues affecting the Latino population. The group was trained in prevention topics around mental health stigma-reduction from a cultural perspective, anxiety, depression, and substance abuse. (2, 5)

- ***RAIZ Promotores – Hughson*** held "Break The Silence" and "Know The Signs" events at Salvation Army Red Shield center in Modesto and hosted a keynote presentation about human trafficking. For many participants, this was the first time learning about the topic and its prevalence in their own community. (1, 2, 5)

- ***RAIZ Promotores – North Modesto*** held six stigma and discrimination reduction presentations in the community with the collaboration of the Salida Union School District. (1, 2, 5)

- ***RAIZ Promotores – Patterson*** collaborated with Creekside Middle School's principal and its mental health counselor to promote wellness and reduce stigma related to mental health, and provide resources, individual conversations with students about depression, anger, and mindfulness. (1, 2, 5, 6)

- ***RAIZ Promotores – Riverbank*** held the annual stigma discrimination reduction event and was successful in engaging approximately 130 participants in a presentation on human trafficking in collaboration with WithOut Permission. Youth were also engaged during Mental Health Awareness Month in after school programs by creating leadership teams of twenty students. Students were exposed to presentations and activities to build leadership skills and support wellness in a non-stigmatizing manner. (1, 2, 5, 6)

- ***RAIZ Promotores – South Modesto*** hired a new Promotora in September who quickly trained and began outreach and mental health awareness and stigma reduction services to the following schools: Fairview Elementary, Shackelford Elementary, Bret Harte Elementary, Robertson Road Elementary, Burbank Elementary, and Pearson Elementary. There have been multiple events and activities that promote mental health and wellbeing and reduce stigma related to behavioral health services:
    - Special event during the holiday season reminiscent of a Posada, which is a cultural tradition for families to come together and reconnect with each other which

facilitated learning around staying well in the midst of the stress associated with the holiday season
    - Holiday celebration at the Red Shield Community Center for approximately 150 community members, providing physical activities as well as a presentation about mental health, wellness, stigma reduction, suicide prevention, and additional resources
    - Day of the Dead celebration for the first time in the community, providing space for learning about cultural traditions of Mexico as well as methods of relaxation tied to mental health and well-being and conversation around suicide prevention
    - Event to celebrate Día del Niño (Children's Day) in collaboration with community leaders, engaging children and their families through participation in cultural Mexican dances and other activities such as face-painting, arts, crafts, and reading of books and a presentation about mental health stigma reduction, suicide prevention, and community resources. (1, 2, 5)

- ***RAIZ Promotores – Turlock*** increased the knowledge of its participants in the areas of mental health related to recognizing early signs of mental illness, stigma, and discrimination. Participants expressed that prior to attending these support groups, many faced challenges with stress, social isolation, sadness, family problems, and social adjustment since migrating from other states and countries. Participants reported their lives have been positively transformed by joining the support groups and have a greater sense of belonging, leadership, confidence, and gained skills in building relationships. (2, 5)
    - ***All Promotores Programs*** offered activities and groups, many through cultural traditions and customs (such as dance groups), that focused on increasing mental health and wellbeing, as well as provided access to information to mental health treatment services when appropriate. (1, 2, 3, 5)

    - ***All Promotores Programs*** partnered with community entities such as agencies, organizations, faith based groups and churches, and schools to bring information about mental health to the community through venues that are non-stigmatizing and non-discriminatory. (1, 2, 5)

    - ***LGBTQA Collaborative*** presented workshops to BHRS and contractors program staff on how to make services and environments more welcoming to LGBTQ consumers and peers. Five programs and 63 staff/volunteers participated, and "All are welcome" glass cling rainbow flags are now displayed on these programs' doors. (1, 2, 3, 5)

    - ***Stanislaus Asian American Community Resource – SAACR*** participates in and provides information at multiple events to help decrease stigma and discrimination: International Heritage Festival, Tzu-Chi Free Health Clinic, Free Neighborhood

Health Faire at Lao & Cambodian Buddhist Temples, Dinners at We Care Homeless Shelter, Back to School Nights at Hanshaw and Marshall Park, and 4th of July All American Festival. (1, 2, 5)

Challenges for Prevention

RAIZ Promotores Mental Health Prevention Program

- Physical space limitations and staff to participant ratios continue to impact service delivery. For example, with new programs come the challenges of dedicated space that is easily accessible in the community. Transportation is also a barrier for the targeted population, so appropriate and accessible locations are critical. As programs begin and/or grow, the lack of space can pose a difficult challenge.

- The need for childcare has become essential as groups develop and expand. Participants report that they are not able to afford childcare and are not able to fully participate in groups with children present. Additionally, it is difficult for participants to address sensitive mental health-related topics or have intense conversations where participants can open up and be vulnerable with children present.

- Successful engagement and retention of Promotora leadership has been challenging for some communities. Varied needs and schedules contribute to this challenge. Dual-income families, seasonal work, transportation, and migration to Mexico during the winter are additional barriers.

- Promotores continue to face timely access challenges when providing referrals to mental health providers. Limited culturally sensitive and Spanish/English bilingual providers contribute to the long wait times (up to 3 months at times) for appointments to address behavioral health issues to the Hispanic/Latino population. It is especially difficult for those with no Medi-Cal coverage as there are limited resources available for this population.

- Promotores often face time and workload challenges. For example, it is difficult to allocate time for administrative tasks such as meeting data requirements, while planning, prepping material, attending groups, facilitating meetings, receiving/giving trainings, etc.

- Access and linkage continue to be challenging for some communities as individuals are referred, but do not follow up or return. Some are not able to easily access some of the services available because they lack the copay or because they don't have insurance due to their immigration status. In addition, those who are not documented fear that

accessing services will jeopardize their standing within the country by affecting their process and paperwork in the future, or fear deportation if adding their personal information into a government database. Some Latinos are unable to access, county, state or federal programs because of their status. When finances are tight within the family, Latinos prioritize basic needs such as food, shelter, and clothing over health, specifically over mental health. Additionally, transportation and childcare are barriers to keeping mental health appointments.

Collaboratives

- Collaboratives often face challenges with consistent leadership. The development of leadership skills could assist with this issue.

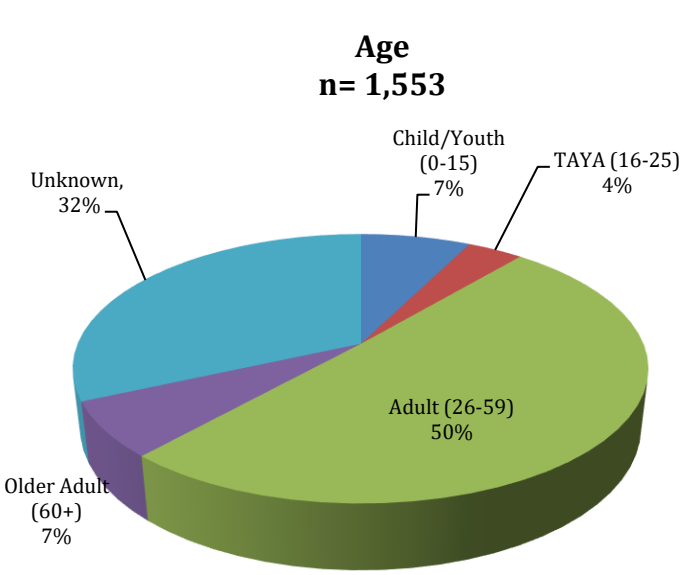
- Stigma and discrimination are challenges that collaboratives continue to face in their work.

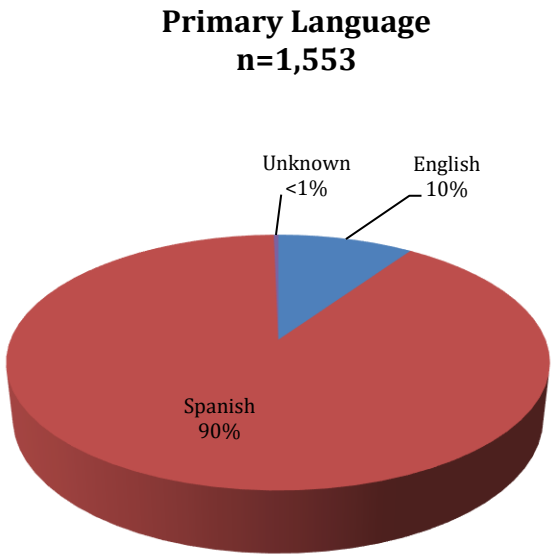
- Budget and support limitations can be challenging when trying to include additional events and participants.

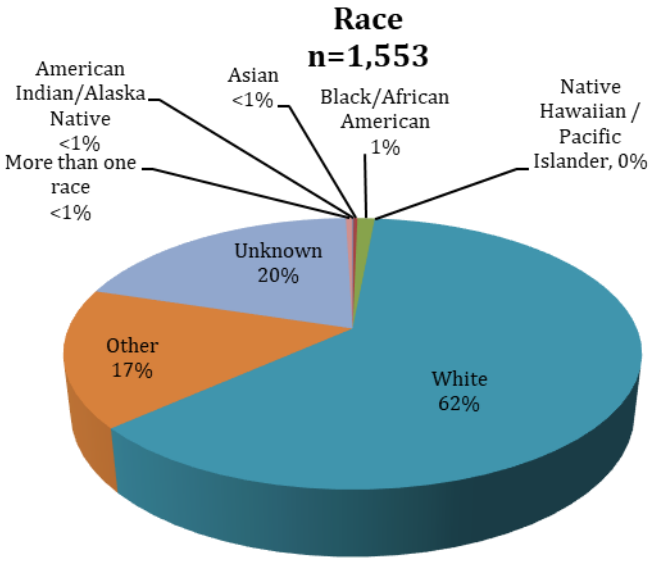
Prevention

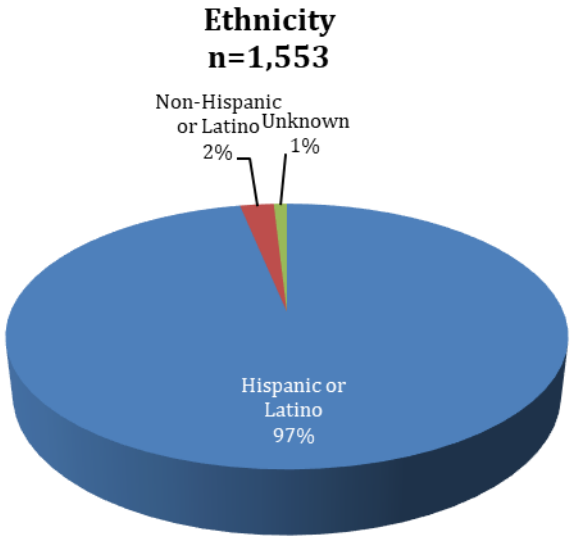
FY 2017-2018

1,553 Individuals Served









Outreach Programs for Increasing Recognition of Early Signs of Mental Illness

Stigma and Discrimination Reduction Programs

Suicide Prevention Programs

PROGRAM DESCRIPTION

The PEI programs in these four categories are overlapping, and are also addressed by multiple programs categorized as Early Intervention and Prevention.

- Programs and strategies focused on ***outreach for increasing recognition of early signs of mental illness*** utilize ***Outreach,*** which is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
- ***Stigma and discrimination reduction programs*** encompass the direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.
    - ***Suicide prevention programs*** are those that organize activities to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.
- The ***statewide initiative*** is a contribution to CalMHSA, the statewide organization that provides support and liaison activities across counties.

Outreach Programs for Increasing Recognition of Early Signs of Mental Illness

- **Each Mind Matters Campaign/Know The Signs**
- **Community Trainings -** *BHRS*
    - Mental Health First Aid (MHFA) *(potential responders/gatekeepers)
    - Youth Mental Health First Aid *(potential responders/gatekeepers)
    - Mental Health First Aid – for Spanish speakers *(Spanish speaking community)
- **In Our Own Voice and Ending the Silence -** *NAMI (National Alliance on Mental Illness)*

Stigma Discrimination Reduction Programs

- **Each Mind Matters Campaign/Know the Signs**
- **CalMHSA Contribution**

Suicide Prevention Programs

- **Each Mind Matters Campaign/Know the Signs**
- **Community Trainings -** *BHRS*
    - ASIST (Applied Suicide Intervention Skills Training) *(potential responders/gatekeepers)
    - Safe Talk *(potential responders/gatekeepers)
- **Central Valley Suicide Prevention Hotline -** *Kingsview* *(individuals with suicidal ideation or at-risk)

TARGET POPULATION

All PEI programs target Stanislaus County's underserved/unserved populations in the following categories:

- Individuals at-risk or exhibiting onset of serious mental illness
- Individuals displaying mental illness early in its emergence
- Families of individuals in the above populations

Some PEI programs target specific age, cultural, and geographic communities within the underserved/unserved populations as specified above by programs with asterisks.

In addition, the *Outreach Programs for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction Programs, and Suicide Prevention Programs* reach potential responders within the specific target populations, including family members, school personnel, community service providers, and faith based leaders. The settings also vary, including schools, Family Resource Centers, healthcare centers, and shelter.

BUDGET AND COST PER PARTICIPANT

FY 2017-18

Total MHSA Budget	Actual	Total Number Served*	Estimated MHSA Cost Per Participant
$223,843	$169,048	1,960	$86

* Not unique count due to type of services (outreach, presentations, trainings, etc.)

FY 18-19 Budgeted	FY 18-19 Projected	FY 19-20 Projected
$503,574	$520,161	$527,084

SERVICES AND ACTIVITIES

- Outreach includes such activities as presentations, trainings, and events that encourage, educate, or train individuals and potential responders about ways to recognize and respond effectively to early signs of mental illness. Outreach services are provided throughout all PEI programs at varying degrees.

- PEI staff, other BHRS staff, and contracted partners are trainers for the following trainings that are provided free of cost to the community and targeted populations across the county:
    - Mental Health First Aid (MHFA)
    - Youth Mental Health First Aid
    - Mental Health First Aid – for Spanish speakers
    - Applied Suicide Intervention Skills Trainings (ASIST)
    - NAMI Provider Education Course
    - Toward Effective Self Help Group Facilitator training

- PEI also provides staff support to several cross-cultural community-based collaboratives/partnerships that help promote emotional health and wellbeing by decreasing stigma, disparities, and barriers to mental health resources.

- Stigma and discrimination reduction activities also include presentations, trainings, and events, marketing campaigns, speakers' bureaus, and efforts to encourage self-acceptance for individuals with a mental illness. All PEI programs integrate one or more of these activities in their program delivery.

- A primary suicide prevention service offered through PEI is the suicide hotline provided by the Central Valley Suicide Prevention Hotline (CVSPH). CVSPH is nationally accredited by the American Association of Suicidology and operates the hotline 24 hours a day, 7 days a week, ensuring that our county residents have access to suicide prevention support and emergency services when appropriate.

- Other suicide prevention activities include campaigns, training, and education focused on suicide information and prevention.

- CalMHSA provides support in the areas of suicide prevention and stigma and discrimination reduction, and also is the fiscal agent for CVSPH.

Outreach, engagement, and access and linkage activities are integrated into these programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services has been identified as the program with this focus. However, all programs incorporate access and linkage activities and strategies to the extent possible, including those listed above.

In addition, all PEI programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration

(2) Cultural Competence

(3) Client Driven

(4) Family Driven

(5) Wellness, Recovery, and Resilience Focused

(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how programs champion these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Highlights

Activities that bring about mental health and related functional outcomes and demonstrated effectiveness for the intended populations

- ***Central Valley Suicide Prevention Hotline*** staff responded to 1,939 calls from Stanislaus County, listening to and assisting callers in crisis or needing help. (3, 4, 5)

- ***NAMI "In Our Own Voice"*** presenters share their personal stories, describing the journey from mental health crisis to successes, hopes, and dreams. One goal of the "In Our Own Voice" presentation is to show audience members that recovery is possible. (1, 3, 5)

- ***NAMI "Ending the Silence"*** outlines the symptoms of mental health conditions and gives students ideas on how to help themselves and others who may need support. Since about 50% of students ages fourteen and older with a mental health condition will drop out of school, these presentations can help decrease school drop outs. (1, 5)

Improved access to services for underserved populations

- ***Central Valley Suicide Prevention Hotline*** staff are trained to provide resources and referrals to local mental health services when appropriate. (5)

- ***Central Valley Suicide Prevention Hotline*** served a broad spectrum of individuals, spanning differing age, race, ethnicity, gender, language, sexual orientation, disabilities, veteran status, and homeless status. For example, of those providing demographic information, 8% (54/649) of callers identified as LGBTQ and 24% (128/527) had a disability. (2, 5)

- ***Central Valley Suicide Prevention Hotline*** operated 24 hours a day, 7 days a week and provided services in Spanish, and interpreters in over 150 languages. (2, 5)

- 21 ***NAMI*** speakers reached over 3,300 community members, including potential responders such as school personnel, faith-based leaders, families, teachers, law enforcement, and community service providers. These potential responders now have knowledge to support and assist those with mental illness to access services.

- More frequent ***Mental Health First Aid – for Spanish speakers*** trainings were offered as an additional Spanish speaking Adult MHFA trainer was added. The Spanish speaking community now have more opportunity to learn about and help improve access to behavioral health services. (1, 2)

- ***BHRS Training*** added 2 new Youth MHFA trainers during FY17-18. This allowed the department to offer this training to the community more often. (1)

Non-stigmatizing and non-discriminatory

- There is a strong continued interest within the community for ***BHRS Community Trainings*** which address mental health and suicide. High attendance for these trainings has led towards increased education and prevention, leading to decreased stigma and discrimination. (1, 5)

- ***BHRS Training*** added 3 new Adult Mental Health First Aid trainers in order to meet the community demand for the training. (1, 5)

- ***All PEI programs*** were contracted to distribute ***Each Mind Matters/Know the Signs*** materials and continued to present relevant information to their communities. (1, 5)

- ***NAMI*** speakers presented 87 “In Our Own Voice” and 15 “Ending the Silence” presentations in places of worship and faith-based organizations, schools, colleges, community groups, shelters, and to law enforcement in non-stigmatizing environments. NAMI continued to develop relationships with community leaders to reach additional individuals in a non-stigmatizing manner. (1, 2, 5)

- ***NAMI “In Our Own Voice”*** presentations seek to decrease stigma, and 88.7% of attendee respondents agreed that “People with mental illnesses are able to be productive citizens in our communities.” (1, 5)

- ***BHRS Community Training*** SafeTALK participants learned to recognize signs of suicide and to learn how to approach someone who may be considering suicide. One participant shared, “This training is a great starting point for getting people comfortable asking uncomfortable question.” (5)

Challenges

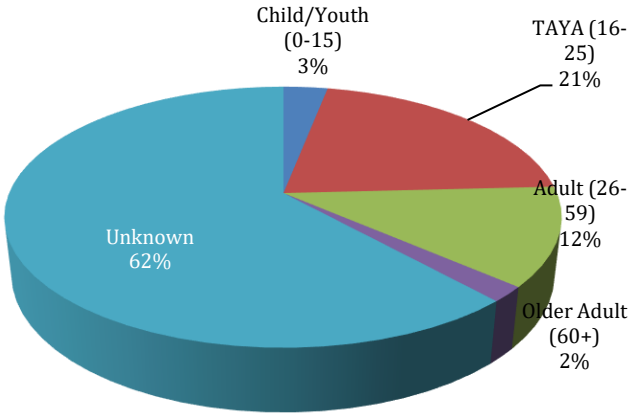
- Recruiting and retaining young adult presenters for “Ending the Silence” is challenging.
- Recruiting and retaining bilingual Spanish/English presenters for “In Our Own Voice” continues to be difficult.
- Trainers move to other agencies, so there can be gaps in training availability (ART)

Outreach for Increasing Recognition of Early Signs of Mental Illness

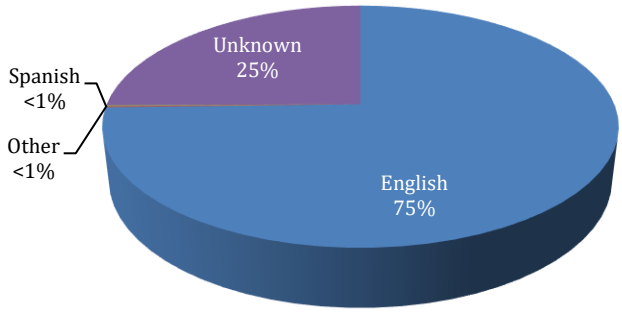
FY 2017-2018

1,960 Individuals Served

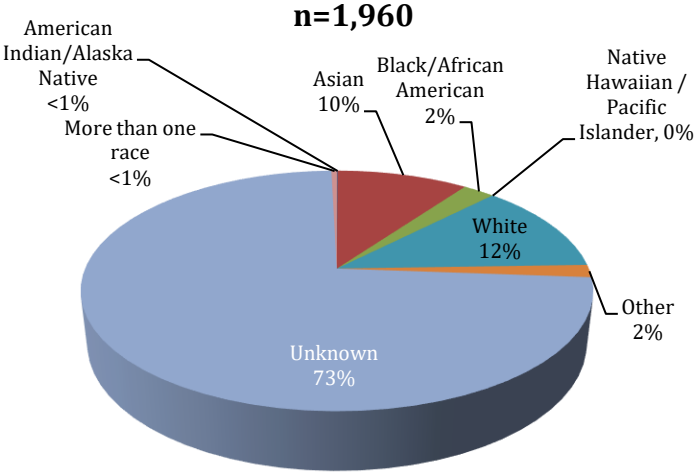
Age
n= 1,960



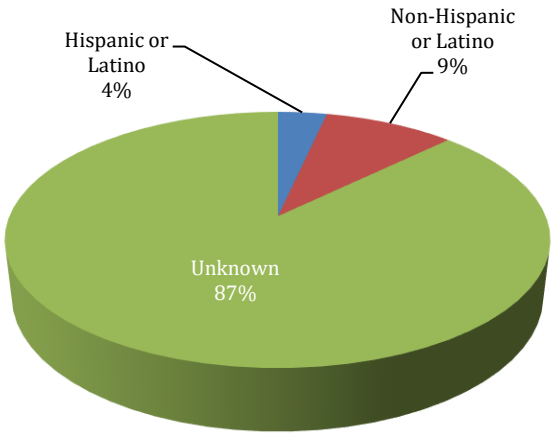
Primary Language
n=1,960



Race
n=1,960



Ethnicity
n=1,960



***Please note most unknowns are due to participants declining to answer.**

Access and Linkages

Aging and Veteran Services

PROGRAM DESCRIPTION

Access and Linkage to Treatment means connecting individuals with severe mental illness, adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs. Examples include focusing on screening, assessment, referral, and/or mobile response.

TARGET POPULATION

All programs target Stanislaus County's underserved/unserved populations in the following categories:

- Individuals at-risk or exhibiting onset of serious mental illness
- Individuals displaying mental illness early in its emergence
- Families of individuals in the above populations

Aging and Veteran Services program primarily serves older adults 60 years and older, and targets those who are culturally or socially isolated as well as those with limited access to services or knowledge of resources. The primary targeted population includes older adults with mild depression, at risk of depression or worsening depression.

BUDGET AND COST PER PARTICIPANT

FY 2017-18

Total MHSA Budget	Actual	Total Number Served*	Estimated MHSA Cost Per Participant
$150,000	**$312,000**	**272**	**$1,147**

*Unduplicated served

FY 18-19 Budgeted	FY 18-19 Projected	FY 19-20 Projected
$312,000	**$312,00**	**$374,000**

SERVICES AND ACTIVITIES

All PEI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

Outreach, engagement, and access and linkage activities are also integrated into all programs to increase the effectiveness of the services. PEI regulations require that at least one program is dedicated to access and linkage. Aging and Veteran Services has been identified as the program with this focus. However, all PEI programs incorporate access and linkage activities and strategies, and Aging and Veteran Services is also a program providing Brief Intervention Counseling (BIC) services.

It is critical that AVS focuses on access and linkage as older adults have specific access barriers. Older adults are also at high risk for having or developing mental illness due to risk factors:

- Isolation - social, geographic, cultural, linguistic
- Losses - deaths, financial, independence
- Multiple chronic medical conditions including substance abuse
- Elder abuse & neglect

These risk factors also contribute to barriers to access services. The older adult population faces multiple other barriers to receiving behavioral health services:

- Limited Resources -Availability of clinicians
- Stigma - resistance to accepting assistance
- Difficult referral process/Navigating the system
- Transportation
- Cost/Insurance

In order to reach this population given the barriers, outreach efforts are made via a network of older adult services providers, including home health agencies, adult protective services, community service organizations (home delivered meals, in-home service providers, transportation programs etc.) Presentations are also made to older adults directly at senior residential communities and public events.

AVS uses a screening process to determine if a senior has an existing or previous diagnosis, receiving current treatment or medications that may help identify a more serious condition, need for higher level of care and/or further evaluation. The Patient Health Questionnaire (PHQ-9) is

also used to gage any level of depression, anxiety and suicidal ideation. This tool can help determine if a higher level of care and/or a referral is needed. In addition, clients presenting with co-occurring conditions or undiagnosed symptoms that need further evaluation will be referred to an appropriate service or program and offered follow-up to verify they were able to connect.

Once engaged in AVS services, they are mostly provided in the comfort of the seniors' own homes to increase access to services. Often, transportation or stigma can be barriers for seniors to access behavioral health services, and offering in-home services reduces the barriers.

In addition, all programs are committed to providing services that embrace the MHSA general standards:

(1) Community Collaboration

(2) Cultural Competence

(3) Client Driven

(4) Family Driven

(5) Wellness, Recovery, and Resilience Focused

(6) Integrated Service Experiences for clients and their families

See below in the Highlights section for specific examples of how this program champions these standards. The specific general standards addressed by the programs are indicated in parentheses after each highlight below.

Highlights

Activities that bring about mental health and related functional outcomes and demonstrated effectiveness for the intended populations

- AVS utilizes an "Aging Network" of services and the Senior & Caregiver Information and Referral program/phone line to connect seniors to the services that will help them maintain their independence and increase wellbeing and health. (1, 3, 5, 6)

- Various interventions were utilized to prevent suicide (depression, anxiety, and isolation), homelessness, and prolonged suffering: Problem solving treatment, CBT (behavioral activation), and motivational interviewing which focuses on exploring and resolving ambivalence and centers on motivational processes within the individual that facilitates change. (2, 5)

- The Friendly Visitor Program provided in-home social visits to improve seniors' sense of well-being. Isolation and loneliness of high risk elderly are reduced by increasing socialization with an adult volunteer "Friendly Visitors". (1, 5)

Improved access to services for underserved populations

- A focus was on navigation services during this fiscal year. Navigation assistance played an important role regardless of which program seniors participated in. Clients were assisted in connecting to the services they identified as a need and/or to the most appropriate level of care if and when their needs appeared to be beyond the program's scope. (3, 5, 6)

- Multiple no cost services were readily accessible: The Senior Information Line, short-term case management, Medicare advocacy, and caregiver support. The offices are also home to the Veterans Service Office to help clients access potential veterans' benefits, and the MOVE transportation training and Dial a Ride certification program. The program is also adjacent to the County's older adult programs with Adult Protective Services (APS) and the Link to Care Public Authority provider training. (1, 6)

- The three components of AVS (Brief Intervention Counseling, Senior Peer Support/Navigation, and Friendly Visitor) allow for multiple access points for behavioral health services depending on the needs of the participant. (3)

- A new bilingual counselor/social worker was hired and the Spanish-speaking participants began to increase. (2)

Non-stigmatizing and non-discriminatory

- Outreach efforts, including presentations, were made in a manner to decrease stigma. Venues that older adults were already familiar with, such as community service organizations and senior housing, were used to provide information about mental health services. (1, 2, 3)

- Over 600 older adults were reached through presentations that stressed the reduction of stigma in seeking mental health services, meeting the community members where they are. (1, 3)

- 91% (1488/1638) of services were provided at seniors' homes, decreasing barriers to access of stigma and transportation. (3)

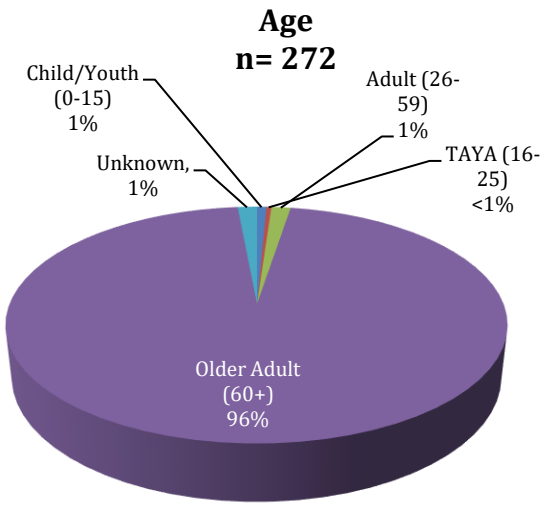
Challenges

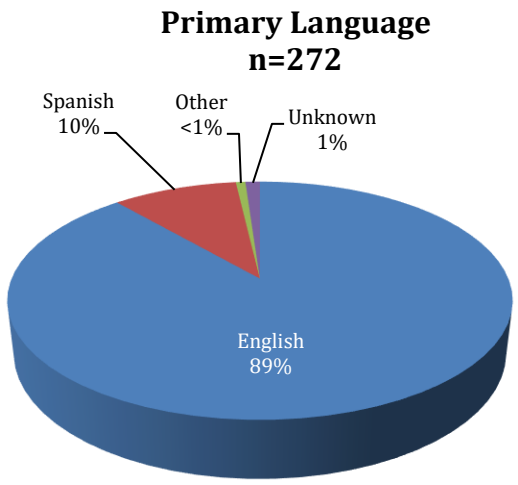
- Sustaining the Senior Peer Counseling program has been a challenge. The training and supervision of peer counselors is resource intensive, and it is difficult to recruit for the program.
- Discussions and planning are occurring regarding the future of the volunteer Peer Navigation role and how to best utilize peers to facilitate navigation, linkage, and referrals to appropriate services. Although challenging, this component of the program will also help ensure follow up and engagement in behavioral health services.

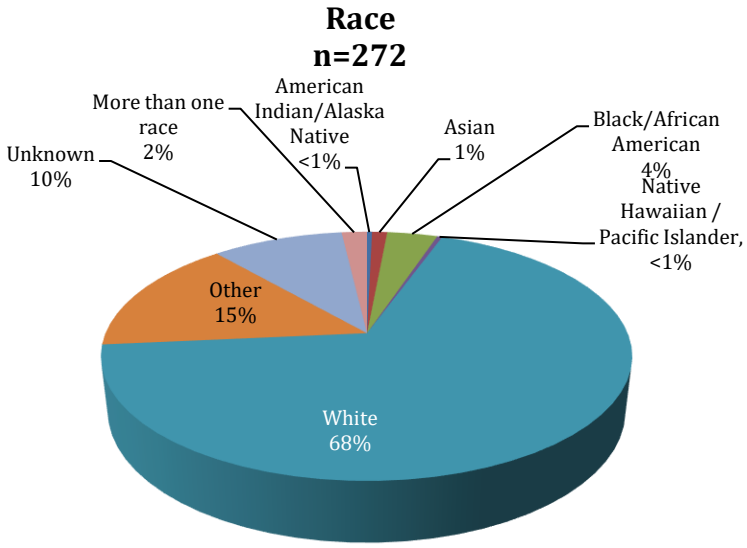
Access and Linkage

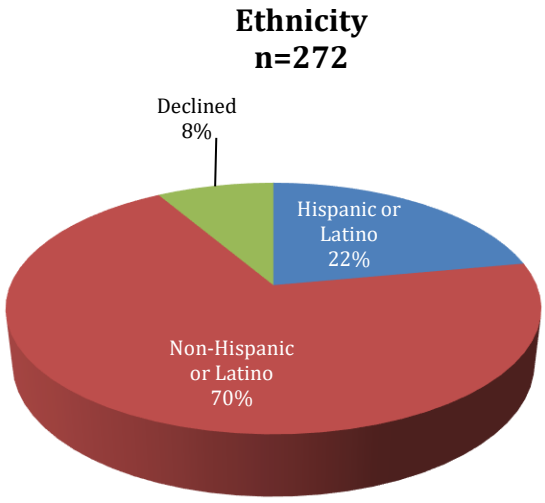
FY 2017-2018

272 Individuals Served



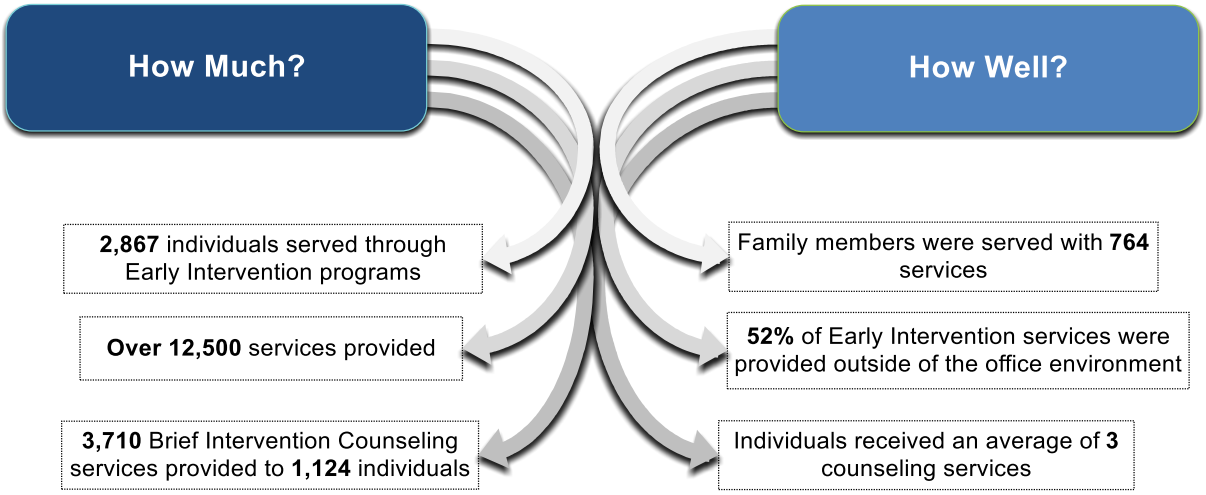




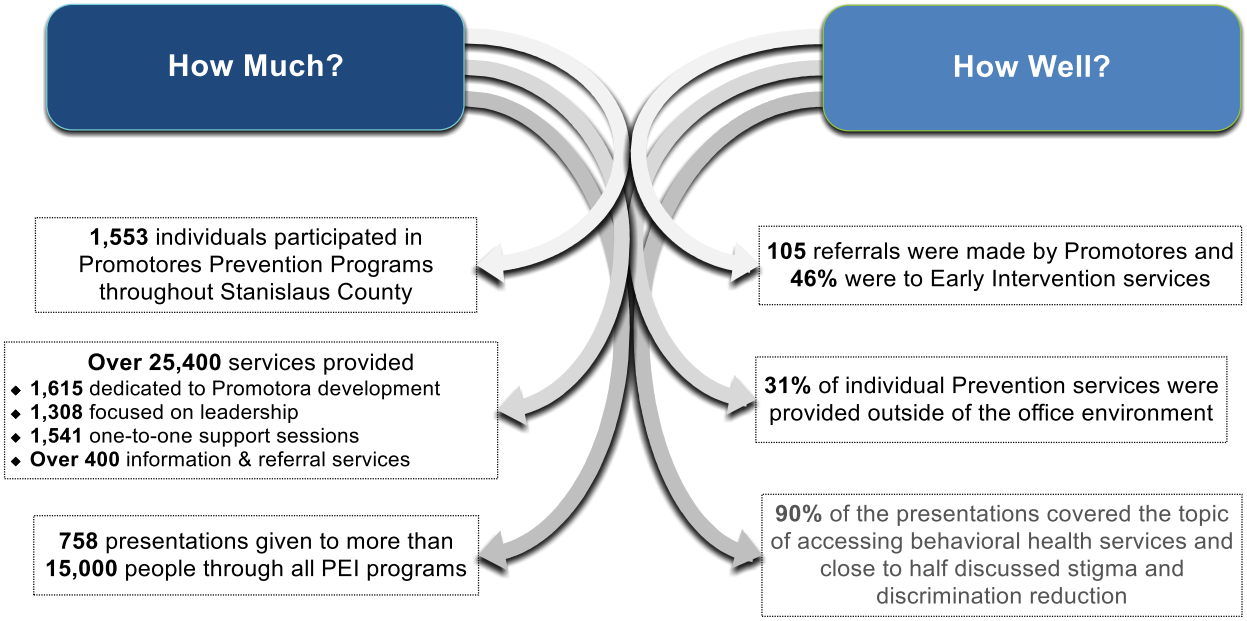


***Please note most unknowns are due to participants declining to answer**

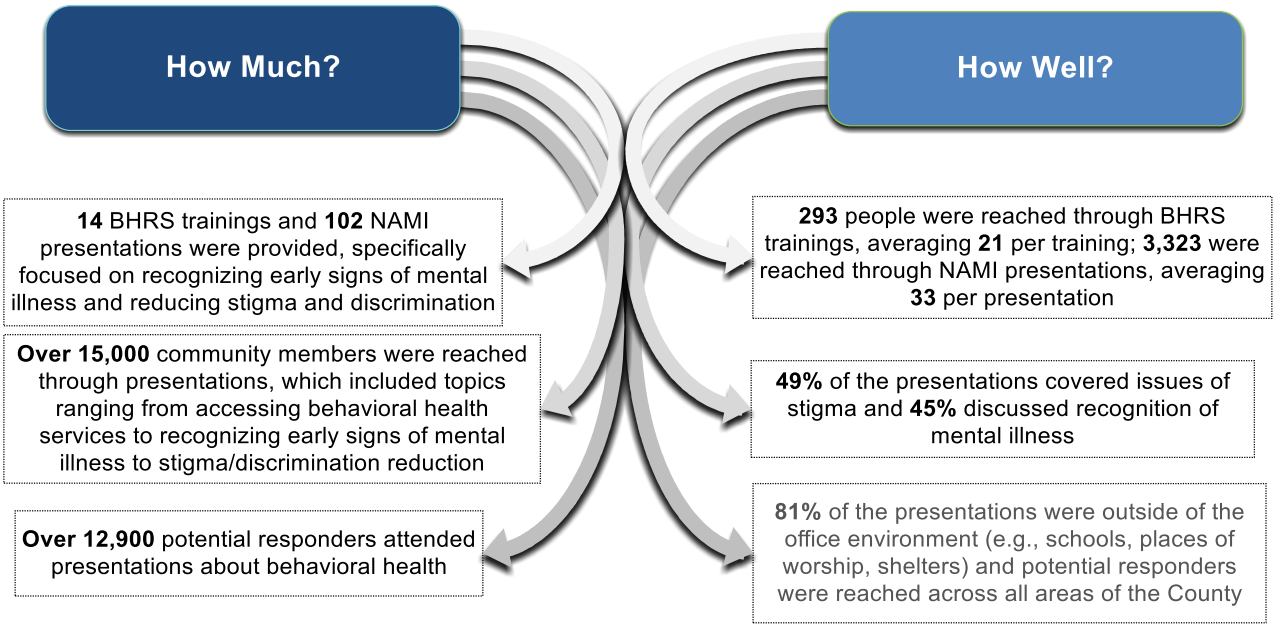
Early Intervention



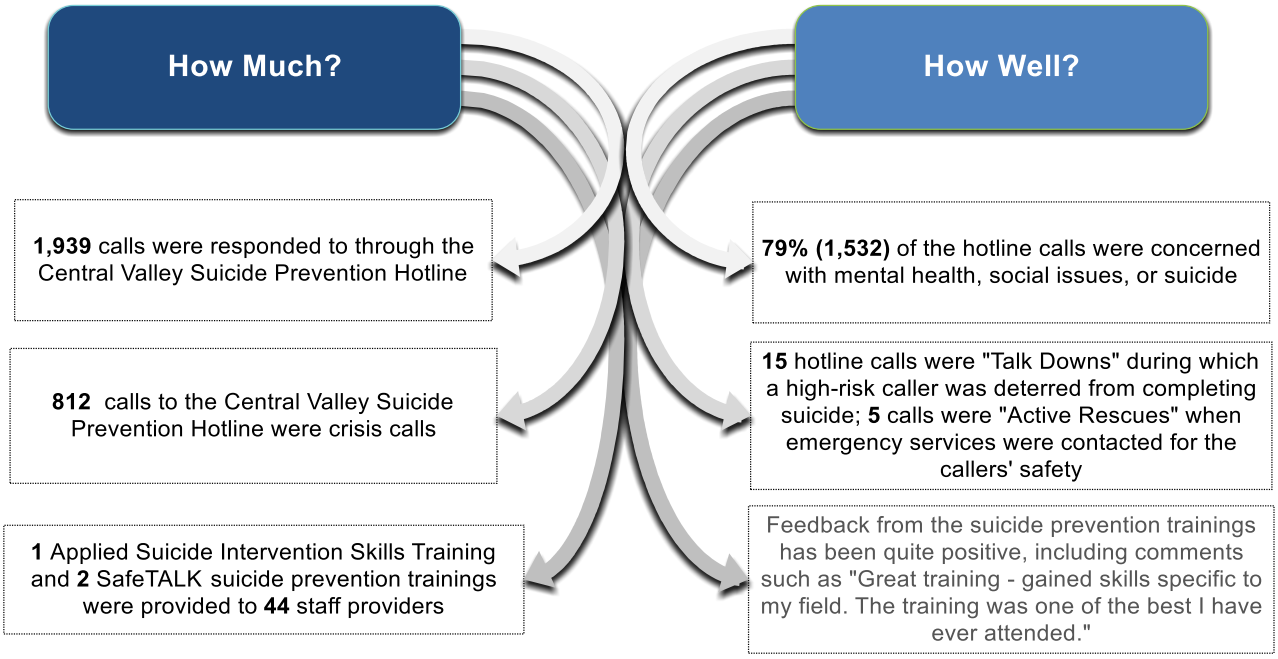
Prevention



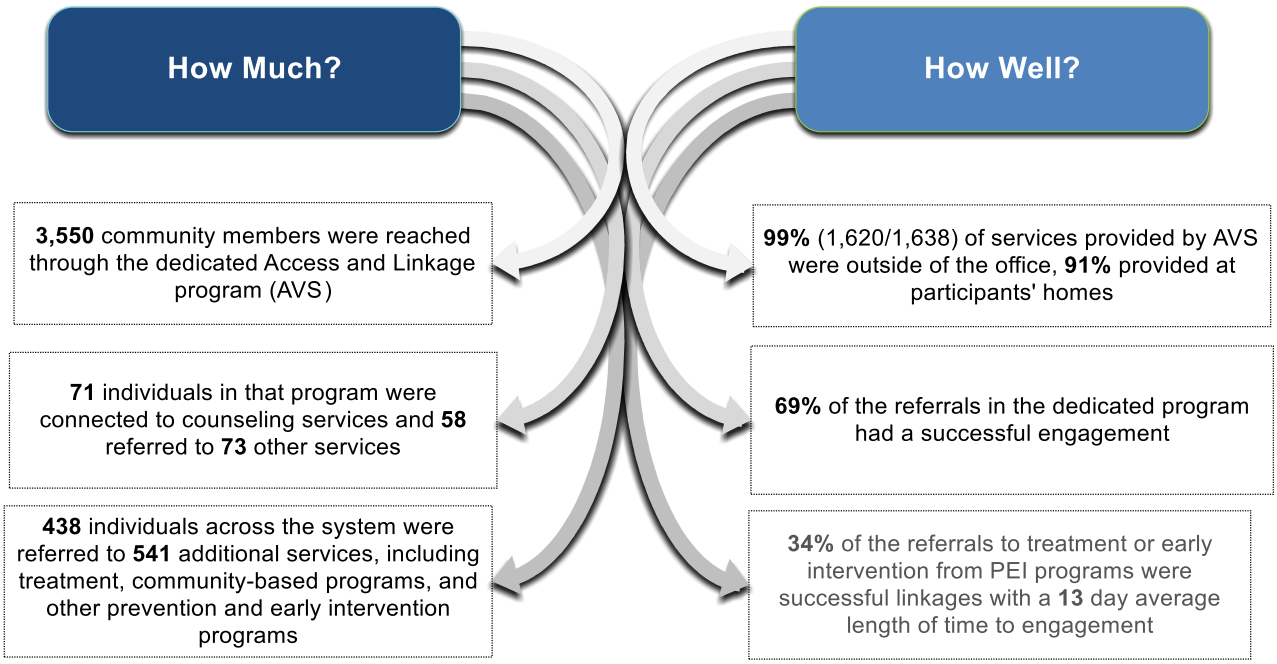
Outreach for Increasing Recognition of Early Signs of Mental Illness & Stigma/Discrimination Reduction



Suicide Prevention



Access and Linkage



- Community members we are reaching have increased understanding and want to know more…
    - **92%** (1,916/2,088) have a good understanding of mental illness and its symptoms
    - **85%** (1,735/2,050) intend to learn more about mental illness

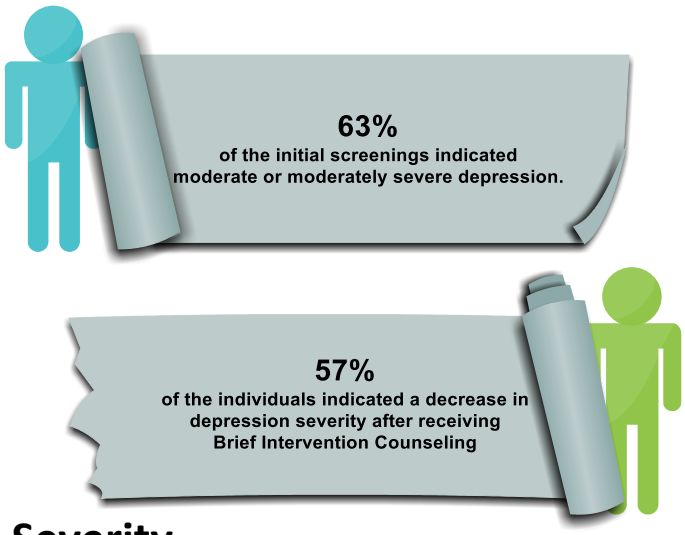
- Through Suicide Prevention trainings, **44** individual providers now have skills to assist someone contemplating or attempting suicide

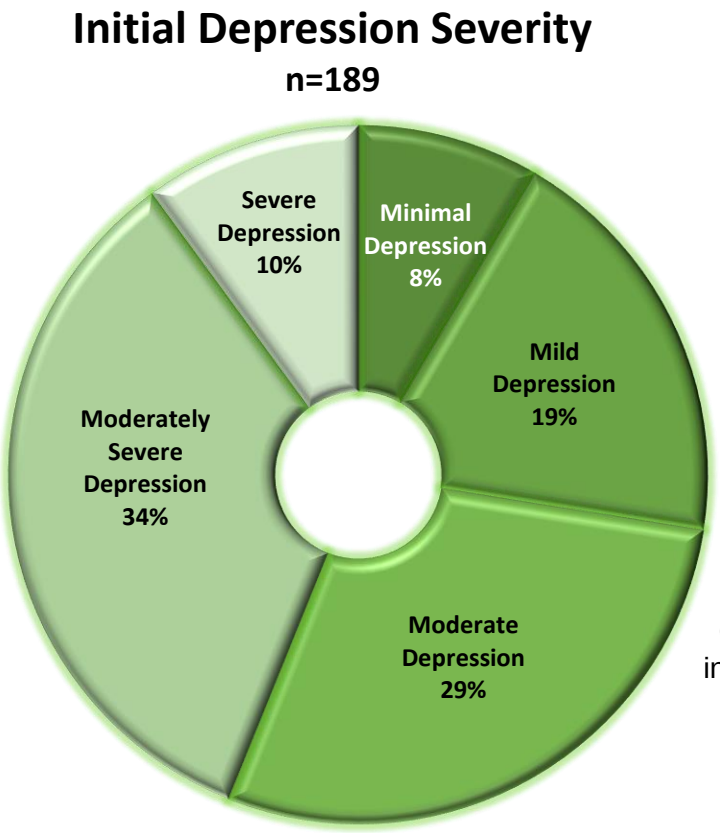
PHQ-9 Results

Early Intervention programs utilize the PHQ-9 (Patient Health Questionnaire) tool to screen and monitor the severity of depression, and response to treatment/clinical improvement. The tool is used for screening, and is also administered at the first counseling session, every three months during counseling, and at last session. Improvement in PHQ-9 scores indicates a decrease in depression severity (a decrease of 5 or more points is a standard for *clinical* improvement). The following are FY17-18 PHQ-9 results:

n=189 individuals

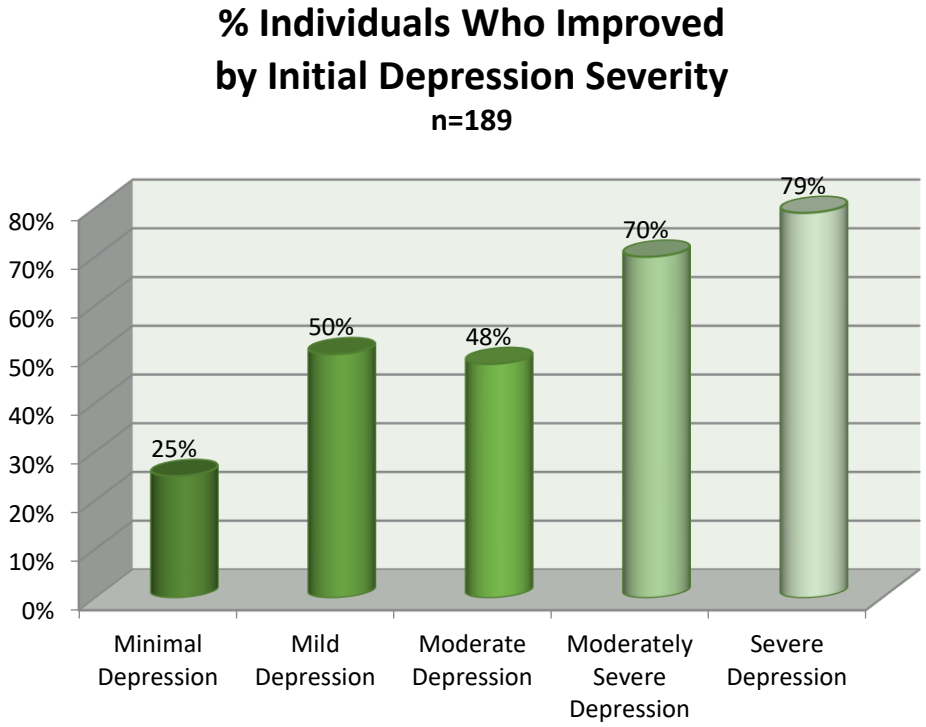
includes matched pairs only (initial and most recent scores)





The goal of Early Intervention programs is to address mental illness early in its emergence. The chart to the left illustrates the severity of depression that individuals indicate initially upon engaging in Early Intervention services. Almost three-quarters of the individuals indicated moderate to severe depression at the outset of beginning brief intervention counseling.

The chart to the right shows the percentage of individuals who started early intervention services with minimal to severe depression symptoms, and the percentage in each category who improved. The category with the greatest percentage of individuals who improved was those who started with severe depression – ***79% of individuals who started with severe depression symptoms improved*** after brief intervention counseling.



The PHQ-9 tool asks individuals to rate how often they have been bothered by specific problems over the last 2 weeks using the following scale:

Not at all	Several Days	More than half the days	Nearly every day

BIC programs help participants decrease the number of days that participants experience the problems, working towards "Not at all". These programs positively impacted the frequency of negative symptoms, indicating improvement as illustrated below.

Negative Symptom	% who improved after BIC*
Little interest or pleasure in doing things	**51%**
Feeling down, depressed, or hopeless	**24%**
Feeling bad about yourself or that you are a failure or have let yourself or your family down	**29%**
Thoughts that you would be better off dead, or of hurting yourself	**67%**

*% of individuals who initially experienced the negative symptom *nearly every day* who experience it less frequently (or not at all) after Brief Intervention Counseling

WE&T WORKFORCE DEVELOPMENT

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 5 programs operating during FY17-18:

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

WE&T BUDGET:

FY 2017-18

Total MHSA Budget	Actual
$657,326	$510,120

FY 18-19 Budgeted	FY 18-19 Projected	FY 19-20 Projected
$638,688	$626,146	$627,637

HIGHLIGHTS:

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- A successful BHRS Volunteer Celebration took place on April 20, 2018. There were 110 invitations sent and 67 individuals attended this event. The feedback was excellent as well as the venue.

- Enhancements have been made with communication and customer service expectations between the program sites, volunteers, and the Volunteer Office Team.

- Additional outreach was provided to volunteer sites, and the community, for better awareness of our volunteer services.

- 120 Trainings were supported by BHRS Training Department.

- Participation in the California Association of Social Rehabilitation Agencies (CASRA) certification and placement partnership between MJC and BHRS remain high.

- Written protocols for each volunteer site were established, including the County-wide update to the applicant assessment process, as part of the recruitment protocol. This has potential to result in increased site participation.

CHALLENGES

- Volunteer staff worked to increase communication with MJC to coordinate BHRS presentations to ensure all presenters had the updated procedures and protocols.

In addition, all WE&T programs are committed to providing services that embrace the MHSA general standards:

- Community Collaboration
- Cultural Competence
- Client Driven
- Family Driven
- Wellness, Recovery, and Resilience Focused
- Integrated Service Experiences for clients and their families

WE&T WORKFORCE DEVELOPMENT

OPERATED BY HUMAN RESOURCES AND TRAINING DIVISION OF BEHAVIORAL HEALTH AND RECOVERY SERVICES

The goal of the Workforce Development program is to increase overall and specific competencies in staff throughout the public mental health workforce as well as expand capacity to implement MHSA essential elements. Training for skill building is at the core of Workforce Development. The trainings offered address a variety of key content identified during the stakeholder planning process.

Key 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.

Trainings are designed to include consumer and family member perspectives and include consumer and family member trainers when appropriate. Workshops and trainings are offered to BHRS and organizational provider staff with the overarching goal of enhancing knowledge and skills, especially in the areas of recovery and resilience and evidence-based practices.

HIGHLIGHTS

- Outside training collaborations with Stanislaus County Office of Education occurred to increase knowledge in the area of trauma and the impact of secondary trauma, compassion fatigue and burnout can have on professionals working with those struggling with mental health issues.
- BHRS offering of trainings continue to fill up quickly with staff and community expressing appreciation for the variety of offerings.
- California Association of Marriage and Family Therapists (CAMFT), issued BHRS a 3 year license to provide continuing education hours for LMFT’s, LCSW’s and LPPC’s.
- Presentations within the graduate programs at Stanislaus state occurred in an effort to increase interest in seeking employment within the Public Mental Health System upon graduation.
- BHRS WET program is a part of the Student Mental Wellness Committee which is a collaboration of Stanislaus County Office of Education, Stanislaus State University and

Modesto Junior College with a focus on increasing information to students on various mental health topics that impact the community.

- BHRS WET provides training at Stanislaus State through collaboration with the Stanislaus State University Peer Project to offer Mental Health First Aid twice a year to their students.

CHALLENGES

- Demand for training remains high. At times, the demand is not met despite multiple offerings and sessions in the same offering.
- Trainer's availability, venue availability and overall calendar availability is challenging to support mandatory departmental trainings.

WE&T WORKFORCE DEVELOPMENT FY 2017-18

PROGRAM RESULTS FOR WE&T WORKFORCE DEVELOPMENT

How much?

- 120 – Trainings were supported by the BHRS Training Program (n=2040)
- 26 – Trainings were sponsored by the PEI Program (n=345)
- 11 – Outside trainings were supported by BHRS WET either through offering space for the training or collaborating with continuing education hours.

How well?

- 97% of the participants felt the content was appropriate to my education/experience/licensure level. (n=386)
- 98% of the participants felt the course content was current and relevant to practice. (n=386)
- 97% of the participants felt the course teaching methods/technology/handouts supported the seminar. (n=388)

Better off?

Comments from training participants

- Understanding and Addressing Self Harm – Training was awesome! A lot of information with interventions that can be applied with multiple clients.
- Introduction to Mindfulness: A Training for Behavioral Health Providers - The course was well needed. Can be utilized personally and professionally.
- LGTBQ 101 – Course was informative. Information was current. Presenter was attentive and interacted nicely with group.
- Principles and Practices of Culturally and Linguistically Appropriate Services: Including Interpreting and Use of Interpreters – It was very informative and very interactive. I was very impressed. I had fun and learned a lot. They were all very knowledgeable and had a lot of insight.

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 did not have a Psychosocial Rehabilitation (PSR) 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 Psychosocial Rehabilitation Skills Recognition Certificate also have the opportunity to become eligible for the State Psychosocial Rehabilitation certification after completing a minimum of 2,500 field experience hours.

The Psychosocial Rehabilitation Program at MJC is a nine (9) unit curriculum 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 CASRA Based Stipend Program includes stipends to assist with school fees, parking passes, and school supply vouchers, as needed to participants. There is also a textbook loan program. In addition, CASRA Program participants receive ongoing peer support and academic assistance to maximize their opportunities for success.

HIGHLIGHTS

- One of last year's challenge has been met by making a presentation of the Practicum portion of the MJC PSR Program to various Facilities within BHRS. At this point, we have secured 20 Volunteers with Practicum Assignment positions. Twenty-three (23) of our participants have been placed in volunteer positions that allowed them to meet the specified hour requirements for the MJC Psychosocial Rehabilitation Program courses or for their Practicum experience.
- The program maintains a steady increase in the recruitment of students from MJC, of diverse ethnicities who will eventually be hired into the behavioral health field. All CASRA Program

participants are either consumer/family members or they come from a diverse and underserved community. A total of 156 students received CASRA stipends in FY 17-18.

- As of October 2017, the CASRA Based Stipend Program is a member of the MJC Human Services Advisory Board. The Advisory Board consists of many BHRS site administrators, as well as community organizations dedicated to the awareness and education of mental health throughout the diverse and underserved populations in Stanislaus County. Meetings are held twice each school year. We come together to improve on the education available to MJC Students and the community.
- Thirty-five (35) CASRA Program participants completed the academic requirements and volunteer hours to receive their Skills Recognition Certificate for completion of the MJC 9-Unit Psychosocial Rehabilitation Program. An additional eighteen (18) CASRA Program participants have received their Associate of Arts Degree in Human Services at MJC. Ten (10) CASRA Program participants have continued their education at an institution of higher learning, to receive their bachelor's degree.

- Twelve (12) of the CASRA Program participants who volunteered within BHRS have been hired at BHRS and community partner agencies, and thirteen (13) CASRA Program participants have been hired by outside facilities that work with mental health clientele. Among our CASRA Based Stipend Program participants, forty-eight (48) are bilingual or multi-lingual, including two (2) who use sign-language.

CHALLENGES

- Our challenges for the upcoming fiscal year is to be able to provide more presentations at MJC and other forums about the CASRA Based Stipend Program and to continue to increase our participant numbers to reach our maximum capacity. As a result of our BHRS Program site presentations and other informational outreach efforts, we have continued to address our challenge to expand the placement of Practicum students in all direct service programs.

WE&T CONSUMER FAMILY MEMBER TRAINING AND SUPPORT FY 2017-18

156 INDIVIDUALS SERVED

WE&T Consumer Family Member Training and Support

How Much?

- 156 CASRA Based Stipend Program participants representing diverse ethnicities/cultures received education stipends
- 23 participants received field placement with BHRS or our community partner agencies
- 2 Human Services orientations to present the BHRS CASRA Based Stipend Program
  2 Human Services Advisory Board meetings to raise awareness of our Program to various agencies within the community represented at the meeting
  4 classroom presentations were held at MJC to raise awareness about the CASRA Program

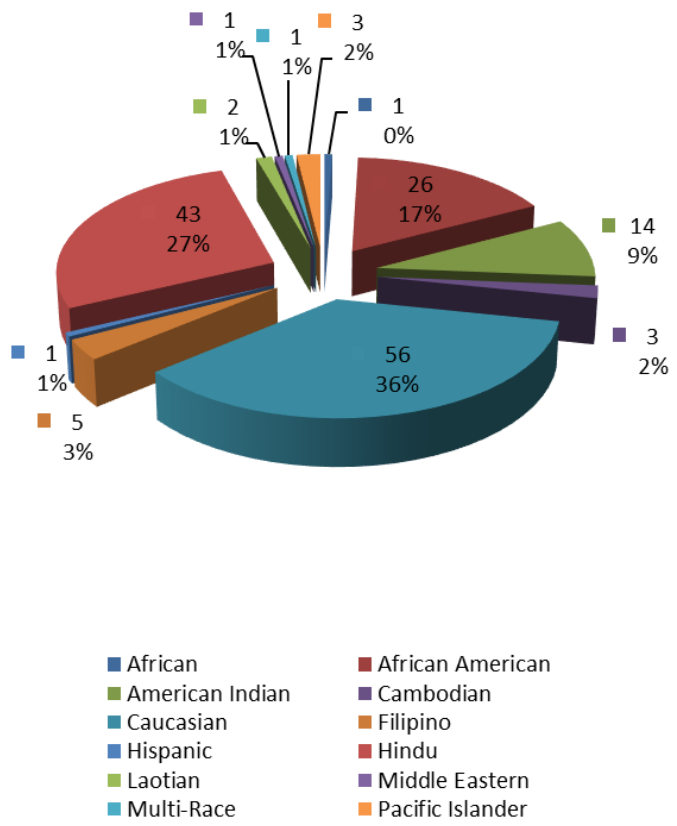
How Well?

- 100% of CASRA Based Stipend Program participants have lived experience as consumers, family members of consumers, or are from diverse cultural backgrounds
- 48 CASRA Program participants are bilingual or multi-lingual
- 2 CASRA Program participants use sign language
- 35 CASRA Program participants completed the academic requirements and volunteer/practicum hours needed to receive their Skills Recognition Certificate for the MJC 9-Unit Psychosocial Rehabilitation Program

Better Off?

- 25 CASRA Program participants were hired in the public mental health system; 12 by BHRS, 13 by outside facilities working with mental health clientele
- 18 CASRA Program participants have received their Associate of Arts Degree in Human Services
- 10 CASRA Program participants have chosen to continue their education at California State University, Stanislaus or other Universities

WE&T CASRA Ethnicity/Race, Participants = 156



VOLUNTEER TESTIMONIALS ON PROGRAM PARTICIPATION

First, let me say that "thank you" is the simplest way to convey an enormous gratitude for the help I have received from CASRA. Thank you for your care to ensure we get what we need and do so with such kindness, warmth, support, and bountiful encouragement.

Information provided is clear and easy to understand. The application is not complicated nor time consuming. I received the academic support and guidance at a time which helped me go forward with less stress and more confidence to stay on my academic path. I was treated with courtesy, respect, and welcomed warmly on each visit.

I really enjoy everything about the CASRA Program. It has not only helped me with some of my books, but I have also learned more about how I need to get to my goal. Meme and I always have great conversation and she has a way of speaking that really makes me want to listen. She is a true inspiration! If there have ever been questions I needed answers to, she always finds the answer. The Volunteer Director, Melissa, is also great too! She has started to explain to me what steps I need to start taking for Practicum and this has alleviated some of my anxiety about starting. All the ladies in this office are great people and I would not change a thing about them or the program. Thank you! Thank you! I wouldn't have come this far without all of you!

I can't say that I disliked anything about CASRA. The process went through great and I never had any issues with the process. They did provide necessary assistance when I applied for CASRA and they are always available whenever needed. They go above and beyond.

I have always been treated with courtesy in the office and even on the phone. The Program has been wonderful, and I am very grateful for everything the Program has offered me. The ladies in the office are always polite and kind. They are always there to help whenever needed.

The CASRA Program process is smooth and very timely. There were no major delays in getting through the application process and approval. Overall, it is an excellent program that helped me further my education goals. I would highly recommend CASRA to my fellow classmates.

CASRA provided all the necessary assistance I needed to continue in school. The staff treated me with the utmost respect and professionalism in the application process and during any additional visits to the office.

Let me just say that you have been one of the most helpful people I have met as I take this journey. I am very grateful to have you as a part of my support system. Thank you!

WE&T-OUTREACH AND CAREER ACADEMY

OPERATED BY WEST MODESTO KING KENNEDY NEIGHBORHOOD COLLABORATIVE

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.

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

- Six students were chosen and participated in the Mark Twain Junior High Wellness Project for the 2017-18 school year
- Students learned about important topics such as how labeling and the stigmas attached to mental health may affect people. They gain understanding about these topics, how they negatively affect people on a daily basis and how they can help decrease stigma and labels.
- This year, students completed a survey on Internal and External Assets. They discussed the importance of assets and how the lack of assets can negatively affect their lives
- Students are actively engaged in learning about other areas of mental wellbeing and how it affects their lives and the lives of their family and friends and how to share the information with others. When asked what were the most important things they gained from the program, the response was that they had developed friendships they did not have before. They also felt that their overall wellbeing had improved and they were more positive about their future.
- Another component was the unit on Bullying. Students discussed how it affects youth mentally, physically and socially. As part of this unit, students were presented information on suicide awareness and how to recognize the signs of suicide.
- For the community service component, students participated in Love Modesto on April 21, 2018 and helped clean the Helen White Memorial Trail and helped to paint picnic benches in Mellis Park in West Modesto.

- Students chose a mental health occupation they might consider as a career and researched the occupation. They shared and discussed each occupation. Three of the students chose the same occupation, Social Worker. Their main reason was that Social Workers do a lot to make sure children and families are mentally and physically well.

CHALLENGES

- More students are interested in being part of the program than we have space available. Will look at the feasibility of having students participate for only one semester. Feasibility of allowing more students to participate may be considered in the future.

WE&T OUTREACH AND CAREER ACADEMY FY 2017-18

6 INDIVIDUALS SERVED

PROGRAM RESULTS FOR WE&T – OUTREACH AND CAREER ACADEMY

How Much?

- 6 Students participate in the Academy

How Well?

- The students report positive experiences learning about mental health and wellness in the program. They also have a chance to build leadership skills.

Better Off?

- Students report that they have utilized the skills they have learned regarding identifying stigma and reducing it within their community.

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 as well as gain valuable experience for future employment endeavors. 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 Volunteers with Practicum assignment. Volunteers were placed in BHRS programs as well as community-based organizations.

HIGHLIGHTS

- A successful BHRS Volunteer Celebration took place on April 20, 2018. There were 110 invitations sent and 67 individuals attended this event. The feedback was excellent as well as the venue.
- Timecards are being received and entered monthly. A written protocol is being established.
- Enhancements have been made with communication and customer service expectations between the program sites, volunteers, and the Volunteer Office Team.
- Additional outreach was provided to volunteer sites, and the community, for better awareness of our volunteer services.
- Each Volunteer site has an identified volunteer contact.
- Routine site visits have been launched.
- Written protocols for each volunteer site were established, including the County-wide update to the applicant assessment process, as part of the recruitment protocol.
- Job Descriptions are being produced upon individual volunteer placement which requires a signed acknowledgement by the respective volunteer.

CHALLENGES

- Volunteer staff worked to increase communication with MJC to coordinate BHRS presentations to ensure all presenters had the updated procedures and protocols.

WE&T CONSUMER FAMILY MEMBER VOLUNTEERISM FY 2017-18

89 INDIVIDUALS SERVED

How much?

- A total of 89 volunteers participated in the program
- A total of 14 volunteers were hired either by Stanislaus County or other outside organizations

- A total of 19,098.94 volunteer hours were accumulated by the program.
- Thirteen BHRS sites participated in the program by using volunteers.

How Well?

Comments received regarding the Volunteer Program included the following:

- I am a volunteer for BHRS. I began volunteering in January 2018 as a student at MJC. It was a requirement to obtain my degree in Human Services. Melissa was the person I was told to see about arranging my hours and location to volunteer. She was extremely helpful and encouraging every step of the process. Any time I had a question or concern, she was ready and able to help with a smile and positives words. My requirement was only supposed to last until April 2018. After graduating from MJC in April, I stayed on as a volunteer because I loved being part of the team that offered so much help to so many people in need. I am now a BHRS employee as well as a volunteer.

- I am a volunteer as well as a practicum student for Modesto Junior College. With that said one of the employee's at Modesto Junior College referred me to Melissa Ayson. Getting ahold of Miss Ayson was a fast process only taking a day to return my call. I was then able to set up an appointment with her and the volunteer site of my choice within a few days. In my professional opinion Miss Ayson does a concise job while making sure people of all professional backgrounds have the resources they need to volunteer. Every time I have had a question she has been able to clarify for me and give continual resources to help me out. Moreover, because of her I have decided to continue volunteer work for Stanislaus Behavioral Health Services at the end of the year. Thank you for your time.

- I appreciate the great opportunity you gave me in allowing me to volunteer for the county. The way you and your whole staff were so eager to get me involved was amazing. As I look back at that time in my life I know I wouldn't be where I am at if it wasn't for you guys. It gave me a chance to give back to others when my whole life has been full of negative decisions. Thank you for believing in me...You really make a difference.

WE&T TARGETED FINANCIAL INCENTIVES TO INCREASE WORKFORCE DIVERSITY OPERATED BY HUMAN RESOURCES AND TRAINING DIVISION OF BEHAVIORAL HEALTH AND RECOVERY SERVICES

This program provides educational stipends to students in Master's level Social Work and Psychology programs at CSU, Stanislaus. 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.

Additionally, on a statewide basis, the Mental Health Loan Assumption Program (MHLAP) funded by MHSA and administered through the Office of Statewide Health Planning and Development (OSHPD) is available within this program. MHLAP is a loan forgiveness program designed to retain qualified professionals working within the public mental health system.

MHLAP was created by the Mental Health Services Act (Act), passed by California voters in November 2004. The Act provided funding to develop a loan forgiveness program in order to retain qualified professionals working within the Public Mental Health System (PMHS). Through the Workforce Education and Training component of the Act, $10 million is allocated statewide on an annual basis to loan assumption awards. An award recipient may receive up to $10,000 to repay educational loans in exchange for a 12-month service obligation in a hard-to-fill or retain position within the County's PMHS challenges.

HIGHLIGHTS

- The final financial incentive stipends were awarded in fiscal year 15/16 due to completion of WET funding awarded to Stanislaus County BHRS. Stanislaus State University programs in Social Work and Psychology along with BHRS WET program continue to monitor completion of payback time period attached to the stipends.

- BHRS WET program continues to support those who have entered into the Mental Health field by seeking and sending out announcements for outside financial incentives, such as the OSHPD Mental Health Loan Assumption Program and the National Health Service Corps Loan Repayment Program.

- Below is the data from OSHPD regarding the MHLAP awards. This was the last year for funding for this program with the completion of the past 5 year WET plan.

    - The MHLAP Advisory Committee reviewed and scored 2,042 applications. Of the 2,042 applications, 1,383 were chosen for loan repayment awards, 108 applicants declined the award, 90 applicants did not meet the minimum scoring criteria of 16.25 points (65%) and 461 applicants were not awarded due to a lack of available funding for their individual county. MHLAP was able to award approximately 86% of the total funds for the FY 2017-2018 Cycle. Four counties did not have any applicants apply. Out of the 2,042 applications reviewed by the Advisory Committee, 1,379 applicants or 68% self-identified as consumers or family members of consumers and 57% spoke a language in addition to English.

CHALLENGES

- As a part of the original agreement in working with the Psychology and Social Work programs at Stanislaus State they are to keep in contact with stipend recipients to ensure payback is occurring. Some challenges with this are students not maintaining contact with the program or not responding to inquiries from the programs as to their work status.

WE&T TARGETED FINANCIAL INCENTIVES TO INCREASE WORKFORCE DIVERSITY FY 2017-18

HOW MUCH

- Applications Received: 29
- Applications Reviewed: 26
- Applications Awarded: 21
- Total Funds: $223,699.81
- Total Spent: $205,058.15
- This year each awardee received approx. 9,300 and must pay back with a 12 month service obligation in a hard to fill or retain position. For BHRS this position is as a Mental Health Clinician.

HOW WELL

- The 21 MHLAP awardees are currently employed and completing their payback through BHRS or one of our contracted Public Mental Health Service agencies.
- 4 Stipend recipients completed payback by working at BHRS or with one of our contracted agency partners in the 2016-17 fiscal year.

BETTER OFF

- Awardees of the MHLAP have expressed gratitude for this opportunity.
- All 4 Stipend recipients continue to work within Stanislaus County.

CAPITAL FACILITIES (CF)

Capital Facilities/Technological Needs (CF/TN) funding and guidelines were made available to Counties in 2008. Initial CF/TN funding was very limited. By statute, 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 (W&I 5892(b)).

Building projects funded with CF must be permanently affixed to the ground and used for the delivery of MHSA services to individuals with mental illness and their families or for administrative offices. Capital Facility funds may be used by the County to acquire, develop or renovate buildings or to purchase land in anticipation of acquiring/constructing a building. Establishing a capitalized repair/replacement reserve for buildings acquired or constructed with Capital Facilities funds and/or personnel cost directly associated with a Capital Facilities Project, i.e., a project manager is allowable. Other guidelines apply.

SERVICES AND ACTIVITIES

To date in Stanislaus County, CF funding has been used solely for the construction of the Crisis Stabilization Unit (CSU). The CSU opened its doors in February 2015 to expand capacity to provide clinical and psychiatric services and more intensive levels of care, including the ability to provide medication. The CSU was identified and developed with stakeholder input.

The CSU is co-located with the BHRS Community Emergency Response Team known as CERT and Warm Line. The CSU's goal is to focus on recovery-centered care and create an opportunity for each individual served to receive treatment in a less restrictive setting. The project is funded through CSS - General System Development (GSD) dollars for operational costs.

Updates on services provided by the CSU in FY16-17 are included in the CSS section of this Annual Update.

No additional Capital Facilities Projects are in development at this time.

TECHNOLOGICAL NEEDS (TN)

PROGRAM DESCRIPTION

Technological Needs (TN) 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 TN projects in various stages of implementation.

1) Electronic Health Record
2) Consumer Family Access to Computing Resources
3) Electronic Data Warehouse
4) Electronic Document Imaging

SERVICES AND ACTIVITIES

Electronic Health Record

- Supported the integrated Mental Health Documentation and Electronic Health Record (EHR) Navigation Training.
- Completed implementation of Managed Care component, which integrates additional services to billing.
- Used EHR to identify special client populations for tracking and providing specific services.
- Acquired higher capacity tape backup system for EHR

Consumer Family Access to Computing Services

- Continued training of the two technicians.
- Provided consumers and families computer access and dedicated technical assistance

Electronic Data Warehouse

- Created additional views for different reporting requirements and for department dashboards.
- Utilized data warehouse to extract and analyze data for decision making purposes.
- Automated multiple data dissemination methods.

Electronic Document Imaging

- Continued to scan and attach Mental Health Plan referrals to clients' charts on daily basis.
- Continued to scan and attach lab results to clients' charts on daily basis.

BUDGET

FY 2017-18

Total MHSA Budget	***Actual***
$1,076,325	***$1,033,028***

FY 2018-19

Total MHSA Budget	***Actual***
$959,037	***$943,535***

HIGHLIGHTS

- The automation of data dissemination streamlined communication of data and increased staff's efficiency to address data issues.
- Scanning and attaching client records increases staff's efficiency by accessing records in one location.
- The new tape backup system effectively meets the higher data volume needs of the EHR and data warehouse.

CHALLENGES

- Learning how to navigate the EHR system can be challenging for new staff, but it is imperative that they have a strong foundation as quickly as possible; resources through MHSA Technological Needs funding are dedicated to this.

INNOVATION (INN)

Innovation funding is intended for unique, never-before-tried, time-limited programs to develop new and effective practices and approaches to mental health service delivery. The focus is to make a contribution to learning in one or more of the following 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 committed to providing services that embraces the MHSA general standards of community collaboration, cultural competence, a client driven and 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:

- Increase access to mental health services
- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including better outcomes
- Promote interagency and community collaboration related to mental health services, supports, or outcomes

In FY 17-18 BHRS had two projects funded for this MHSA component. Each project reflected an unmet need and was developed through a community planning process.

The projects are as follows:

- INN-16 – FSP Co-Occurring Disorders
- INN-17 – Suicide Prevention

FY 2017-18

Total MHSA Budget	*Actual*
$1,807,884	***$985,052***

FY 18-19 Budget	*FY 18-19 Projected*	*FY 19-20 Projected*
$2,957,694	***$1,238,192***	***$2,369,788***

FSP CO-OCCURRING DISORDERS PROJECT INN 16

OPERATED BY BEHAVIORAL HEALTH AND RECOVERY SERVICES

PROJECT DESCRIPTION:

This innovation project is a Full Service Partnership (FSP) focused on testing the efficacy of an FSP providing evidence-based treatment approach of Assertive Community Treatment (ACT). The uniqueness of the approach lies in the initial "lens" through which individuals are viewed and the services that are offered as the "lens" informs what is needed for the individuals' recovery needs and strengths to be developed.

TARGETED POPULATION:

Adults with both serious mental illness and co-occurring substance use disorder.

STRATEGY:

This Innovation 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.

Specific strategies and activities with individuals served include integrated primary care access, a "housing first" approach, and co-location on an SUD/Co-occurring treatment site under a stage-based co-occurring treatment philosophy and practice. Team –based, client-centered, stage-based treatment, low case load ratio, 24-7 availability, in vivo services, and access to supportive services funds are strategies to be employed.

PRIMARY PURPOSE:

Increase the quality of mental health services, including measurable outcomes

LEARNING PROPOSED:

a) Will clients be successfully engaged by receiving a combination of services through this new FSP?
b) Will using stage-based treatments for both mental health and SUD concurrently lead to improved outcomes for clients participating in the FSP project?
c) What engagement strategies and interventions will emerge from this concurrent stage-based approach that is most effective for this population?

d) While utilizing the concurrent stage-based approach, what practices/processes are most effective from staffs' perspective?
e) Will access to integrated primary care positively affect outcomes?
f) Will employing an integrated "Housing First" approach positively affect outcomes?
g) 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?

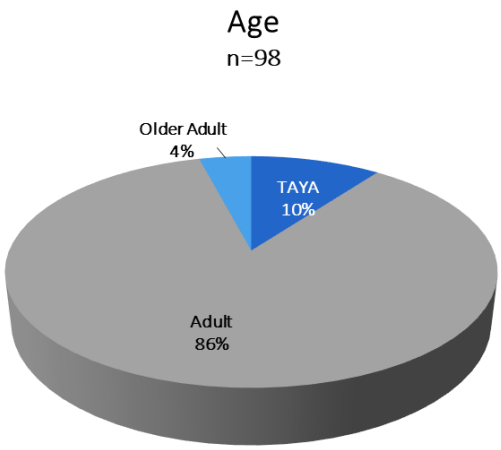
The overarching learning outcome focuses on helping to inform the behavioral health field about what combination of strategies and services are most effective at the different concurrent mental health and SUD recovery stages for people with these co-occurring issues.

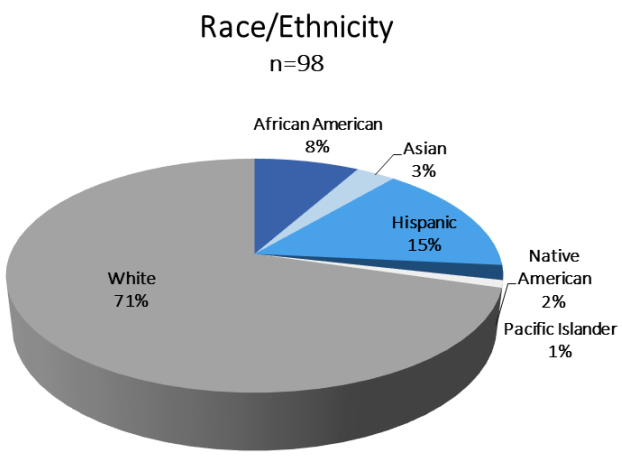
HIGHLIGHTS/CHALLENGES:

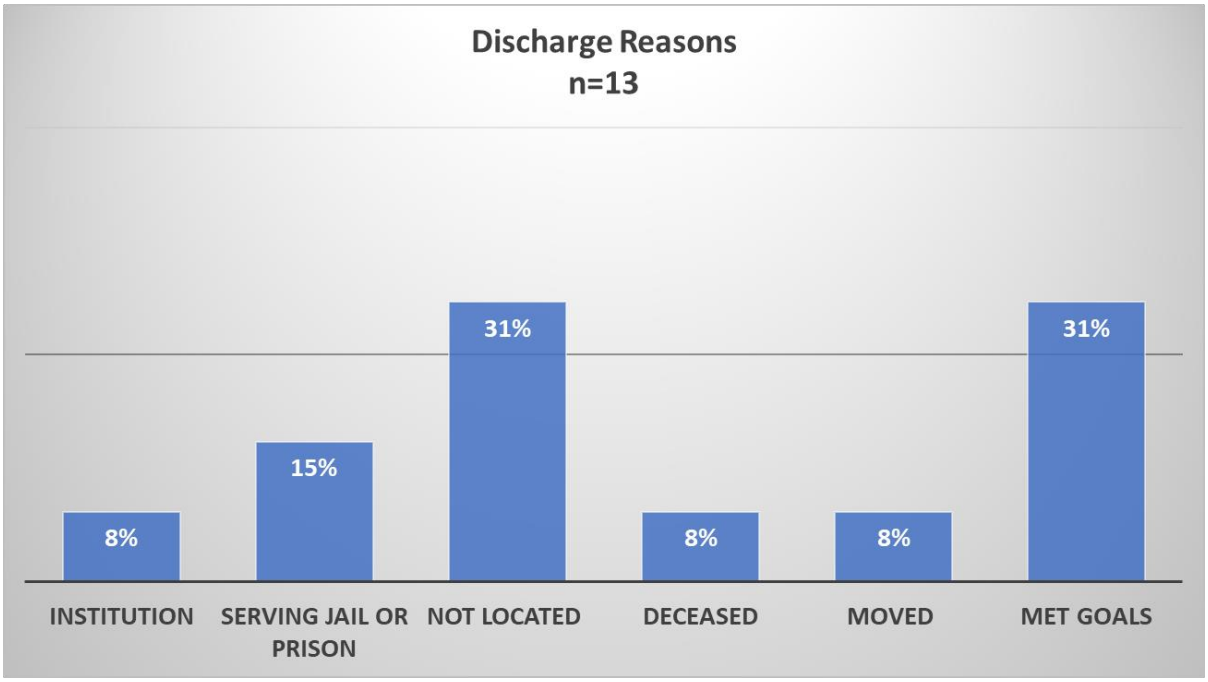
- An important element of the program has been utilizing the Housing First model. Clients who have been provided housing from the program have been able to reduce their drug use and stabilize mental health symptoms. This continues to be an observation of staff. Providing housing for clients supports stabilization and gives a foundation for treatment.
- A co-occurring lens leads to utilizing a client-centered, non-judgmental harm reduction approach that "meets clients where they are". This approach supports a client who may be using illicit substances or not using coping skills for mental health and refrains from setting unrealistic expectations for clients. This approach and the ensuing relationships make recovery possible. We are continuing to observe the power of a harm reduction approach. Staff observe an improvement in the clients' quality of life when we educate and allow clients to make decisions which impact their life.
- Advocacy is important for the population served. Many programs already have a perspective of the clients, but program staff work to help open the service providers/community view of the clients in a less biased, non-judgmental way. The program also provides support to other service providers and community member to assist clients in their journey of recovery. Advocacy to providers and community members continues to be a valuable intervention
- Most clients have been referred through other county programs/contract programs. The clients reported this program "is different than other programs." They have also reported that having 24/7 on-call support has been helpful, stating, "You're always there for me when I need someone." Other client comments:
    - "You're always there for me and you show you care."
    - "When I relapsed, you weren't mad at me. You guys did not criticize me and put me down like (others)."
    - "Other programs are less understanding when we fall down. They are less understanding and judgmental."
    - "You guys reward us when we do good things."
    - "I like the people who work with me."
    - "Whew! You guys saved my life. I couldn't do this on my own."
    - "I get mad and I don't know what to do. You guys are always there for me."
    - "I learned to trust the process."
- The Assertive Community Treatment (ACT) model and team approach allow all FSP staff to know each client and have relationships to meet needs more effectively.
    - Interventions are more effective when trust can be built to better understand clients' symptoms and values.
    - Clients can benefit from the reduced caseloads as staff have more time to spend building relationships and engaging clients. Typically, the staff/client ratio is 1:7.
    - A team that can communicate effectively and learn from each other is essential in this program.

    - These are all elements that are discussed on a continuous basis. We never underestimate the power of a strong team with strong communication.
    - COD FSP staff have embraced the “Whatever it takes” approach which provides the opportunity to utilize different interventions and think outside of the box. Utilizing that flexibility is a key component to motivating clients to success.
- Shared understanding of program goals and expectations is important.
    - When staff know and understand the expectation of the program, interventions can be aligned with the goals, which helps staff identify which interventions are appropriate in different circumstances.
    - The clients receive consistent messages and interventions from every staff member.
- Staffing has been a challenge.
    - This program has been consistently understaffed. The staffing composition is already relatively low so any staffing shortage negatively impacts service delivery and staff morale.

Below is a summary of data for the timeframe of April 2016-December 2018







SUICIDE PREVENTION INNOVATION PROJECT (INN-17)

OPERATED BY BEHAVIORAL HEALTH AND RECOVERY SERVICES

PRIMARY PURPOSE:

Increase the quality of mental health services, including measurable outcomes

CONTRIBUTION TO LEARNING:

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

PROJECT DESCRIPTION:

Over the three-year project period, the Suicide Prevention Innovation Project will use and evaluate the Collective Impact Model as a new best practice or approach to the mental health system.

The project will form and regularly convene stakeholders and partners from various sectors of the community to establish the Suicide Prevention Advisory Board (project collaborative). The Advisory Board will use the Collective Impact Model as its framework to learn about and address suicides in Stanislaus County. The primary purpose is to increase the quality of mental health services, including measurable outcomes. In addition to the primary purpose, the project will also evaluate the Collective Impact Model as a new practice and the impact it has on our community's ability to collaboratively work together on large-scale issue like suicide.

STRATEGY:

To introduce the application of the Collective Impact Model to the mental health system as a promising practice or approach that has been successful in a non-mental health setting. The Collective Impact Model was adopted as the innovative approach for the project because it allows for cross-sector perspectives, collaboration and the ability to address complex root causes.

The Collective Impact Model is a framework used to tackle deeply rooted and complex social problems.
It is the commitment of a group of stakeholders from different sectors of the community, with a shared vision for solving a specific-complex social problem. The model is based on 5 core principles:

- **Common Agenda** – various stakeholders come together, collectively define the problem and create a shared vision to solve it

- **Shared Measurement** – stakeholders agree to collect data and track progress and success in the same way over time, to ensure efforts remain aligned and support shared accountability

- **Mutually Reinforcing Activities** – diverse actions among stakeholders that are coordinate through an agreed upon plan, to maximize results

- **Continuous Communication** - building trust and relationships among all stakeholders through consistent open communication

- **Backbone Organization** – a dedicated team to convene and coordinate the participation and work among the stakeholders

LEARNING PROPOSED:

1. Through collective efforts, will the group develop a shared understanding of suicide data in our county? If so, how will the shared understanding impact suicide prevention planning?
2. Can a collaborative use data and combined information from multiple sources to develop a suicide prevention strategic plan that the community will support and embrace?
3. What methods are most effective in increasing suicide prevention awareness in Stanislaus County?
4. Will the collaborative impact the rate of suicide in Stanislaus County? Will specific demographic groups be impacted?

HIGHLIGHTS

- Developed and finalize communication plan in collaboration with advisory board
- Refined branding, key messages for common agenda, local strategy, and needs assessment findings
- Coordinated S Word Documentary Screening Event and awareness campaign
- Conducted community presentations of Needs Assessment
- Convened advisory board members to develop common agenda and shared measurements
- Collaborated with community partners to host Suicide Prevention Symposium
- Researched tools and platforms for strategic planning efforts

CHALLENGES

- The small team experienced two team member turnovers during this reporting year. The impact was minimal as the team was able to fill vacancies and resume the timeline activities.
- The advisory board membership remains small with low engagement on activities outside of the advisory board meetings.

HOW LIVES ARE CHANGING

MHSA funded services supports and activities have made a difference in the lives of thousands of people in Stanislaus County. Sharing stories of how individuals are achieving more happiness, family support, individual wellness and connection to community is an important part of the Annual Update. There are many more success stories than could be included here. These few personal stories* represent the accomplishments and resiliency of many in our community.

**Personal stories have been edited for content and length. Individual's names have been changed for confidentiality reasons.*

COMMUNITY SERVICES AND SUPPORTS (CSS) WESTSIDE SHOP (FSP-01)

"Sally" received services and supports from Westside Shop that helped her see a way to a healthier pattern of living and a way to be a better parent to her children. Historically, she had many attempts at participating in treatment of her mental health and co-occurring substance abuse issues without much success. She wanted to learn to cope more effectively and be a better parent but this goal had always eluded her. As a service recipient of SHOP, she was offered many types of treatment and supports including the opportunity to detox from drugs and alcohol. She entered the program at Stanislaus Recovery Center and began engaging in substance abuse treatment and recovery practices. She began learning problem solving skills, how to utilize support and be more independent in her wellness efforts. When Sally began to be more consistent with medical and psychiatric appointments she became more organized and motivated. Sally is fully utilizing her treatment team to further her ability to manage mental health symptoms and be a better parent to her children.

###

The key to "Frank's" move toward recovery was increased engagement through weekly home meetings from service providers and subsequent participation in the Telecare programs. The Telecare Team "met Frank where he was" for engagement and the results have been significant. He participates in medical and psychiatric appointments, as well as therapy where he is gaining some insight into management of mental health symptoms. Frank is maintaining his housing at Telecare's Fiori House and has been asked to act as house manager. The wraparound-type support and services offered by SHOP have been very effective with Frank.

###

"Trey" spent many years of his life incarcerated. In prison he was given medication to help him cope with his depression with little good effect. His most recent release from prison left him homeless and for many years. While on the streets and not receiving mediation for depression, he self-medicated with marijuana and crystal methamphetamine. Eventually Trey was picked-up apprehended by law enforcement and taken to the emergency room for medical and psychiatric evaluation. Trey was offered a brief stay at the Crisis Stabilization Unit (CSU), where Telecare

Outreach Team reached out to him. Trey then went to Garden Gate Respite for a longer stay with support to find medical/psychiatric care at Aspen Medical Clinic. The next step in recovery for Trey was to see help with alcohol/drug abuse at SRC and from there to a clean and sober living home. The successful connection to services along with his own motivation has created a better life off the streets and out of prison for Trey.

JUVENILE JUSTICE FSP-02

"The Spot" has helped many youth with their goals by providing activities and interactions that address self-esteem and other behaviors that impair functioning in the home and community. "David" in particular struggled with self-esteem and did not have a desire to pursue employment and education. Although this was something David knew he needed, he did not feel ready mostly due to his concerns about his mental health symptoms. Over time, David began to come to "The Spot" and take part in Youth in Mind activities. Youth in Mind teaches skills by collaborating with peers and teaching self- advocacy. Through this support and his participation, David began to share his story to large groups of people and ultimately he enrolled in college. Obtaining part-time work was the next milestone and he and continues to attend "The Spot" when his schedule allows.

INTEGRATED FORENSIC TEAM FSP-05

One of the individual success stories from the MHSA Integrated Forensic Team is "Richard" a 41 year old male referred to this program after returning from his most recent state hospitalization. Richard had many commitments to State hospital in which his treatment was focused on restoring him to competency. Upon release this time, he was deem "unlikely" to be restored and therefore would not stand trial for past crimes and would be, in the future as he had been in the past, a continued danger to himself and others due to his serious and persistent mental illness. Richard was typically showing symptoms of his mental illness such as delusional and tangential thinking and speaking. The discharge plan from State hospital was to require him to be placed in a community level locked hospital (IMD) for his safety and the safety of others.

Before the IMD placement was made, the IFT team began intensive engagement strategies with Richard in fall 2017. An assertive community treatment approach with Richard involved frequent contact and wrap-around services including medication support and intensified case management services directly out of custody. As a result, Richard was able to return home to reside with his mother and avoid the IMD placement entirely. More than a year later, he has had no crisis contacts, no psychiatric hospitalizations and has required no law enforcement contact. Richard is a success story for himself, his family and the IFT team.

TURNING POINT INTEGRATED SERVICE AGENCY (ISA) (FSP 07)

"Sue's" success is that she currently lives with her spouse and has one year of sobriety as of fall 2018. The light of her past in which she was on an LPS conservatorship, lived in a locked hospital setting, had difficultly managing hygiene, was using drugs, was verbally and physically abusive people around her makes this success especially sweet. The ISA team provided Sue with the right level and amount of care at the right time. This attentive and flexible care approach helped Sue move from a very structure treatment level in a locked facility (IMD) to a more flexible transitional board and care level. At first the more flexible living situation was challenging for Sue. She was getting into fights with her peers, using drugs, and not following the rules.

ISA staff engaged Sue intensively with frequent contact and support, individual therapy and attendance at AA/NA meetings. Within a few months she was clean and sober. Altercations with peers and staff significantly decreased and she reconnected with her spouse. This connection was important and a great support to Sue's recovery efforts. Soon Sue moved out of the board and care to go to live with her spouse. Together they celebrated Sue's year of sobriety. Sue continues to seek services and supports from the ISA but the intensity of service has diminished as Sue learns to manage when she becomes overwhelmed. Sue is a success and an example that recovery is possible.

CENTRAL STAR CHILD YOUTH WITH SED FSP 08

The referral involved a teenage female "Thea". Thunder was referred to Central Star FSP program and therapy early in 2018 due to multiple psychiatric hospitalizations, frequent self-harming behaviors and suicidal attempts. Per her mother's report, it was becoming difficult to keep Thea safe in the home due to her using items in the home for self-harming. Given her repeated psychiatric hospitalizations, she was placed on home and hospital schooling, but was failing all her classes. At the time of referral, the Thea and her mother had poor communication and there was ongoing family conflict (arguing, isolation, refusal to speak with parent at times).

Thea had a history of depressive symptoms this would show up in her inability to form positive relationships with family members, isolating herself in her room, declining interested in pleasurable activities, intrusive suicidal thoughts, and suicide attempts by overdose, self-harming, irritability, difficulty concentrating (resulting in missing significant amount of school), difficulties sleeping, and a marked loss of weight.

The therapist along with Central Star FSP Family Specialist engaged Thea and her mother in family and individual therapy. Thea did not respond well to family therapy because she

believed her mother did not really care for her. This was possibly due to some inconsistency by mom in providing a positive nurturing home environment.

The therapist provided one-on-one individual therapy with Thea; while other Central Star FSP staff worked with mother in collateral sessions that included teaching her how to appropriately respond to Thea's behavior in a crisis when at home. At first, Thea would state (about the therapy) "this is stupid", or utter one-word responses. Symptoms continued to require psychiatric hospitalizations. The therapist persisted and met with Thea for individual therapy session while she was hospitalized. Eventually Thea started opening up and talk about the difficulties with her mother and how these difficulties would lead to her self-harming. The therapy continued including wellness education pertinent to curbing the tendency to self-harm and helping Thea replace maladaptive coping skills with distress tolerance and alternative positive coping skills.

Thea started focusing on radical self-acceptance and face the fact that she could not be responsible for changing her mother's perceptions and ideas about her or her mental health symptoms. Thea focused on ways to positively relate to her mother regardless of her mother's views about her. She diligently practiced her new-found skills during therapy taking them into daily life and later using therapy to debrief and to take in more coaching. Thea began to focus on her long-term goals of pursuing a medical career. Prior to having depressive symptoms and psychiatric hospitalizations, she was doing college prep courses in high school and she wanted to resume. Return to high school, after a long absence, was facilitated by development of by an Individual Educational Plan (IEP) and return to high school on a modified schedule allowing for weekly follow up with a therapist

Thea shared thoughts of relief and excitement of continuing to go back to school. Mom reported being pleased with Thea's enthusiasm to return to school and make college plans. As the intensive FSP treatment wound down, Thea was engaged more during each session and she reports wanting to move to a less intense level of care, focus on academics and her future. Thea's success is an example of the effectiveness of the intensive level of services offered by Central Star FSP.

JOSIES PLACE DROP IN CENTER GSD 01

"Jake" is a young adult who entered services following traumatic event in his life. He utilized Individual Rehabilitation Services and Case Management Services with a case manager from the Service Team at Josie's Place. Jake completed Aggression Replacement (ART) Groups and utilized medication services. Jake was successful in transitional housing and is now preparing to move into permanent housing with his girlfriend and their 3 month old baby.

Public Comment Form

Stanislaus County Behavioral Health & Recovery Services

800 Scenic Drive, Modesto, CA 95350

209 525-6247 fax 209-525-6291

Please complete and send into our offices Attn: Leng Power MHSA Manager or email to lpower@stanbhrs.org

Mental Health Services Act (MHSA)/Prop. 63

Annual Update Fiscal Year 2019-2020

30-Day Public Comment Form

March 27th 2019-April 25th, 2019

PERSONAL INFORMATION (OPTIONAL)

Name: _____ Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

MY ROLE IN THE MENTAL HEALTH COMMUNITY

__ Consumer/Service Recipient

__ Family Member

__ Education

__ Social Services

__ Service Provider

__ Law Enforcement/Criminal Justice

__ Probation

__ Other (specify) _____

GENERAL COMMENTS REGARDING MHSA UPDATE CONTENT

IF YOU HAVE CONCERNS ABOUT THE ANNUAL UPDATE, PLEASE EXPLAIN.

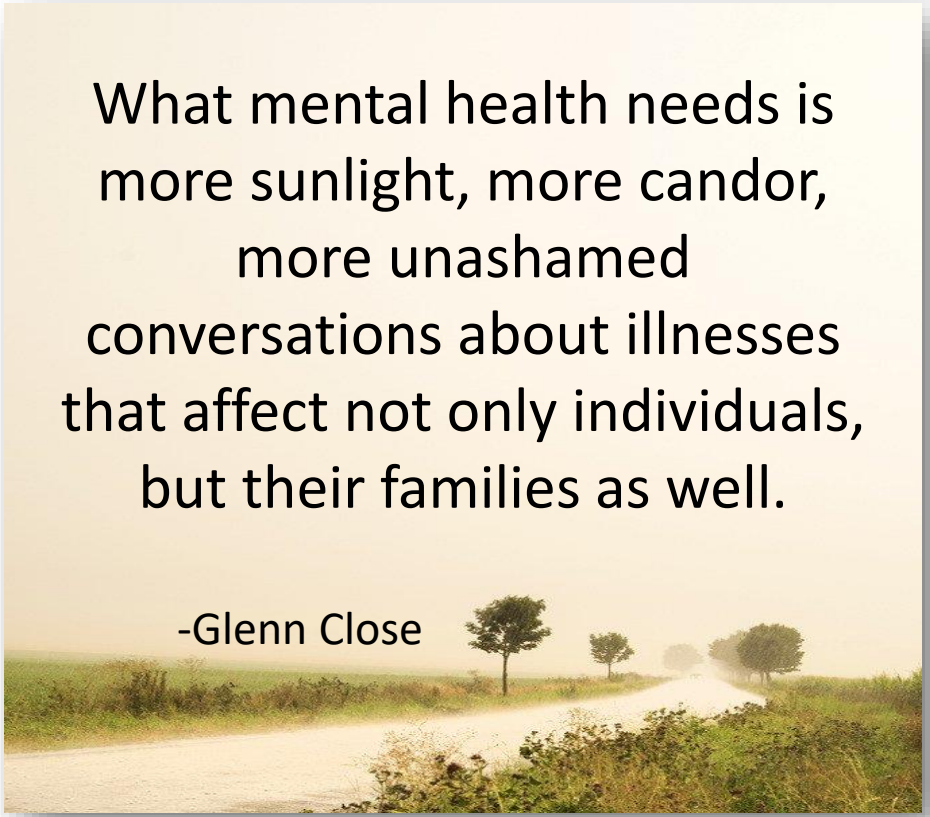
Mental Health Services Act

Annual Update FY 19-20

Presentation to the Stanislaus County Board of Supervisors

6.25.19

Cherie Dockery-Associate Director BHRS
Leng Power- MHSA/Innovations Manager


What mental health needs is more sunlight, more candor, more unashamed conversations about illnesses that affect not only individuals, but their families as well.
-Glenn Close

MHSA Components

Community Services and Supports

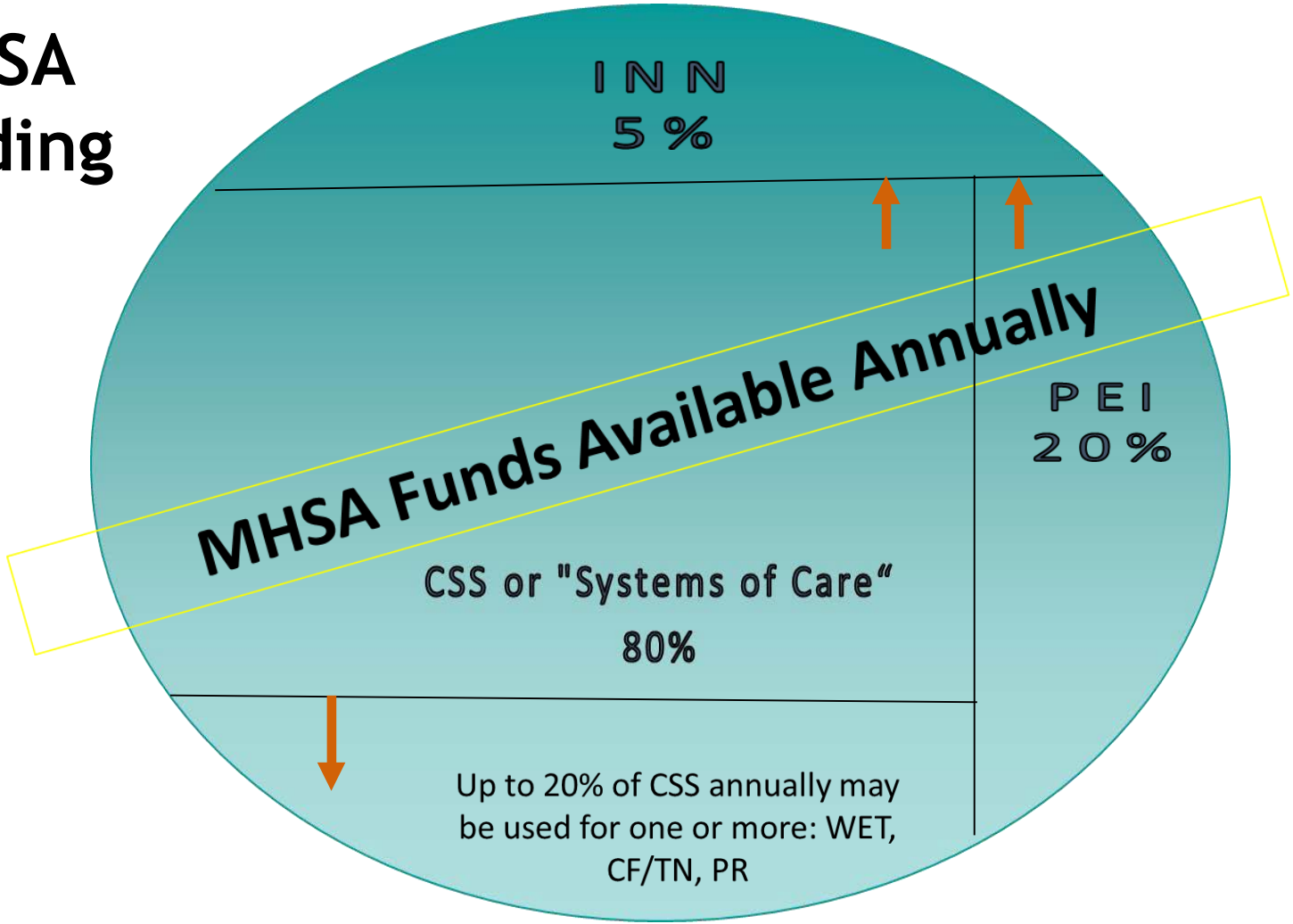
Prevention and Early Intervention

Capital Facilities /Technological Needs

Workforce Education and Training

Innovation

MHSA Funding

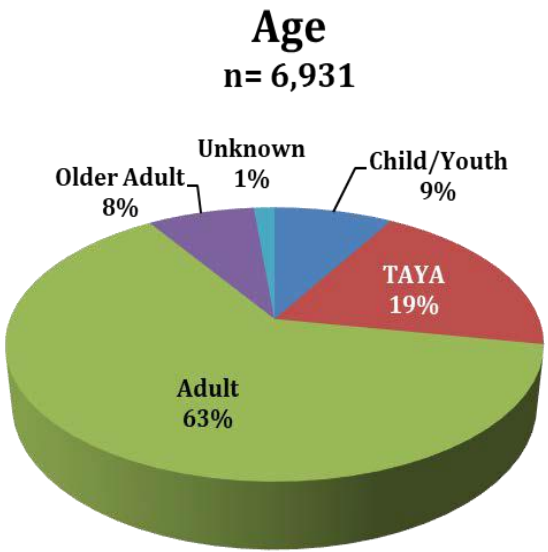


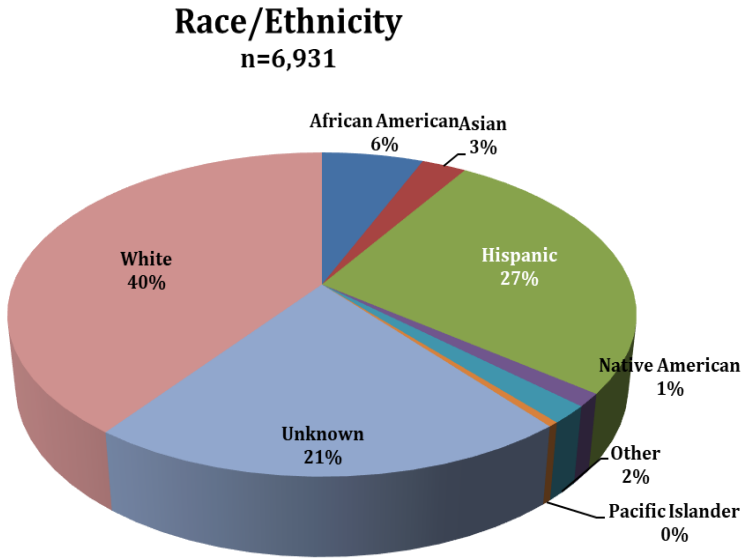
MHSA Expenditure Plan Summary

MHSA Component	MHSA FY 2017-2018 Actuals	Percentage
Community Services and Supports	$16,555,806	73%
Prevention and Early Intervention	$3,657,916	16%
Workforce Education and Training	$510,120	2%
Capital Facilities/Technological Needs	$1,033,028	5%
Innovation	$987,052	4%
Total	**$22,743,922**	**100%**

Community Services and Supports
FY 17-18

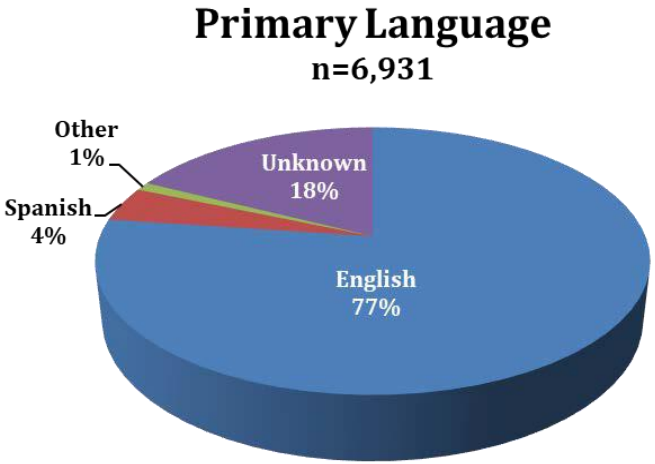
Total Served: 6,931

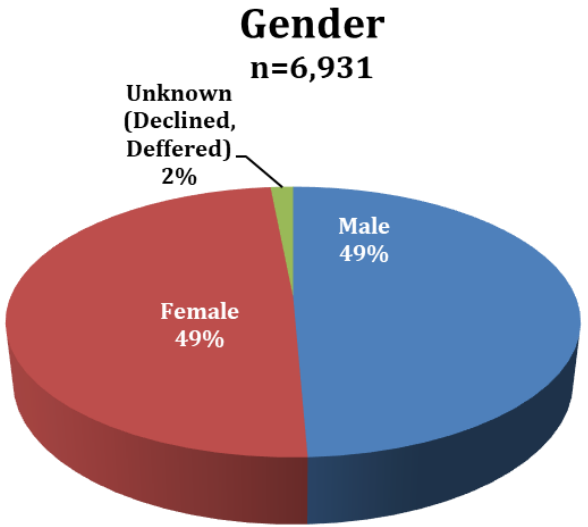




Community Services and Supports

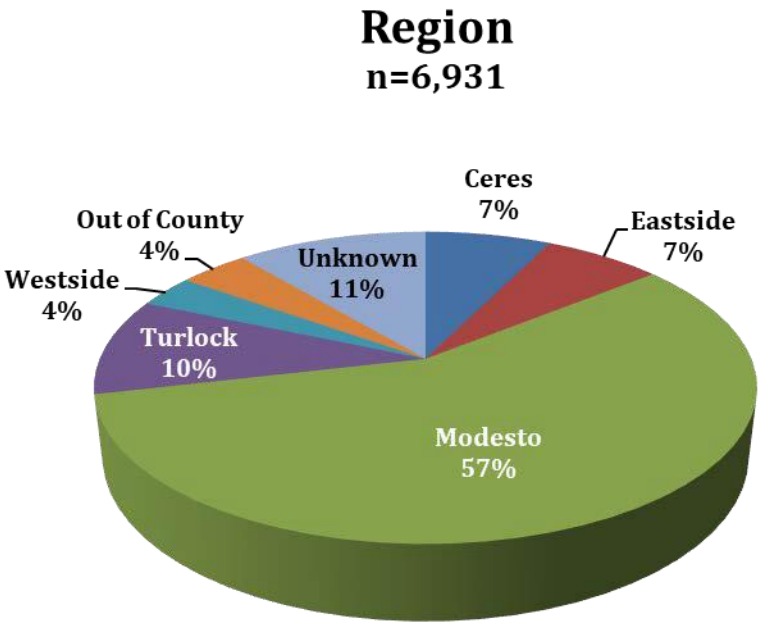
Total Served: 6,931





Community Services and Supports

Total Served: 6,931



Community Services and Supports -CSS

FY 17-18
14 Programs
Full Service Partnerships (FSP)

FSP-01 Stanislaus Homeless Outreach Program (SHOP)

FSP-02 Juvenile Justice

FSP-05 Integrated Forensic Team

FSP-06 High Risk Health and Senior Access

FSP-07 Turning Point Integrated Services Agency

FSP-08 Central Star Youth With SED

Community Services and Supports-FSP Outcomes

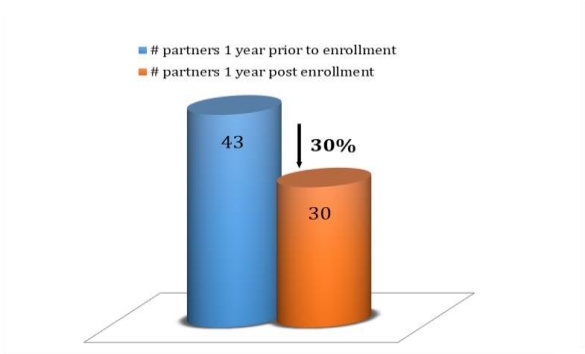
Total Served: 6,931

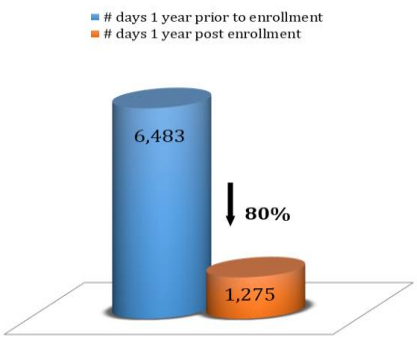
Outcomes for Partners After One Year in an FSP n=527		
	Partners	***Days***
Homelessness	↓ 28.9% (from 97 to 69)	↓ 73.5% (from 15,210 to 4,028)
Incarceration	↓ 35.6% (from 135 to 87)	↓ 47.8% (from 8,856 to 4,627)
Acute Medical Hospitalizations	↑ 17% (from 53 to 62)	↓ 11.7% (from 1,266 to 1,118)
Acute Psych Hospitalizations	↓ 15.1% (from 292to 248)	↑ 24.7% (from 7,932 to 9,889)
State Psychiatric	↓ 69.7% (from 33 to 10)	↓ 83.8% (from 7,329 to 1,189)

Community Services and Supports
FSP-01 SHOP

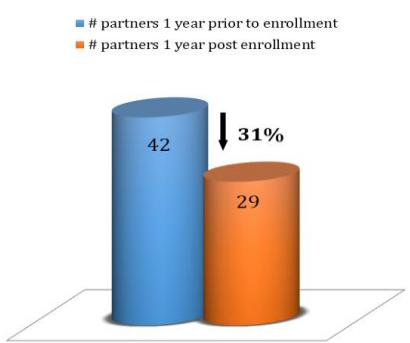
N=192

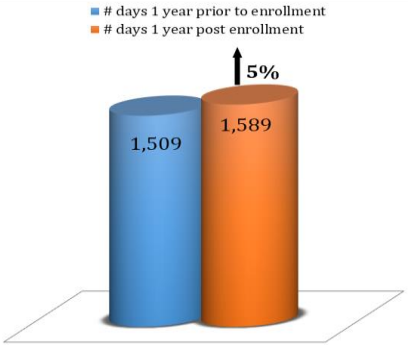
Homelessness



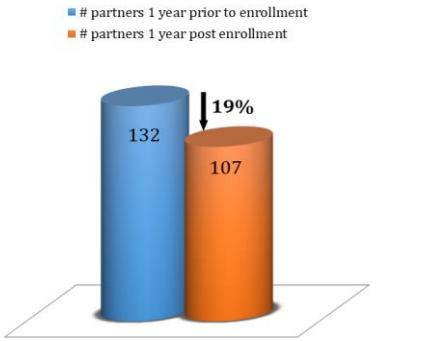


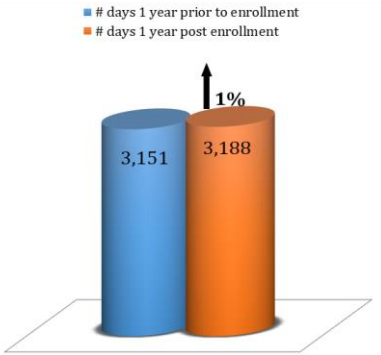
Incarceration





Pysch Hospitalization





Community Services and Supports -CSS

FY 17-18

General System Development

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

GSD-07 Crisis Intervention Program for Children and Youth

Community Services and Supports -CSS

FY 17-18

Outreach & Engagement

O&E-02 Supportive Housing Services
- Garden Gate Respite
- Intensive Transitional Housing
- Vine Street Emergency Housing
- Supportive Housing Services (Transitional Board and Care)

O&E-03 Outreach and Engagement
- Underserved Rural Communities

Prevention and Early Intervention-PEI
FY 17-18

Total Served: 4,713

Early Intervention Programs	Prevention	Outreach Programs for Recognizing Early Signs of Mental Illness	Stigma Discrimination Reduction Programs	Suicide Prevention Programs

PEI - Early Intervention Programs

FY 17-18

Programs

- Brief Intervention Counseling (BIC)
- Parents United- Child Sexual Abuse Treatment Services
- Sierra Vista- LIFE Path, Early Psychosis
- School Behavioral Health Integration

PEI - Early Intervention Programs

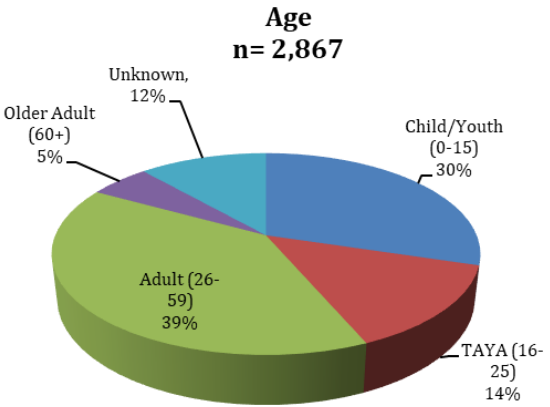
Highlights

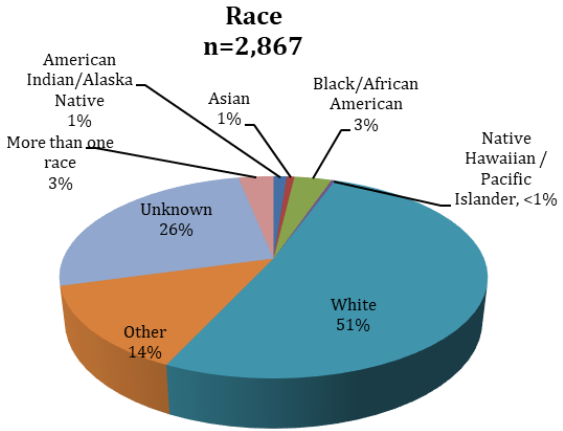
- 2,867 Individuals served through Early Intervention programs

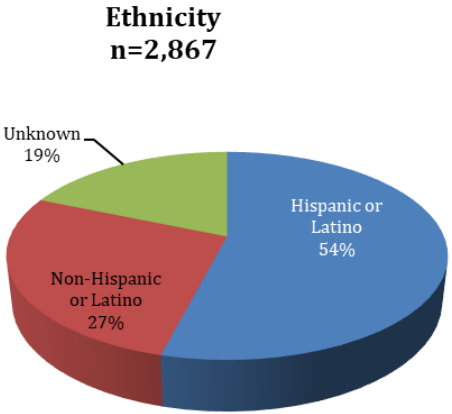
Over 12,500 services provided

- 3,710 Brief Intervention Counseling services provided to 1,214 individuals
- Family members were served with 764 services
- 52% of Early Intervention services were provided outside of the office environment
- Individuals received an average of 3 counseling services

PEI - Early Intervention Programs







Workforce Education & Training
FY 17-18

5 Programs

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

Workforce Education & Training

FY 17-18

Program Highlights for Consumer & Family Member Volunteerism

- 89 volunteers participated in the program
- 14 volunteers were hired either by Stanislaus County or other organizations
- 19, 099 volunteer hours were accumulated by the program
- 13 BHRS sites participated in the program by using volunteers

Workforce Education & Training

“I appreciate the great opportunity you gave me in allowing me to volunteer for the county. The way you and your whole staff were so eager to get me involved was amazing. As I look back at the time in my life I know I wouldn’t be where I am at if it wasn’t for you guys. It gave me a chance to give back to others when my whole life has been full of negative decisions. Thank you for believing in me….you really make a difference.”

– BHRS Volunteer

Capital Facilities/Technological Needs
FY 17-18

4 Projects

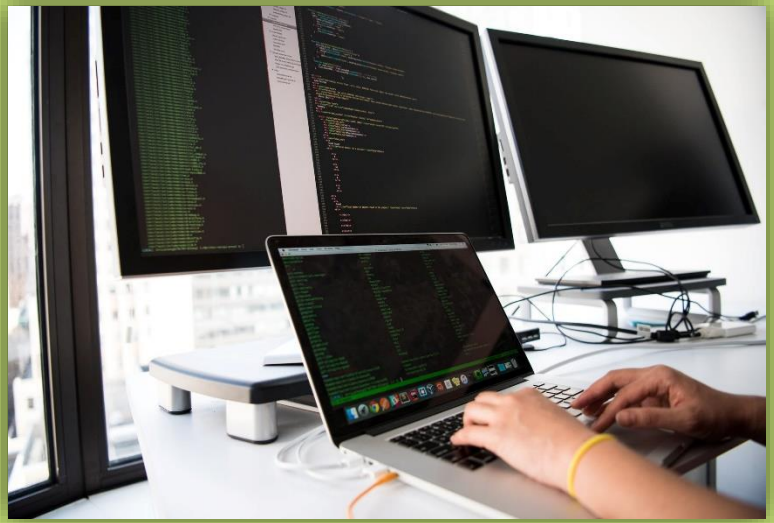
Electronic Health Record

Consumer Family Access To Computing Resources

Electronic Data Warehouse

Electronic Document Imaging

Technological Needs Activities



Electronic Health Records

- Completed implementation of Managed Care component, which integrates additional services to billing
- Used EHR to identify special client populations for tracking and providing specific services.

Consumer Family Access to Computing Services

- Continued training of two technicians
- Provided consumers and families computer access and dedicated technical assistance

Electronic Data Warehouse

- Created additional views for different reporting requirements and for department dashboards
- Utilized data warehouse to extract and analyze data for decision making purposes

Electronic Document Imaging

- Continued to scan and attach Mental Health Plans referrals to all charts

Innovation
FY 17-18

Co-Occurring Disorders Project-FSP

Suicide Prevention Innovation Project

Co-Occurring Disorders Project FSP

Program Highlights

- Housing first approach have been able to reduce drug use and stabilize mental health symptoms
- The harm reduction approach of “meeting clients where they are” continues to promote improvements in a client’s quality of life. Client’s are receptive to education on how decisions will impact their life
- Utilizing the Assertive Community Treatment Model in addition to low case loads has allowed for the team to build strong relationships with the clients which is vital towards intervention

Suicide Prevention Innovation Project

Program Features & Highlights

Introduce the application of the Collective Impact Model to the mental health system

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone organization

- Advisory board members made up of diverse stakeholder groups planned and promoted a robust Suicide Awareness Campaign through the S Word Documentary screenings throughout the community.
- Advisory Board were active in building framework for project strategic planning efforts

Proposed New or Expanded Programs

Community Services and Supports

1. Transitioning Co-Occurring Disorders Project from Innovation funding to FSP under Community Services and Support. $800K annually

2. Expand contracts for transitional board and care facilities. $1.7 M

3. Expand Short Term Residential Therapeutic Programs to add a third contractor

Recommendations

1. Adopt the Fiscal Year 2019-2020 Mental Health Services Act (MHSA) Annual Update and Three-Year Program and Expenditure Plan.

2. Authorize the Behavioral Health Director to sign and submit the Fiscal Year 2019-2020 MHSA Annual Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

3. Authorize the Auditor-Controller or designee to sign the MHSA Annual Update certifying that the fiscal requirements on the certification form have been met.

"In the depth of winter, I finally learned that within me there lay an invincible summer."

-Albert Camus

Questions