



October 6, 2014

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

**RE: MHSA PLAN UPDATE FOR FISCAL YEAR 2014-2015**

Dear Colleagues:

Attached please find our MHSA Plan Update for Fiscal Year 2014-2015 for Stanislaus County.

Per statute AB 1467, we are required to submit Annual Updates and Plan Updates to the MHSOAC. We would appreciate an acknowledgement that you have received this document.

This Plan Update highlights MHSA program expansions and the issuing of Request for Proposals (RFPs) for Prevention and Early Intervention and Innovation components of MHSA. It also includes a Capital Facilities project and expansions and RFPs for Community Services and Supports. The document incorporates MHSA values, Stanislaus County Behavioral Health and Recovery Services (BHRS) Mission and Vision, and valuable input from our community stakeholders.

This Plan Update was posted for a 30-day public review and comment period from August 14 - September 12, 2014. During that period, an informational session was held on August 19, 2014.

On September 30, 2014, the Stanislaus County Board of Supervisors adopted the Plan Update and authorized the submission of the document to the MHSOAC. Attached please find a copy of the approved agenda item.

As you can see, we are issuing an RFP for Innovation. Once we are ready to award a contract to the top proposer(s), we will be sending the proposal(s) to you for approval.

If you have any questions regarding the Plan Update and our activities, please contact me at (209) 525-6225 or Dan Rosas, MHSA Planning Coordinator, at (209) 525-5324.

Sincerely,

Madelyn Schlaepfer, Ph.D., CEAP

Cc: Dan Rosas  
Attachments

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

DEPT: Behavioral Health And Recovery Services

BOARD AGENDA # B-13

Urgent

Routine

CEO Concurs with Recommendation YES  NO   
(Information Attached)

AGENDA DATE September 30, 2014

4/5 Vote Required YES  NO

SUBJECT:

Approval to Adopt the Fiscal Year 2014-2015 Mental Health Services Act Plan Update Increasing the Budget and Position Allocations; and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2014-2015 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the Behavioral Health Director to submit the Fiscal Year 2014-2015 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Amend the Salary and Position Allocation Resolution to reflect the recommended changes outlined in the Staffing Impact section, effective the first pay period following the Board of Supervisor's approval.

(Continued on Page 2)

FISCAL IMPACT:

This agenda item requests approval to increase appropriations and estimated revenue in the Behavioral Health and Recovery Services (BHRS) and Mental Health Services Act (MHSA) budget units in the amount of approximately \$5,623,000 for expanded MHSA services not previously included in the Fiscal Year 2014-2015 Final Budget in the following areas: Community Services and Supports \$2,952,000, Prevention and Early Intervention \$585,000, Innovation \$1,300,000, and Capital Facilities \$786,000.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2014-511

On motion of Supervisor Withrow, Seconded by Supervisor Chiesa

and approved by the following vote,

Ayes: Supervisors: O'Brien, Chiesa, Withrow, Monteith, and Chairman De Martini

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:

  
CHRISTINE FERRARO TALLMAN, Clerk

File No.



Approval to Adopt the Fiscal year 2014-2015 Mental Health Services Act Plan Update Increasing the Budget and Position Allocations; and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to Mental Health Services Oversight and Accountability Commission

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**STAFF RECOMMENDATIONS: (Continued)**

4. Approve contracts listed in Attachment 1 where cumulative compensation paid exceeds \$100,000 or greater since July 1, 2012, and authorize the Behavioral Health Director or her Designee to sign the related contracts and future amendments up to \$75,000 as detailed in Attachment 1.
5. Authorize the General Services Agency (GSA) Purchasing Division and the Chief Executive Office (CEO) Capital Projects Division to issue Request for Proposals (RFPs) on behalf of Behavioral Health and Recovery Services for services discussed in this agenda item.
6. Direct the Auditor-Controller to adjust the Fiscal Year 2014-2015 appropriations and estimated revenue as detailed in the Budget Journal.

**FISCAL IMPACT: (Continued)**

The \$786,000 will be transferred to the Crisis Stabilization Unit (CSU) Capital Projects fund. This transfer will be added to the previously approved transfer of \$158,000 approved by the Board of Supervisors on June 17, 2014 to bring the total MHSA funds used for architectural design and construction to \$944,000. These funds must be used within three years of allocation or they revert back to the state for redistribution to other counties.

Finally, the budget journal includes \$1,106,000 in inter/intra fund transfers in the MHSA budget to transfer \$321,000 in funding to the Behavioral Health budget for the Warmline expansion and \$786,000 to the CSU Capital Project budget for construction costs.

As recommended, the Behavioral Health and Recovery Services budget for Fiscal Year 2014-2015 would provide funding in the amount of \$1,826,530 for the agreements listed in this agenda item. There is no impact to the County General Fund.

**DISCUSSION:**

In November 2004, California residents passed Proposition 63, the Mental Health Services Act (MHSA). The law provides funding to counties to help transform the public mental health system in the following areas:

- Community Services and Supports (CSS) to provide services to children, adults, transition age young adults, and seniors
- Prevention and Early Intervention
- Innovation Programs
- Capital Facilities and Technological Needs
- Workforce Education and Training



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Since the implementation of MHSA, the behavioral health care services in our community have been significantly increased, and quantifiable outcomes attest to the effectiveness of these services and projects. BHRS receives funding on an annual basis through the MHSA. Funds are non-discretionary and may only be used for services and activities specified in the Act. As noted above, these funds must be used within three years of allocation or they revert back to the state for redistribution to other counties.

Prior to Fiscal year 2011-2012, counties received a specific MHSA allocation at the beginning of the year based on tax collections from the previous two years. Starting in Fiscal Year 2011-2012, the methodology was changed to reflect monthly allotments based on actual collections, similar to State Realignment funding.

Through the years, additional MHSA funding has become available as a result of BHRS program cost savings, increased MHSA revenues, delays in program startup, and other factors. The community stakeholder planning process played a vital role in helping BHRS with guiding priorities, strategies and funding decisions. On May 30, 2014, BHRS convened a series of Representative Stakeholder Steering Committee (RSSC) meetings to begin a planning process. The RSSC was tasked with prioritizing the populations to be served and the strategies to be used in serving the populations. These priorities guided BHRS staff in deciding how to allocate additional program funding and services to consumers and others.

The augmented service levels will be accomplished through a combination of expansions of both County and local contractor provided services as well as RFPs. As an agency, the BHRS Leadership Team was tasked with ensuring that MHSA funding resulting from program cost savings, increased MHSA revenues, and other factors was allocated in a sustainable manner.

Four community stakeholder meetings were convened and all RSSC members present endorsed the proposed funding plans to expand programs and issue Request for Proposals (RFPs) for certain projects following priorities and strategies identified by the RSSC.

All of the projects listed have results-driven goals patterned in a Theory of Change (TOC) framework. The TOC is a roadmap to expected program outcomes.

#### **Community Services and Supports (CSS):**

On May 30, 2014, the Representative Stakeholder Steering Committee met to learn about the community planning process and Community Services and Supports (CSS). The discussion centered on expanding CSS programs in a strategic way to reach more consumers and family members. The Theory of Change (TOC) framework was introduced to community members. In addition, Requests for Proposals (RFP) were planned for two of the CSS projects.



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The RSSC unanimously approved funding proposals on July 18, 2014 for three years (Fiscal Years 2014-2015, 2015-2016, and 2016-2017) for the following. (See Attachment 1 for annual costs).

CSS Expansions for Full Service Programs (FSP)

FSP-01 Josie's Telecare Recovery Access Center (TRAC)

FSP-01 Full Service Program Access and Supports

FSP-02 Juvenile Justice (GSD Funds)

FSP-07 Turning Point Integrated Services Agency (ISA)

CSS Expansions for General Systems Development (GSD)

GSD-01 Josie's Place

GSD-02 Crisis Emergency Response Team (CERT)/Warmline

GSD-04 Families Together

GSD-05 Consumer Empowerment Center

GSD-06 Crisis Stabilization Unit (CSU) -Operational Costs

CSS Expansions for Outreach & Engagement (O&E)

O&E-02 Supportive Housing Services (Intensive Transitional Housing)

O&E-02 Supportive Housing Services (Vine Street Emergency Housing)

CSS Request For Proposals

O&E-02 Supportive Housing Services (Transitional Board and Care)

O&E-03 Outreach and Engagement

**Prevention and Early Intervention (PEI):**

On June 13, 2014, MHSA stakeholders convened to examine PEI programs and incorporate the TOC framework. There was discussion to strategically expand PEI programs and augment services to reach more individuals. One Request for Proposal (RFP) is planned for this funding cycle. The RSSC unanimously approved funding proposals on July 18, 2014 for three years (Fiscal Years 2014-2015, 2015-2016, and 2016-2017) for the following. (See Attachment 1 for annual costs).

PEI Expansions

Community Capacity Building Initiative

- Promotes Community Mental Health Outreach

Adverse Childhood Experience Interventions

- Early Psychosis Intervention Services

Health/Behavioral Health Integration

- Decrease Client/Staff Ratios
- Underserved Cultural and Ethnic Populations

School Behavioral Health Integration

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- Nurtured Heart
- Creating Lasting Student Success (CLaSS)

#### PEI Request For Proposals

One Request for Proposal (RFP) is planned to address one or more of the following three areas of focus:

- **Community Capacity Building Initiative/Community-Based Early Intervention Services**  
Provide individual and group early intervention and treatment services to promote recovery-related functional outcomes for mental illness early in its emergence; may include services to parents, caregivers, and other family members of persons with onset of mental illness; provide outreach services in community settings.
- **Adult Resiliency and Social Connectedness/Community Based Peer Support**  
Provide peer support for individuals experiencing onset of severe mental illness (SMI); integrate peer support model into prevention, early intervention, treatment providers, and community-based settings; provide integrated peer support model linking individuals receiving services from PEI/treatment providers with community-based peer support; incorporate strategies including but not limited to, stigma reduction.
- **School Behavioral Health Integration/Capacity Building and Training**  
Provide training on early identification of student mental health issues including prevention and early intervention

#### Innovation (INN):

Innovation provides funding to evaluate the effectiveness of new approaches in mental health. Innovation projects contribute to learning about and addressing unmet need rather than having a primary focus on providing services. It's an opportunity to "try out" new approaches that can inform current and future practices/approaches in communities.

#### Innovation Request For Proposals

On July 18, 2014, community stakeholders approved a funding proposal, guided by the INN priorities established by the RSSC, to issue one RFP for this Innovation component. The RFP must incorporate the Theory of Change Framework and will require proposers to select a mental health adaptive dilemma consistent with stakeholders' priorities. Those prioritized adaptive dilemmas were as follows: improving parental competency and social support for fathers; improving the well-being of children, Transition Age Youth, and Transition Age Young Adults; and treatment options for people struggling with both substance abuse and mental illness. Proposers will also



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specify the strategy they will employ and the results they expect to achieve to contribute to the development of new best practices in mental health.

Plans are to issue the RFP through the Stanislaus County GSA Purchasing Department and use county processes to determine approved proposal(s). Following the approval process at the County level, proposal(s) will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for its approval.

### **Capital Facilities (CF):**

In the MHSA FY2014-2015 Annual Update and Three year Program and Expenditure Plan approved by community stakeholders and by the Board of Supervisors on June 17, 2014, the creation of a Crisis Stabilization Unit (CSU) represented the first Capital Facilities project to receive MHSA funding. A crisis stabilization unit is a critical need in Stanislaus County. A year-long strategic planning endeavor, involving BHRS, the County Chief Executive Office, the local safety net provider of acute inpatient psychiatric services, and consultants, was endorsed by the Board of Supervisors in November 2012. This strategic planning effort was focused on 24/7 secure mental health services as well as the services preceding and following the inpatient services. Three goals were identified: development of a new Psychiatric Health Facility, creation of a Discharge Team that would follow up with all discharges of County patients from the inpatient psychiatric hospital, and the development of a crisis stabilization unit. This process included input from a wide variety of stakeholders, including members of the MHSA Representative Stakeholder group. The first two goals have been implemented. The CSU is the last outstanding goal to be accomplished to provide the continuum of services.

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

Under guidelines for CF proposals set forth on March 18, 2008, architectural services are allowable pre-development costs. After discussions with community stakeholders indicating that this project would be accomplished in stages, they endorsed proposing the use of \$158,000 of CF funding to begin architectural services for this project. An RFP for architectural services was subsequently issued on August 20, 2014, with proposals due September 24, 2014.

### **Capital Facilities (CF) Proposed Expansion for Crisis Stabilization Unit (CSU)**

The second phase of the project, approved by stakeholders, on July 18, 2014, would provide for the construction in Fiscal Year 2014-2015 for the CSU. This expansion will



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cover the costs of construction of a Crisis Stabilization Unit (CSU) that was highlighted in the Fiscal Year 2014-2015 Annual Update and Three-Year Program and Expenditure Plan. The estimated additional costs related to this CF expansion are approximately \$758,000, bringing the total CSU Construction costs to \$944,000. Upon approval by the Board of Supervisors, plans are to issue an RFP through the CEO Capital Projects Division for the construction of the CSU.

**POLICY ISSUE:**

Approval of this agenda item supports the Board of Supervisors' priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by contracting with community providers to deliver needed services at an appropriate level of care in a cost effective manner.

**STAFFING IMPACT:**

In order to support the expansion of the MHSA programs described above it is recommended to add twelve (12) positions to Behavioral Health and Recovery Services. It is also recommended to restore and transfer two (2) vacant unfunded positions from the Stanislaus Recovery Center budget, and transfer one (1) vacant funded position from the primary Behavioral Health and Recovery Services budget, to the Mental Health Services Act budget. These positions are permanent positions and are expected to be utilized for the life of the MHSA funding.

Four Clinical Services Technician II positions will be added to Families Together as part of Stanislaus County's mental health system expansion. Families, in our community, are supported by providing groups, activities, outreach, engagement and mentorship. Many families are victims of trauma and have not successfully been engaged by traditional methods of treatment. Families have access to support that encourages the development of parenting skills, healthy boundaries, access to resources and building healthy relationships. Parent Partnership has been a long standing state wide advocacy group. Parents assisting other parents navigating complicated systems such as Mental Health, Education, Child Protective Services and Probation, is a best practice.

Three Clinical Services Technician II positions will be added to Juvenile Justice as part of Stanislaus County's mental health system expansion. All of the youth served have a diagnosis of serious mental illness or a serious emotional disturbance. They're either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. Strategies include 24/7 crisis response services where half of the services are provided outside of the office in nine cities throughout Stanislaus County. Creative methods are employed to engage youth and build trust. Youth leadership at Juvenile Justice has begun to develop since the hiring of a Youth Leadership Specialist. Youth have access to support that encourages



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the development of leadership skills. Youth in Mind, a state-wide mental health advocacy group recently chartered in Stanislaus County, is a collaboration of community youth leaders and youth leadership clients. It has become an important meeting avenue for clients in the local juvenile justice system. These three new positions will be an expansion of the current MHSA-FSP program.

Three Clinical Services Technician II positions will be added to Housing and Support Services Program to provide supportive transitional housing using a "housing first" approach serving individuals with severe mental illness. The proposed program will increase staff for an intensive program tailored to provide effective prevention and intervention strategies for those most at-risk and most in need as a means to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses.

Two vacant and unfunded Clinical Services Technician II positions will be restored and transferred from the Stanislaus Recovery Center budget to the Mental Health Services Act budget, to Josie's Place as part of Stanislaus County's mental health system expansion. All of the Transition Aged Youth (TAY) served have a diagnosis of serious mental illness or a serious emotional disturbance. Transition Aged Youth as defined by MHSA, are 16-25 years of age. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment. All of our members/clients exhibit symptoms that impact their overall quality of life and ability to achieve recovery goals related to independent living, successful supportive relationships including but not limited to partners, children and family of origin. The transition aged youth of the program are potentially impacted by housing, employment, legal system, and alcohol other drug (AOD) issues that impact overall quality of life for individual and their families.

One vacant and funded Behavioral Health Specialist II position will be transferred from the primary Behavioral Health and Recovery Services budget to the Mental Health Services Act budget, to the Housing & Support Services program to provide case management services to individuals and their families. This position interacts productively within a multidisciplinary team to provide holistic case management services. According to department standards and policies, prepares daily records, summarizes progress of treatment for clients and keeps these records current and provides a variety of highly skilled mental health services to a varied caseload of clients. Advocates for and assists clients in accessing and receiving services, interviews clients to screen, and determines their service needs, including evaluating risk factors and participates in diagnostic and evaluative staff conferences for cooperative planning and treatment;

One Administrative Clerk II position will be added to the Families Together program. This position is the first contact with clients and families to ensure client's needs are directed to the appropriate resource promptly, effectively and to ensure efficient use of

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client's time. The position provides support to 22 direct line staff and 150 open clients at any given time. This support consist of; filing, data entry, therapy session scheduling, medication services scheduling, group schedules, ensuring referral information is readily available to clients and their families.

One Administrative Clerk III position will be added to the Housing & Support Services program to support Consumer and Family members, management, direct line staff open to the Housing team and increase the programs capacity to enter pertinent data for funding from MHSA. The position will support one Housing/Employment Manager, one Housing Coordinator, 14 direct line staff, and 150 plus open clients at any given time.

The detail of the staffing requests is included in the following table. It is requested that the Salary and Position Allocation Report be amended the first pay period after Board of Supervisor approval.

Fund	Positions	Position #	Classification	Request
Mental Health Services Act	10	New	Clinical Services Technician II (Block Budgeted)	Add New Positions
Mental Health Services Act	1	New	Admin Clerk II	Add New Position
Mental Health Services Act	1	New	Admin Clerk III	Add New Position
Mental Health Services Act	2	#9971 #9972	Clinical Services Technician II (Block Budgeted)	Restore and transfer in from Stanislaus Recovery Center
Mental Health Services Act	1	#6373	Behavioral Health Specialist II (Block Budgeted)	Transfer in from Behavioral Health and Recovery Services
Total	15			

**CONTACT PERSON:**

Madelyn Schlaepfer, Ph.D. Behavioral Health Director

Telephone 525-6205



**2014-2015 Mental Health Services Act Plan Update  
Funding Proposals approved by the Representative Stakeholder Steering  
Committee**

<b>Community Services &amp; Support (CSS) - Expansions</b>	<b>FY2014/15</b>	<b>FY2015/16</b>	<b>FY2016/17</b>	<b>Total</b>
FSP-01 Josie's TRAC	\$139,000	\$145,000	\$149,000	\$433,000
FSP-01 FSP Access and Supports	\$128,000	\$133,000	\$138,000	\$399,000
FSP-02 Juvenile Justice (GSD Funds)	\$226,000	\$235,000	\$243,000	\$704,000
FSP-07 Turning Point ISA	\$628,000	\$652,000	\$675,000	\$1,955,000
GSD-01 Josie's Place	\$131,000	\$131,000	\$131,000	\$393,000
GSD-02 CERT/Warmline	\$321,000	\$321,000	\$321,000	\$963,000
GSD-04 Families Together	\$358,000	\$358,000	\$358,000	\$1,074,000
GSD-05 Consumer Empowerment Center (CART)	\$58,000	\$58,000	\$58,000	\$174,000
GSD-06 CSU - Operational Costs	N/A	\$1,164,000	\$1,280,000	\$2,444,000
O&E-02 Supportive Housing Services (Vine Street Emergency Housing)	\$65,000	\$65,000	\$65,000	\$195,000
O&E-02 Supportive Housing Services (Intensive Transitional Housing)	\$364,000	\$364,000	\$364,000	\$1,092,000
O&E-02 Supportive Housing Services (Transitional Board and Care)	\$95,000	\$95,000	\$95,000	\$285,000
O&E-03 Outreach and Engagement	\$140,000	\$140,000	\$140,000	\$420,000
	<b>\$2,682,000</b>	<b>\$3,861,000</b>	<b>\$4,017,000</b>	<b>\$10,531,000</b>

<b>CSS FY 14-15 -- Requests for Proposals</b>	
O&E-02 Supportive Housing Services (Transitional Board and Care) *	\$95,000
O&E-03 Outreach and Engagement **	\$140,000
<b>Total Funding for Requests for Proposals</b>	<b>\$235,000</b>

\*Successful RFP bidder will receive \$95,000 per year up to 3 years

\*\*Successful RFP bidder will receive \$140,000 per year up to 3 years

**2014-2015 Mental Health Services Act Plan Update  
Funding Proposals approved by the Representative Stakeholder Steering  
Committee**

<b>PEI: Project Expansions (per year)</b>	
<b>Community Capacity-Building Initiative</b>	<b>\$185,000</b>
• Promotores/Community Mental Health Outreach	
<b>Adverse Childhood Experience Interventions</b>	<b>\$125,000</b>
• Early Psychosis Intervention Services	
<b>Health/Behavioral Health Integration</b>	<b>\$125,000</b>
• Decrease clients/staff ratios	<b>\$150,000</b>
• Underserved Cultural & Ethnic Populations	
<b>School Behavioral Health Integration</b>	
• Nurtured Heart	<b>\$150,000</b>
• Creating Lasting Student Success (CLaSS)	
	<b>\$700,000</b>

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

<b>Capital Facilities Project</b>	
	<b>FY2014/15</b>

<b>INN- Request for Proposal</b>	
Selected proposals from the Innovation RFP will need local and MHSOAC approval prior to award.	



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Balance Type  
Data Access Set

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County of Stanislaus

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Ledger  
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Chart Of Accounts

\* List - Text County of Stanislaus  
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Upl	Org	Account	GL Project	Location	Misc.	Other	Debit	Credit	Line Description	
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							* Number	* Number	Text	
	1501	6121220	63280	5184060	000000	000000	00000	785,000		Incr Contracts-TP ISA
	1501	6121220	87000	5184060	000000	700314	00000		785,000	Incr Intrafund Tsf -TP ISA
	1507	6811110	87500	5184060	000000	700314	00000	785,000		Incr Intrafund Chg -TP ISA
	1507	6811110	22430	0000000	000000	000000	00000		628,000	Incr State-Aid MHSA
	1501	6121220	33950	5184060	000000	000000	00000		157,000	Incr MHS Medi-Cal - TP ISA
	1507	6812230	63280	5189060	000000	000000	00000	160,000		Incr Contracts-TC TRAC
	1507	6812230	63280	5189060	000000	000000	00000	174,000		Incr Contracts-Josie's TRAC
	1507	6812230	22430	0000000	000000	000000	00000		267,000	Incr State-Aid MHSA
	1507	6812230	33950	5189060	000000	000000	00000		67,000	Incr MHS Medi-Cal - TRAC/Josie
	1507	6812150	63280	5184070	000000	000000	00000	58,000		Incr Contracts-TP CART
	1507	6812150	22430	5184070	000000	000000	00000		58,000	Incr State-Aid MHSA
	1501	6111570	63280	5184010	000000	000000	00000	321,000		Incr Contracts-TP Warmline
	1501	6111570	87000	0000000	000000	700314	00000		321,000	Incr Intrafund Tsf -Warmline
	1507	6841120	87500	0000000	000000	700314	00000	321,000		Incr Intrafund Chg -Warmline
	1507	6841120	22430	0000000	000000	000000	00000		321,000	Incr State-Aid MHSA
	1507	6812170	50000	0000000	000000	000000	00000	169,010		Incr Salaries - Housing
	1507	6812170	52000	0000000	000000	000000	00000	34,867		Incr Retirement - Housing
	1507	6812170	52010	0000000	000000	000000	00000	12,929		Incr FICA - Housing
	1507	6812170	53000	0000000	000000	000000	00000	85,537		Incr Health - Housing
	1507	6812170	53020	0000000	000000	000000	00000	177		Incr SUI - Housing
	1507	6812170	53051	0000000	000000	000000	00000	180		Incr Adm Fee - Housing
	1507	6812170	54000	0000000	000000	000000	00000	3,814		Incr WC - Housing
	1507	6812170	61800	0000000	000000	000000	00000	16,000		Incr Maint Struc - Housing
	1507	6812170	62400	0000000	000000	000000	00000	5,747		Incr Misc Exp - Housing
	1507	6812170	62600	0000000	000000	000000	00000	1,500		Incr Office Supplies - Housing
	1507	6812170	62861	0000000	000000	000000	00000	2,000		Incr Computer Equip - Housing
	1507	6812170	62985	0000000	000000	000000	00000	2,560		Incr Furniture - Housing
	1507	6812170	65300	0000000	000000	000000	00000	63,679		Incr Rents/Leases - Housing
	1507	6812170	71000	0000000	000000	000000	00000	4,000		Incr Support Care - Housing
	1507	6812170	84070	0000000	000000	000000	00000	27,000		Incr Cars - Housing
	1507	6812170	63280	0000000	000000	000000	00000	95,000		Incr Contracts - B&C - Housing
	1507	6812170	22430	0000000	000000	000000	00000		524,000	Incr State-Aid MHSA
	1507	6811180	50000	0000000	000000	000000	00000	63,492		Incr Salaries - TAY
	1507	6811180	52000	0000000	000000	000000	00000	13,098		Incr Retirement - TAY
	1507	6811180	52010	0000000	000000	000000	00000	4,857		Incr FICA - TAY
	1507	6811180	53000	0000000	000000	000000	00000	34,215		Incr Health - TAY
	1507	6811180	53020	0000000	000000	000000	00000	71		Incr SUI - TAY
	1507	6811180	53051	0000000	000000	000000	00000	72		Incr Adm Fee - TAY
	1507	6811180	54000	0000000	000000	000000	00000	1,526		Incr WC - TAY
	1507	6811180	62400	0000000	000000	000000	00000	31,669		Incr Misc Exp - TAY
	1507	6811180	22430	0000000	000000	000000	00000		131,000	Incr State-Aid MHSA
	1507	6811180	33950	0000000	000000	000000	00000		18,000	Incr MHS Medi-Cal - TAY
	1507	6831110	50000	0000000	000000	000000	00000	154,799		Incr Salaries - Fam Togthr
	1507	6831110	52000	0000000	000000	000000	00000	31,935		Incr Retirement - Fam Togthr
	1507	6831110	52010	0000000	000000	000000	00000	11,842		Incr FICA - Fam Togthr
	1507	6831110	53000	0000000	000000	000000	00000	85,537		Incr Health - Fam Togthr
	1507	6831110	53020	0000000	000000	000000	00000	177		Incr SUI - Fam Togthr
	1507	6831110	53051	0000000	000000	000000	00000	180		Incr Adm Fee - Fam Togthr
	1507	6831110	54000	0000000	000000	000000	00000	3,814		Incr WC - Fam Togthr
	1507	6831110	62400	0000000	000000	000000	00000	69,716		Incr Misc Exp - Fam Togthr
	1507	6831110	22430	0000000	000000	000000	00000		358,000	Incr State-Aid MHSA
	1507	6831150	50000	0000000	000000	000000	00000	95,238		Incr Salaries - JJ
	1507	6831150	52000	0000000	000000	000000	00000	19,648		Incr Retirement - JJ
	1507	6831150	52010	0000000	000000	000000	00000	7,286		Incr FICA - JJ
	1507	6831150	53000	0000000	000000	000000	00000	51,322		Incr Health - JJ
	1507	6831150	53020	0000000	000000	000000	00000	106		Incr SUI - JJ
	1507	6831150	53051	0000000	000000	000000	00000	108		Incr Adm Fee - JJ
	1507	6831150	54000	0000000	000000	000000	00000	2,288		Incr WC - JJ







Budget Unit	Contractor	Description of Service Provided or Position Held	Contract Amount for Previous Contractual Period. List Amount and Time Period.	Proposed Contract Amendment Amount and Time Period	Cumulative Contract Total
Behavioral Health	Center for Human Services.	School & Behavioral Health Integration – Nurtured Heart	\$366,478 (7/1/12-6/30/15)	\$45,957 (10/1/14-6/30/15)	\$412,435
Behavioral Health	Sierra Vista Child & Family Services	Adverse Childhood Experience Intervention (Early Psychosis)	\$975,000 (7/1/12-6/30/15)	\$125,000 (10/1/14-6/30/15)	\$1,100,000
Behavioral Health	Sierra Vista Child & Family Services	School Consultation – Behavioral Health Integration & Prevention– C.L.a.S.S.	\$282,555 (7/1/12-6/30/15)	\$46,580 (10/1/14-6/30/15)	\$329,135
Mental Health Services Act	Telecare	Outreach Program (SHOP) to assist homeless individuals who are mentally ill with housing (TRAC)	\$11,347,426 (7/1/12-6/30/15)	\$267,000 (10/1/14-6/30/15)	\$11,614,426
Managed Care	Turning Point Community Programs Inc.	Community Activities & Rehabilitation Transportation Services and Out of County Transport (CART)	\$153,967 (7/1/12-6/30/15)	\$58,000 (10/1/14-6/30/15)	\$211,967
Mental Health Services Act	Turning Point Community Programs Inc	On-Site Peer Support and Warmline Services	\$837,627 (7/1/12-6/30/15)	\$321,000 (10/1/14-6/30/15)	\$1,996,254
Mental Health Services Act	Turning Point Community Programs Inc	Turning Point ISA – 24/7 FSP Program	\$3,975,000 (7/1/12-6/30/15)	\$628,000 (10/1/14-6/30/15)	\$4,603,000
Behavioral Health	Aspiranet,( dba Moss Beach Homes, Inc.)	Promotores	\$87,835 (7/01/12-6/30/15)	\$24,447	\$112,282

Behavioral Health	Center for Human Services	Promotores	\$270,999 (7/01/12-6/30/15)	\$63,202	334,201
Behavioral Health	Oak Valley Hospital District	Promotores	\$87,799 (7/01/12-6/30/15)	\$10,923	\$98,731
Behavioral Health	Riverbank Unified School District	Promotores	\$87,867 (7/01/12-6/30/15)	\$24,528	\$112,395
Behavioral Health	Sierra Vista Child & Family Services	Promotores	\$82,614 (7/01/12-6/30/15)	\$25,653	\$108,267
Behavioral Health	Sierra Vista Child & Family Services	Promotores	\$60,222 (7/01/12-6/30/15)	\$25,653	\$85,875
Behavioral Health	West Modesto King Kennedy Neighborhood Collaborative	Promotores	\$90,333 (7/01/12-6/30/15)	\$10,587	\$100,920
Behavioral Health	Golden Valley Health Centers	Health/Behavioral Health Integration	\$713,550 (7/01/12-6/30/15)	\$150,000	\$863,550





**Stanislaus County  
Behavioral Health and Recovery Services**

**Mental Health Services Act  
Plan Update FY 2014-15**

**Community Services & Supports (CSS)  
Prevention and Early Intervention (PEI)  
Innovation (INN)  
Capital Facilities (CF)**

**September 2014**



WELLNESS • RECOVERY • RESILIENCE

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# COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Madelyn Schlaepfer, PhD, CEAP Telephone Number: 209-525-6225 E-mail: <a href="mailto:mschlaepfer@stanbhrs.org">mschlaepfer@stanbhrs.org</a>	Name: Dan Rosas Telephone Number: 209-525-5324 E-mail: <a href="mailto:drosas@stanbhrs.org">drosas@stanbhrs.org</a>
Mailing Address:  800 Scenic Drive Modesto, CA 95350	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/plan update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This plan update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY2014-2015 plan update was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the Three-Year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and annual updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the annual plan update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

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

All documents in the attached Plan Update FY 2014-15 are true and correct.

Madelyn Schlaepfer, Ph.D., CEAP  
Mental Health Director/Designee (PRINT)

 10-7-2014  
Signature Date

## Message from the Director

Behavioral Health and Recovery Services (BHRS) is pleased to share this Plan Update as we continue our mission to transform mental health services in Stanislaus County. This document serves as a follow up to the Annual Update FY 2014-15 and Three-Year Program and Expenditure Plan that was submitted to the Mental Health Services Oversight & Accountability Commission on June 24, 2014.



The Plan Update was developed to include program expansions and the release of Requests for Proposals (RFP) for the following MHSA components: Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN) and Capital Facilities (CF).

This is an exciting time for our agency. Due to BHRS program cost savings, increases in MHSA revenues, and other factors, more funding has become available to serve consumers in our community.

With vital input from community stakeholders and an emphasis on client driven and family focused services, this Plan Update is another blueprint of our recovery driven work to help transform the lives of those living with mental illness.

Sincerely,

A handwritten signature in black ink, appearing to read "Madelyn Schlaepfer, Ph.D.", written in a cursive style.

Madelyn Schlaepfer, Ph.D, CEAP



## COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

### Who Participated?

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Plan Update. As in the past, BHRS continues to engage stakeholder input for the purpose of creating transparency, facilitating an understanding of progress and accomplishments, and promoting a dialogue about present and future opportunities.

While all community members are welcome to participate in MHSA planning processes, there is a Representative Stakeholder Steering Committee (RSSC) charged with providing important input about funding priorities. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year.

### Developing a Plan Update

Preparations to develop a Plan Update began following the submission of Stanislaus County's FY 2014-15 Annual Update and Three-Year Year Program and Expenditure Plan on June 24, 2014 to the Mental Health Services Oversight and Accountability Commission (MHSOAC). Given that there remained some one-time MHSA funding that must be expended by the end of June 2015, the FY 2014-15 Annual Update included project funding involved with one-time expenditures and start-up costs.

With more funding still available, the result of BHRS program cost savings, increased MHSA revenues, and other factors, four stakeholder planning meetings were held to consider community priorities and sustainable program funding ideas. This Plan Update is the result of that planning process. It includes the issuing of Requests for Proposals (RFPs) for mental health services and program expansions in Community Services and Supports (CSS), Prevention and Early Intervention (PEI), and Innovation (INN).

While the planning process for the Plan Update was a standing agenda item on weekly BHRS Senior Team Leader meetings, the ultimate endorsement of the proposed plans resided with the RSSC. A Gradients of Agreement<sup>1</sup> approach was used to determine whether or not there was sufficient agreement among members to move forward. All RSSC members present endorsed the proposed priority funding plans to expand programs and to issue RFPs for certain projects.

### Community Stakeholders and Activities

The MHSA Representative Stakeholder Steering Committee (RSSC) was vital to this process. It provided guidance and input on MHSA related planning matters. It was comprised of all required local and diverse stakeholders from various sectors and communities in Stanislaus County. BHRS community partners and consumers also played important roles on the committee.

The following meetings and activities were held as part of the community stakeholder process:

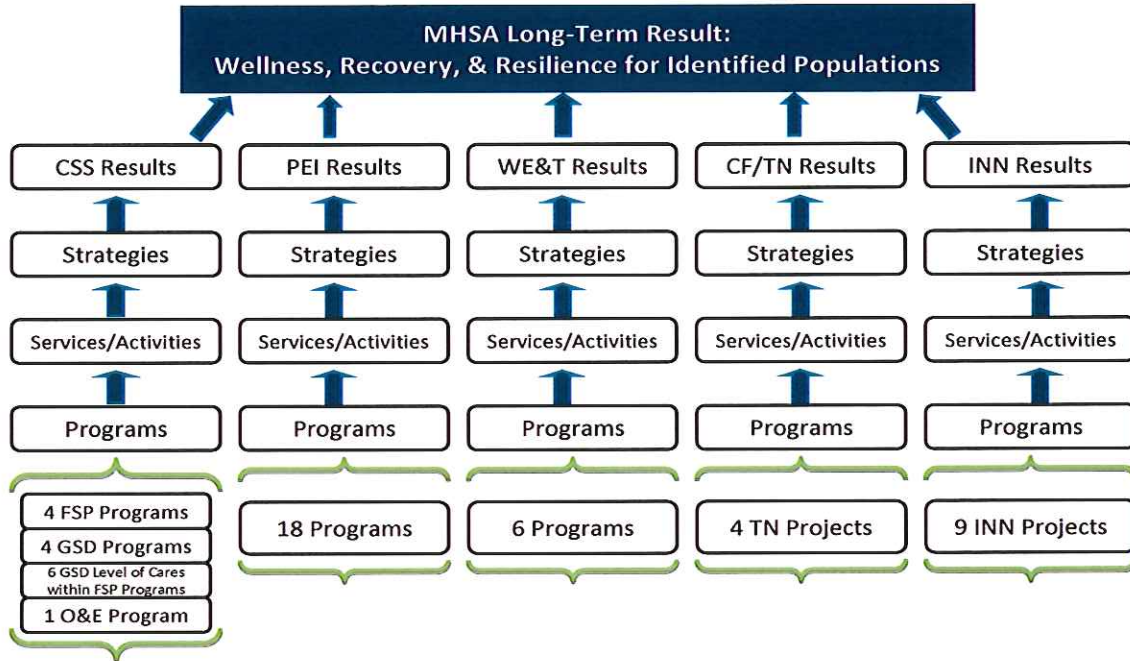
**May 30, 2014** – Community Services and Support (CSS) priority target populations were highlighted during the meeting as stakeholders were introduced to the MHSA Theory of Change (TOC) framework. The TOC defines all building blocks required to bring about a given long-term goal. For MHSA programs, it serves as a road map to review CSS expected outcomes. To illustrate the concept, stakeholders were provided with TOC templates for the CSS component. BHRS staff shared with the group CSS ideas to address community needs.

BHRS is embracing the TOC framework to help focus on results including services, activities and strategies, all of which relate to proposed program expansions and new programs.

The next chart highlights MHSA Long Term Results for Wellness, Recovery, and Resilience for Identified Populations. The BHRS programs from FY 2012-13 are listed under the five MHSA components.

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<sup>1</sup> Community at Work developed the initial version of the Gradients of Agreement. Luminescence Consulting has refined this tool and BHRS uses it to facilitate deliberative processes.



**June 13, 2014** – RSSC convened a second time to review MHPA TOC for Prevention and Early Intervention (PEI) and Innovation (INN). TOC templates were distributed to the group. BHRS shared one idea to expand the PEI Community Capacity Building Promotores and Community Health Worker program. Stakeholders shared their ideas for CSS funded projects in the open forum and were asked to bring their ideas about PEI and Innovation at the next meeting.

**June 20, 2014** – A third RSSC meeting was convened as stakeholders shared their ideas for PEI and Innovation funding. The role of stakeholders was also reviewed as community members participated in a group activity to prioritize target populations and strategies for CSS, PEI, and INN. Community members attending the meeting consulted with stakeholders during the exercise to highlight their priorities. Stakeholders then cast their votes, establishing the priority target populations and strategies.

**July 18, 2014** - The fourth RSSC meeting on July 18 brought consensus from the RSSC on BHRS program/funding priorities. Based on input and feedback from stakeholders in the previous meeting regarding priority target populations and strategies, the BHRS Senior Leadership Team presented funding recommendations for the three MHPA components. A Gradients of Agreement approach was used to determine whether or not there was sufficient agreement among stakeholders to move forward with the priority funding plans. All stakeholders present endorsed the proposed plans.

The RSSC approved the following CSS projects and funding amounts for expansions. Two projects are proposed Request for Proposals (RFPs.) The next graphic highlights four PEI projects proposed for expansion and three for the RFP process. An RFP is also proposed for Innovation. Lastly, an expansion of our CF proposal that will fund the construction costs of the project was approved by the RSSC.



Community Services & Support (CSS)	FY2014/15	FY2015/16	FY2016/17	Total
FSP-01 Josie's TRAC	\$139,000	\$145,000	\$149,000	\$433,000
FSP-01 FSP Access and Supports	\$128,000	\$133,000	\$138,000	\$399,000
FSP-02 Juvenile Justice (GSD Funds)	\$226,000	\$235,000	\$243,000	\$704,000
FSP-07 Turning Point ISA	\$628,000	\$652,000	\$675,000	\$1,955,000
GSD-01 Josie's Place	\$131,000	\$131,000	\$131,000	\$393,000
GSD-02 CERT/Warmline	\$321,000	\$321,000	\$321,000	\$963,000
GSD-04 Families Together	\$358,000	\$358,000	\$358,000	\$1,074,000
GSD-05 Consumer Empowerment Center (CART)	\$58,000	\$58,000	\$58,000	\$174,000
GSD-06 CSU - Operational Costs	\$-	\$1,164,000	\$1,280,000	\$2,444,000
O&E-02 Supportive Housing Services (Vine Street Emergency Housing)	\$65,000	\$65,000	\$65,000	\$195,000
O&E-02 Supportive Housing Services (Intensive Transitional Housing)	\$364,000	\$364,000	\$364,000	\$1,092,000
O&E-02 Supportive Housing Services (Transitional Board and Care)	\$95,000	\$95,000	\$95,000	\$285,000
O&E-03 Outreach and Engagement	\$140,000	\$140,000	\$140,000	\$420,000
<b>Total CSS Funding</b>	<b>\$2,653,000</b>	<b>\$3,861,000</b>	<b>\$4,017,000</b>	<b>\$10,531,000</b>

CSS FY 14-15 – Request for Proposals	
O&E-02 Supportive Housing Services (Transitional Board and Care) *	\$95,000
O&E-03 Outreach and Engagement **	\$140,000
<b>Total CSS Funding for Requests for Proposals</b>	<b>\$235,000</b>

\*Successful RFP bidder will receive \$95,000 per year up to 3 years

\*\*Successful RFP bidder will receive \$140,000 per year up to 3 years

PEI Project Expansions (per year)	
<b>Community Capacity-Building Initiative</b>	<b>\$185,000</b>
• Promotores/Community Mental Health Outreach	
<b>Adverse Childhood Experience Interventions</b>	<b>\$125,000</b>
• Early Psychosis Intervention Services	
<b>Health/Behavioral Health Integration</b>	<b>\$125,000</b>
• Decrease clients/staff ratios	
• Underserved Cultural & Ethnic Populations	<b>\$150,000</b>
<b>School Behavioral Health Integration</b>	
• Nurtured Heart	
• CLaSS	<b>\$150,000</b>
<b>Total Expansions</b>	<b>\$735,000</b>

<b>PEI - Request for Proposals</b>	
<b>Community Capacity-Building Initiative</b> <ul style="list-style-type: none"> <li>Community Early Intervention Services</li> </ul>	<b>\$250,000 per year</b>
<b>Adult Resiliency and Social Connectedness</b> <ul style="list-style-type: none"> <li>Community-Based Peer Support Development</li> </ul>	
<b>School Behavioral Health Integration</b> <ul style="list-style-type: none"> <li>Capacity Building &amp; Training</li> </ul>	

<b>Capital Facilities (CF) Project</b>	
	<b>FY2014/15</b>
<b>Crisis Stabilization Unit (CSU) - Design &amp; Construction</b>	<b>\$944,000</b>

<b>INN- Request for Proposals</b>	
Selected proposals from the Innovation RFP will need local and MHSOAC approval prior to award.	<b>Estimated \$1.3 Million FY 14-15 FY 15-16</b>



## Local Review Process

This Plan Update was posted for 30-day public review and comment on August 14, 2014 -September 12, 2014. The public review notification and access to copies of the Plan Update were made available through the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: [www.stanislausmhsa.com](http://www.stanislausmhsa.com)
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks throughout the county
- ✓ Electronic notification was sent to all BHRS service sites with a link to [www.stanislausmhsa.com](http://www.stanislausmhsa.com), announcing the posting of this report
- ✓ The Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Substance Abuse Programs as well as other stakeholders were sent the notice informing them of the start of the 30-day review, and how to obtain a copy of the Plan Update
- ✓ Public notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The notice included a link to the plan on-line at [www.stanislausmhsa.com](http://www.stanislausmhsa.com) and a phone number to request a hard copy of the document.
- ✓ An announcement was posted in the BHRS Cultural Competency Newsletter

Additional opportunities to learn and participate were offered through an informational outreach meeting. The meeting on the Plan Update was held August 19, 2014 from 1-2 pm in the Redwood Conference Room at the BHRS campus located at 800 Scenic Drive in Modesto.

### Substantive Comments and Response:

No comments about the Plan Update FY 2014-2015 were received during the 30-day public review and comment period. One substantive comment was received during the Board of Supervisors meeting on September 30, 2014.

#### Comment:

A comment was made that prevention should be more of a focus than it currently is in the FY2014-2015 Plan Update.

#### BHRS Response:

It was decided to add that language to the Innovation projects section to address this comment. Language was added to the Plan Update and to the Request for Proposal that an innovation project must incorporate innovative prevention ideas.

•••••

## Community Services & Supports (CSS) Overview

Community Services & Supports (CSS) help transform lives by providing mental health services to individuals of all ages in Stanislaus County. It was the first component of MHSA to be funded in 2005. Implementation began in FY 2006-07.

CSS makes up 80% of county MHSA funding. It provides funds for direct services to people with severe mental illness and children with serious emotional disturbances. MHSA mandates that the majority of CSS funds must be used to provide intensive services to consumers in Full Service Partnerships (FSP).

This intensive approach has been shown to foster sustained improvement for consumers while attaining cost savings such as reduction in hospitalizations, incarceration, and emergency room visits for the behavioral health system and other community services. Two other levels of service complete the system of care approach. General System Development (GSD) programs were established to serve many by increasing the system's capacity to provide services to consumers and families throughout the system. Outreach & Engagement (O&E) programs were established to reach diverse underserved communities that are not able to access services when needed.

Stanislaus County currently has nine CSS programs including four FSP programs, four GSD programs, and one O&E program. Each program has a unique approach that incorporates MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family-driven services, and an integrated service experience for clients and their families.

**Full Service Partnership** funded programs provide integrated services to the most unserved and underserved and that are at high risk of homelessness, incarceration, hospitalization and out-of-home placement. Strategies are considered a "wraparound" approach to engaging service recipients as partners in their own self-care, treatment, and recovery. Program results include reductions in incarceration, homelessness, psychiatric hospitalizations, and emergency room visits.

### Full Service Partnership 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)

**General System Development** funded programs were established to increase capacity to provide crisis services, peer/family supports, and drop-in centers for individuals with mental illness and serious emotional disturbances. 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 extensive services.

### General System Development 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

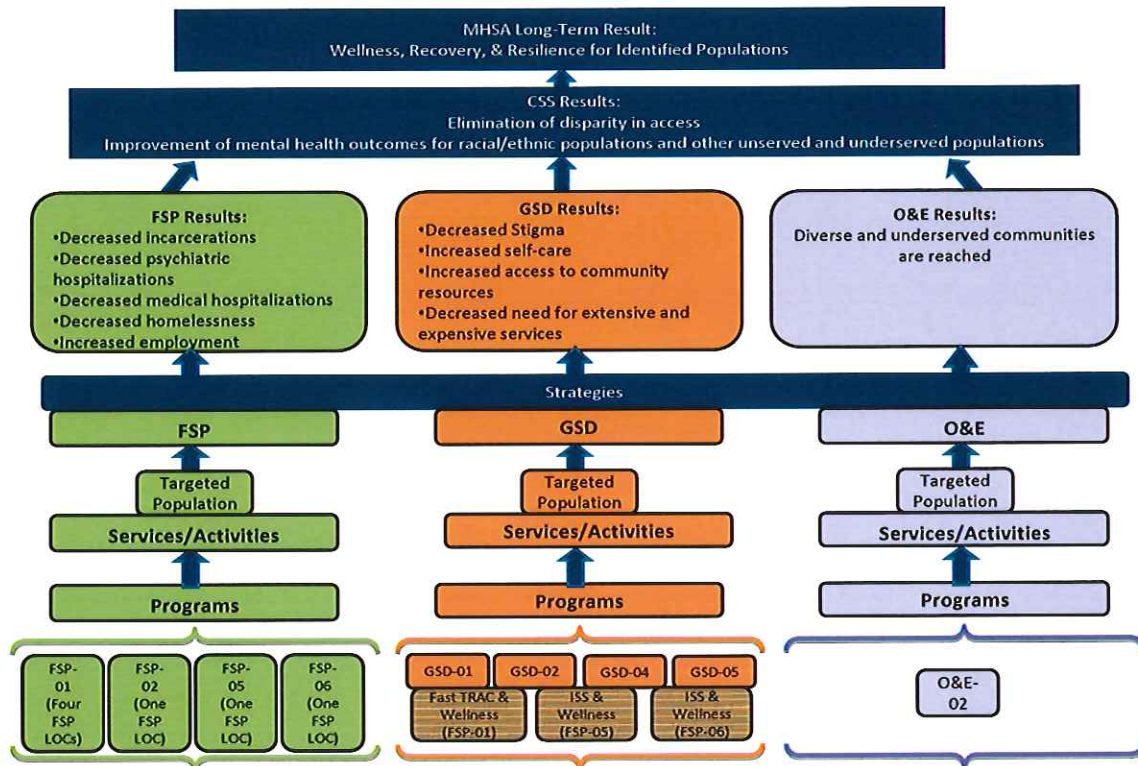
**Outreach & Engagement** funded programs focus on special activities needed to reach diverse underserved communities. Strategies include community outreach by diverse community-based organizations. Crisis-oriented respite housing is also provided to help consumers avoid unnecessary hospitalization or incarceration, provide short-term housing, and linkages to services.

### Outreach & Engagement Programs in Stanislaus County:

- O&E-02 – Supportive Housing Services



The Community Services and Support component plays an important role in reaching the desired MHPA long-term results of wellness, recovery, and resilience for identified populations. Below is the CSS component for FY2012-2013 displayed in the Theory of Change Framework, which was presented during the stakeholder process:



### Proposed CSS Expansions/Issuing of RFPs for FY 2014-15

On May 30, 2014, BHRS convened a series of Representative Stakeholder Steering Committee (RSSC) meetings to begin a planning process to prioritize populations and strategies to provide additional program funding and services to consumers and others. As a department, the BHRS Leadership Team was tasked with allocating MHPA funding resulting from program cost savings, increased MHPA revenues, and other factors in a sustainable manner.

This Plan Update proposes to strategically expand CSS programs and augment services to reach more consumers in Stanislaus County. Two Requests for Proposals (RFP) are planned for two CSS projects.

The RSSC approved priority funding for Three-Years for the following expansions:

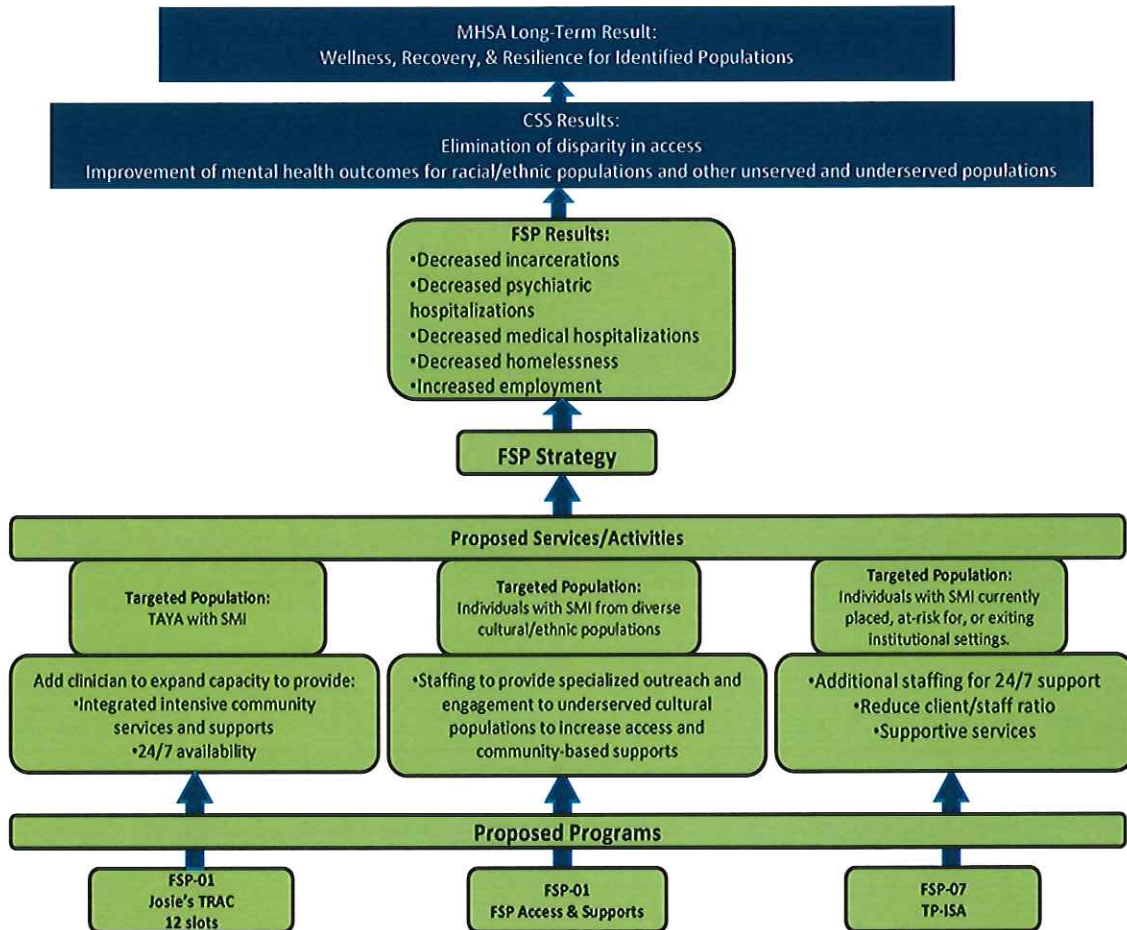
#### CSS Expansions

- FSP-01 Josie's TRAC - \$433,000
- FSP-01 FSP Access and Supports - \$399,000
- FSP-02 Juvenile Justice (GSD Funds) - \$704,000
- FSP-07 Turning Point ISA - \$1,955,000
- GSD-01 Josie's Place - \$393,000
- GSD-02 CERT/Warmline - \$963,000
- GSD-04 Families Together - \$1,074,000
- GSD-05 Consumer Empowerment Center/Community Activities and Rehabilitation Transportation (CART) - \$174,000
- GSD-06 CSU Operational Costs - \$2,444,000
- O&E-02 Supportive Housing Services (Intensive Transitional Housing) - \$1,092,000
- O&E-02 Supportive Housing Services (Vine Street Emergency Housing) - \$195,000

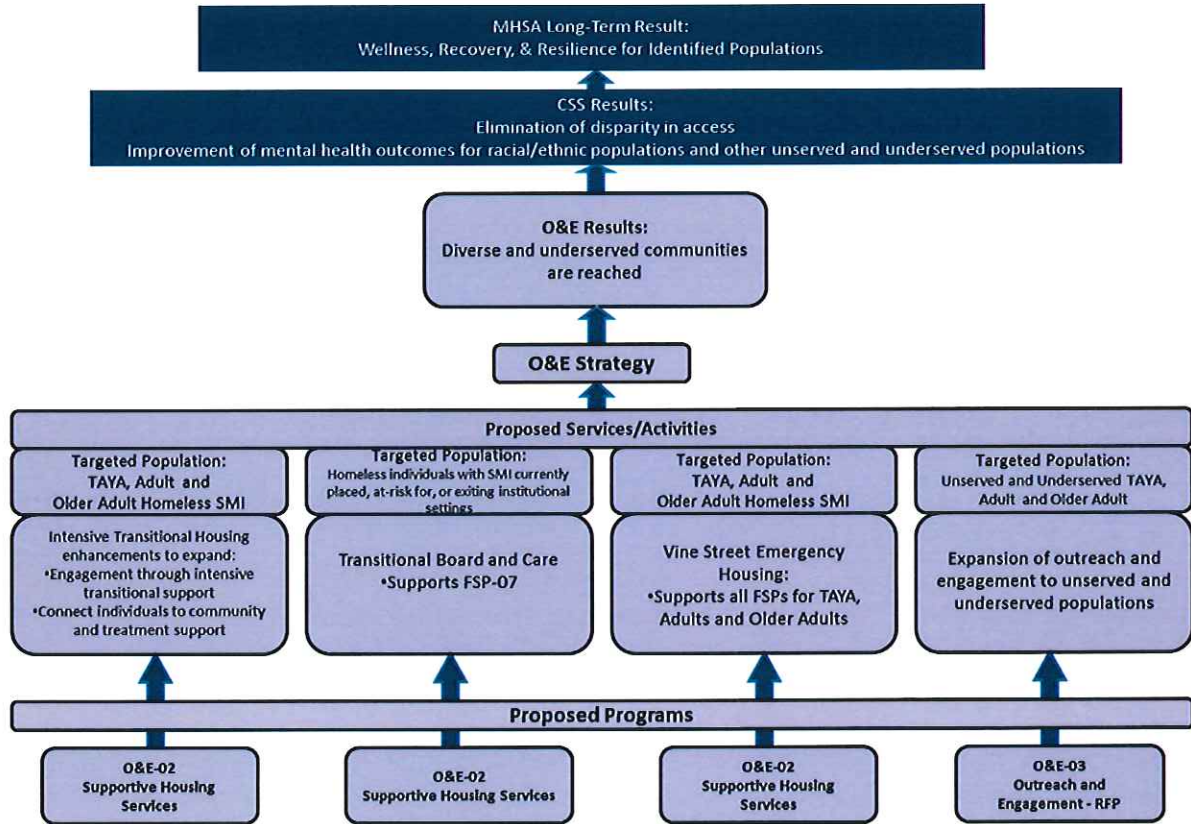
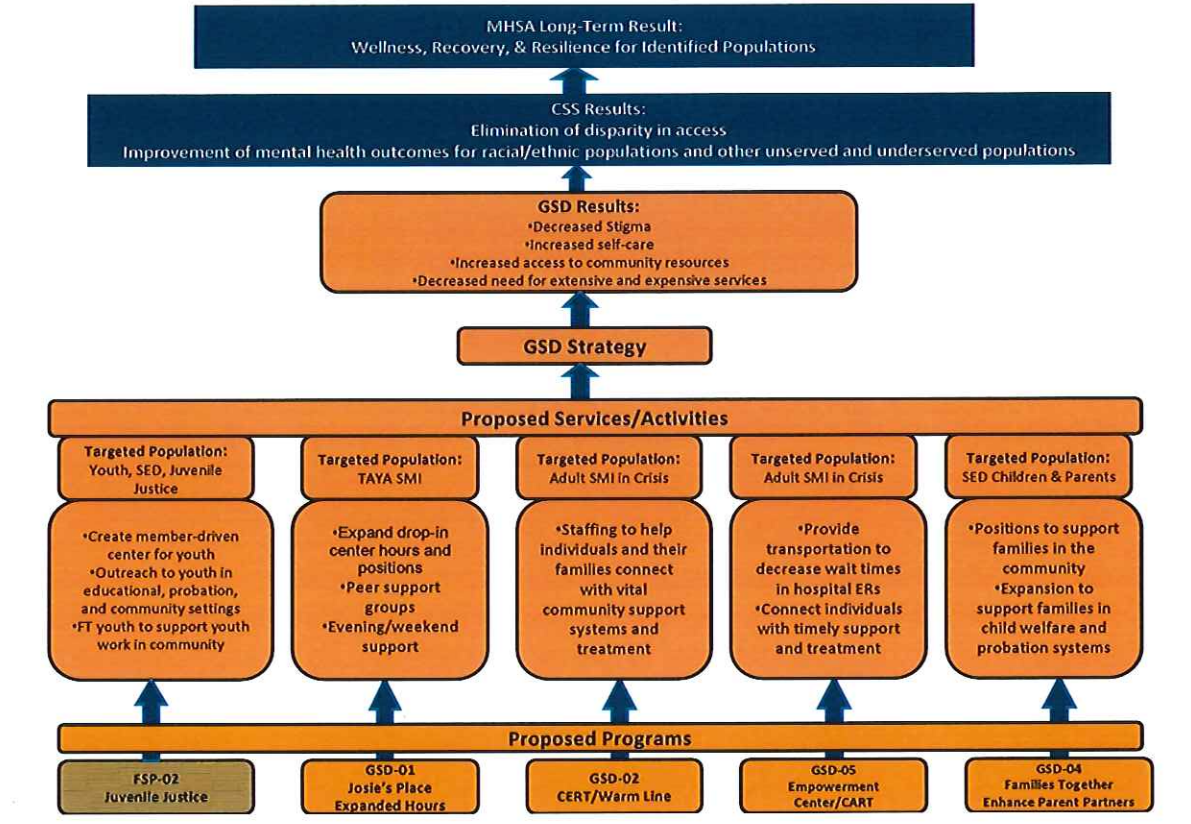
**CSS RFPs**

O&E-02 Supportive Housing Services (Transitional Board and Care) - \$285,000  
O&E-03 Outreach and Engagement - \$420,000

The following represents these CSS expansions and RFPs within the CSS Theory of Change framework, delineating FSP, GSD, and O&E strategies. Narrative details are provided after the framework.







**CSS- Stanislaus Homeless Outreach Program (SHOP) - FSP-01**  
Operated by contract with Telecare Corporation within BHRS Adult System of Care

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Stanislaus Homeless Outreach Program (SHOP) provides services to transitional aged young adults (TAYA), adults, and older adults who have co-occurring issues of mental health and substance abuse. It offers three levels of care: 1) Full Service Partnership (FSP), 2) Intensive Support Services, and 3) Wellness/Recovery.

This approach allows individuals to enter the program at an appropriate level of service for their need and then move to a less or greater level of care as needed. The goals are to reduce the risk for emergency room use, contact with law enforcement, homelessness, and psychiatric hospitalization.

The FSP level of care has 3 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), and 3) Josie's Telecare Recovery Access Center (Josie's TRAC). Full service partnership strategies include integrated, intensive community services and supports with 24/7 availability with a known service provider. SHOP utilizes a "housing first" approach with recovery and client- and family-centered focus that inspires hope.

Funded by General System Development funds (GSD), the Intensive Support Services level of care has one track: Fast TRAC. The Wellness/Recovery level of care also has one track called the Wellness TRAC. Group supports led by clinical service staff are offered to individuals, as are peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach.

**Three-Year Proposed Program Expansion/ Josie's TRAC: \$433,000**

The number of TAYA individuals served will be expanded with additional emphasis on capacity and outreach efforts. The proposed expansion will strengthen services in the different levels of care and support service recipients to connect with community supports and exit services when appropriate.

The proposed program expansion is illustrated in the following list and chart:

- Provide additional staffing for specialized outreach and engagement to underserved cultural populations and increase access and community based supports
- Add one clinician to provide integrated intensive community services and supports

**Three-Year Proposed Program Expansion/FSP Access and Supports: \$399,000**

This FSP expansion is a specific FSP level outreach and engagement strategy targeting underserved and unserved at risk populations. The Access and Supports (AS) team will consist of a mental health clinician and a community health outreach worker (Promotora). Both will demonstrate cultural and linguistic competence and be embedded within the Telecare Partnership Track (TPT) Full Service Partnership (FSP) program.

Clients engaged by the AS team will be opened to a tracking unit and have direct access and referrals to the TPT and all levels of care. The AS team will closely collaborate with the Stanislaus County Promotores Network, ethnic/cultural mental health service providers, and integrated health/behavioral health partners. The team will also prioritize services to the network of partners.

Target Population:

- Underserved/unserved at-risk populations
- Latino, Spanish speaking at-risk populations

Services will include the following:

- Intensive outreach and engagement to Spanish speaking populations
- Community based clinical assessment and screenings
- Responsive assessment scheduling for target population
- Culturally appropriate consumer and family supports development
- Service coordination and linkages to community based peer and family support



**FSP- 01 - Targeted number of individuals to be served in the program in FY 2014-15:**

Age of Individuals	Previous # of Individuals FSP	Expanded # of Individuals FSP	Total # of Individuals FSP	Previous # of Individuals GSD	Expanded # of Individuals GSD	Total # of Individuals GSD	# of Individuals O&E
Child and Youth (0-15 yrs)*	0	0	0	0	0	0	0
TAYA (16-25 yrs)	56	12	68	Open target	Open target	Open target	Open target**
Adults (26-59 yrs)	96	0	96	Open target	Open target	Open target	Open target**
Older Adults (60+ yrs)	12	0	12	Open target	Open target	Open target	Open target**
Total	164	12	176	130	0	130	TBD

\*This program does not serve children and youth (0-15 yrs)

\*\*New O&E services (No previous number of individuals)

## CSS- Juvenile Justice (JJ) - FSP-02

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

Juvenile Justice FSP is part of Stanislaus County's Juvenile Justice/Mental Health system. All of the youth served in the program have a diagnosis of a serious mental illness or a serious emotional disturbance. They're either on formal or informal probation. Many are victims of trauma and have not successfully been engaged by traditional methods of treatment for a variety of reasons.

Strategies include 24/7 crisis response services, in which half of the services are provided outside of the office to youth in the nine cities throughout the County. Creative methods are employed to engage youth that involve consistent access to a known provider to build trust with these high-risk youth.

Parent support groups are offered to families who wish to receive support in navigating the juvenile justice system or support in improving parenting skills. Bilingual/bicultural staff provides outreach services to families and youth from underserved diverse cultures.

### Three-Year Proposed Program Expansion (GSD Funds): \$704,000

The expansion would provide the following:

- Create a member-driven center for youth
- Provide youth outreach in education, probation, and community settings
- Provide three full-time staff members to support and work with youth in the community

<b>FSP-02 - Targeted number of individuals to be served in FY 2014-15:</b>			
Age of Individuals	# of Individuals FSP*	# of Individuals GSD**	# of Individuals O&E***
Child and Youth (0-15 yrs)	13	25	0
TAYA (16-25 yrs)	12	50	0
Adults (26-59 yrs)	0	0	0
Older Adults (60+ yrs)	0	0	0
<b>Total</b>	<b>25</b>	<b>75</b>	<b>0</b>
*There are no changes to the targeted number of FSP individuals to be served			
**New GSD services (No previous number of individuals)			
***No O&E services or funds in this FSP			



## CSS- Turning Point Integrated Service Agency (ISA) - FSP- 07

Operated by Turning Point Community Programs

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

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

### **Three-Year Proposed Program Expansion: \$1,955,000**

The creation of this new FSP will offer the following:

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

<b>FSP- 07 - Targeted number of individuals to be served in FY 2014-15:</b>			
Age of Individuals	# of Individuals FSP*	# of Individuals GSD**	# of Individuals O&E**
Child and Youth (0-15 yrs)***	0	0	0
TAYA (16-25 yrs)	5	0	0
Adults (26-59 yrs)	125	0	0
Older Adults (60+ yrs)	20	0	0
<b>Total</b>	<b>150</b>	<b>0</b>	<b>0</b>
*New GSD services (No previous number of individuals)			
**No General System Development/Outreach & Engagement services or funds in this FSP			
***This program does not serve children and youth (0-15 yrs)			

## CSS- Josie's Place Drop-In Center - GSD-01

Operated by Behavioral Health & Recovery Services Children's System of Care

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

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

In addition, the center is also home to the Stanislaus County Transitional Aged Young Adult Partnership (STAY), a key collaborative that brings together BHRS, Community Service Agency, Probation, Health Service Agency and other key community providers working with transitional aged young adults. The goal is to strengthen collaborative efforts and resources for young adults with mental illness.

The Young Adult Advisory Council (YAAC), a consumer-based council, provides leadership opportunities for youth to get involved in daily activities. For FY14-15, there are no proposed changes in the population to be served and strategies to be used.

Estimated number of individuals projected to be served in FY14-15 is 250. The estimated numbers of individuals to be served in FY15-16 and FY16-17 will be based on approved program targets, fiscal sustainability and stakeholder input.

### **Three-Year Proposed Program Expansion: \$393,000**

This proposed expansion will provide an increase in access to the drop-in center for an underserved population. It expands center hours so it can be open in the evening and on weekends, expanding capacity. These are often times when "clubhouse" type options are especially needed by the TAYA population. It will include funding for peer support and youth groups. In addition, two full time staff members will be hired as part of the expansion.

### **GSD-01- Targeted number of individuals to be served in the program in FY 2014-15:**

Age of Individuals	# of Individuals FSP*	Previous # of Individuals GSD	Expanded # of Individuals GSD	Total # of Individuals GSD	# of Individuals O&E*
Child and Youth (0-15 yrs)	0	0	0	0	0
TAYA (16-25 yrs)	0	250	75	325	0
Adults (26-59 yrs)	0	0	0	0	0
Older Adults (60+ yrs)	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>250</b>	<b>75</b>	<b>325</b>	<b>0</b>

\*No Full Service Partnership/Outreach and Engagement services in this GSD



## **CSS- Community Emergency Response Team (CERT) & Warm Line - GSD-02**

Operated by Behavioral Health and Recovery Services in the Adult System of Care and by contract with Turning Point Community Programs

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Referred to as the "Community Emergency Response Team (CERT)/Warmline", the BHRS-operated CERT combines consumers with a team of licensed clinical staff to provide interventions in crisis situations. 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 and community based services and supports are available for individuals who need ongoing agency-based mental health services or hospitalization.

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 patrol officers from the Modesto Police Department.

The consumer-operated "Warm Line", administered through a contract with Turning Point Community Programs, is a telephone assistance program that provides non-crisis peer support, referrals, and follow-up services. The program serves children, transitional age young adults, adults and older adults. The primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI).

Each Warm Line team member has his or her own lived experience as a consumer of mental health services and/or a family member of a person with lived experience to draw upon in supporting others. Staff members offer support and carry the message of hope that recovery is possible to every contact they make. Emphasis is placed on hope, peer support, recovery, and resiliency.

### **Three-Year Proposed Program Expansion: \$963,000**

This service is a set of non-clinical activities that engage, educate, and offer support to individuals, their family members, and caregivers in order to successfully connect them to culturally relevant health services including prevention, diagnosis, timely treatment, recovery management, and follow-up.

The proposed expansion will increase capacity to better serve individuals in the following ways:

- Coordinate physician visits and other medical appointments
- Coordinate care and facilitate communication with health care providers such as screening clinics, diagnosis centers, laboratories, and allied health services
- Arrange or provide transportation to and from medical appointments
- Access and maintain insurance coverage
- Assist individuals, families, and caregivers in completing medical, financial and other forms necessary for health care access and services
- Provide education about medical conditions and recovery strategies and motivate and educate individuals and their family/caregivers about the importance of preventive services
- Maintain telephone contact between patients and health care
- Identify and address barriers to health care for disparate populations
- Arrange for translation services where necessary
- Coordinate childcare, elder care, and respite services when necessary
- Provide emotional support to alleviate fears and barriers to accessing quality health care

**GSD-02 - Targeted number of individuals to be served in the program in FY 2014-15:**

Age of Individuals	# of Individuals FSP*	Previous # of Individuals GSD	Expanded # of Individuals GSD	Total # of Individuals GSD	# of Individuals O&E*
Child and Youth (0-15 yrs)	0	Open target	Open target	Open target	0
TAYA (16-25 yrs)	0	Open target	Open target	Open target	0
Adults (26-59 yrs)	0	Open target	Open target	Open target	0
Older Adults (60+ yrs)	0	Open target	Open target	Open target	0
Total	0	3000	1000	4000	0

\*No Full Service Partnership/Outreach and Engagement services in this GSD



## CSS- Families Together (FT) - GSD- 04

Operated by Behavioral Health and Recovery Services; a collaboration of Consumer & Family Affairs  
System of Care and Children's System of Care

Families Together (FT) is the MHSA funded program at the Family Partnership Center (FPC). The goal is to provide mental health services to families in a one-stop-shop experience.

Joined by the Parent Partnership Project, Kinship Support Services, and the Family Partnership Center Mental Health Team, the program provides a wide variety of support services to meet the needs of diverse families. Services include peer group support and assistance with navigating mental health, juvenile justice, and child welfare systems.

The Parent Partnership Project promotes collaboration between parents and mental health service providers. Kinship Support Services provide services to caregivers, primarily grandparents raising grandchildren. Support groups are offered including a men's group that continues to grow.

The Family Partnership Mental Health team provides mental health and psychiatric services, and linkages to the other programs at the center.

### Three-Year Proposed Program Expansion: \$1,074,000

This expansion seeks to enhance the program in the following ways:

- Enhance parent partners capacity in order to expand support to families in Child Welfare and Probation Systems by having parent partners engage with families entering each identified system
- Provide support to families engaged in Pathways To Wellbeing (Katie A.) Child and Family Teams (CFT)
- Hire four staff members for the program

<b>GSD-04 - Targeted number of individuals to be served in the program in FY 2014-15:</b>					
Age of Individuals	# of Individuals FSP*	Previous # of Individuals GSD	Expanded # of Individuals GSD	Total # of Individuals GSD	# of Individuals O&E*
Child and Youth (0-15 yrs)	0	Open target	Open target	Open target	0
TAYA (16-25 yrs)	0	Open target	Open target	Open target	0
Adults (26-59 yrs)	0	Open target	Open target	Open target	0
Older Adults (60+ yrs)	0	Open target	Open target	Open target	0
<b>Total</b>	<b>0</b>	<b>80</b>	<b>25</b>	<b>105</b>	<b>0</b>

\*No Full Service Partnership/Outreach and Engagement services in this GSD

**CSS- Consumer Empowerment Center/Community Activities and  
Rehabilitation Transportation (CART) - GSD-05**

Operated by Turning Point Community Programs in the BHRS Consumer & Family Affairs System of Care

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

The staff assists members with obtaining community resources and linkages to housing, employment, and education. The team also provides peer support and self-sufficiency tools designed to enhance personal empowerment.

The contractor, Turning Point, also offers a transportation service called Community Activities and Rehabilitation Transportation (CART) to clients of Behavioral Health and Recovery Services (BHRS) and family members. This program helps consumers participate in social and stakeholder activities, process improvement committee meetings, and overall consumer-driven services.

**Three-Year Proposed Program Expansion: \$174,000**

The expansion would provide the following services:

- Vital transportation needs to decrease wait times in hospital emergency departments
- Connect individuals with timely support and treatment
- CART driver will share lived experiences to engage clients in recovery and resiliency concepts

<b>GSD-05 - Targeted number of individuals to be served in the program in FY 2014-15:</b>					
<b>Age of Individuals</b>	<b># of Individuals FSP*</b>	<b>Previous # of Individuals GSD</b>	<b>Expanded # of Individuals GSD</b>	<b>Total # of Individuals GSD</b>	<b># of Individuals O&amp;E*</b>
Child and Youth (0-15 yrs)	0	Open target	Open target	Open target	0
TAYA (16-25 yrs)	0	Open target	Open target	Open target	0
Adults (26-59 yrs)	0	Open target	Open target	Open target	0
Older Adults (60+ yrs)	0	Open target	Open target	Open target	0
<b>Total</b>	<b>0</b>	<b>400</b>	<b>300</b>	<b>700</b>	<b>0</b>

\*No Full Service Partnership/Outreach and Engagement services in this GSD



## **CSS-Supportive Housing Services - O&E 02**

Operated by Behavioral Health and Recovery Services

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Behavioral Health and Recovery Services (BHRS) provides an array of support services to individuals living independently. Supportive housing provides a successful, cost-effective combination of affordable housing with services that help people live more stable, productive lives. Supportive housing works well for people who face the most complex challenges - individuals and families with low incomes and serious, persistent issues that include mental illness, substance use, and other disabling conditions. They may also be homeless or at risk of homelessness.

### **Three-Year Proposed Program Expansion: \$1,092,000**

- **Intensive Supportive Transitional Housing**

This BHRS program provides supportive transitional housing using a "housing first" approach serving individuals with severe mental illness. The proposed program will increase staff for an intensive program tailored to provide effective prevention and intervention strategies for those most at-risk and most in need as a means to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses. Staff will be increased by adding one (1) Behavioral Health Specialist, two (2) Clinical Services Technicians, and 0.5 Administrative Clerk.

The "housing first" approach provides housing to participants without requiring participation in mental health and substance use disorder treatment. However, treatment is continually offered and provided when participants consent.

Among the proposed services:

- Time-unlimited services provided from a recovery and resiliency perspective
- Vocational training
- Housing support and stability services
- Medication management
- Benefits assistance
- Intensive case management
- Integrated mental health and substance abuse treatment
- 24-hour crisis services

### **Three-Year Proposed Program Expansion: \$195,000**

- **Vine Street Emergency Housing**

BHRS has identified a need to increase the Emergency Housing inventory for individuals who are in the process of obtaining services, housing, AOD inpatient treatment, and entitlement benefits. As they wait for assessments or bed availability, it is a challenge to keep people safe and engaged due to their homelessness. With this Emergency Housing, individuals will be able to stay up to 28 days while they're waiting to connect to services. The expanded funding will cover rent of the facility, repairs due to any property damage, and one (1) Clinical Services Technician.

### **Three-Year Housing Program/Request for Proposal: \$285,000**

- **Transitional Board and Care**

In the housing continuum, there is a wide span between a locked institutional setting and the basic board & care level of care. Transitional Board & Care is designed to bridge the gap between the two by providing a low client to staff ratio to address individual residential needs.

It provides structured programming which assists residents in improving functional abilities in the following areas: basic self-care including meals, medication monitoring, monitoring health and hygiene, interpersonal communication and conflict resolution, social and recreational skills, etc.

**O&E -02 - Targeted number of individuals to be served in the program in FY 2014-15:**

Age of Individuals	# of Individuals FSP*	# of Individuals GSD*	Previous # of Individuals O&E	Expanded # of Individuals O&E***	Total # of Individuals O&E
Child and Youth (0-15 yrs)**	0	0	0	0	0
TAYA (16-25 yrs)	0	0	Open target	Open target	Open target
Adults (26-59 yrs)	0	0	Open target	Open target	Open target
Older Adults (60+ yrs)	0	0	Open target	Open target	Open target
Total	0	0	96	88	184

\*No Full Service Partnership/General System Development services or funds in this O&E

\*\*This program does not serve children and youth (0-15 yrs)

\*\*\*This column reflects the combined number of individuals using one or more of the housing expansions.



### CSS-Outreach and Engagement - O&E 03

This Request for Proposal (RFP) will provide outreach and engagement services to underserved and unserved populations at risk for mental health issues. The services will reach, identify, and engage at-risk racially and ethnically underserved individuals who do not seek services in traditional mental health settings. Rural communities and families of those from at-risk populations will also be served through this program.

**Three-Year Proposed Program/Request for Proposal: \$420,000**

The creation of this O&E will provide the following services:

- Intensive outreach and engagement
- Behavioral health education utilizing culturally appropriate strategies
- Behavioral health access information dissemination utilizing best practice approaches
- Community based behavioral health screenings and referrals
- Culturally appropriate consumer and family peer supports development
- Service coordination and linkages to community based peer and family support
- Behavioral health (BHRS and partners) training promotion and marketing

<b>O&amp;E-03 - Targeted number of individuals to be served in the program in FY 2014-15:</b>			
Age of Individuals	# of Individuals FSP*	# of Individuals GSD*	# of Individuals O&E
Child and Youth (0-15 yrs)	0	0	Open target
TAYA (16-25 yrs)	0	0	Open target
Adults (26-59 yrs)	0	0	Open target
Older Adults (60+ yrs)	0	0	Open target
Total	0	0	TBD

\*No Full Service Partnership/General System Development services or funds in this O&E

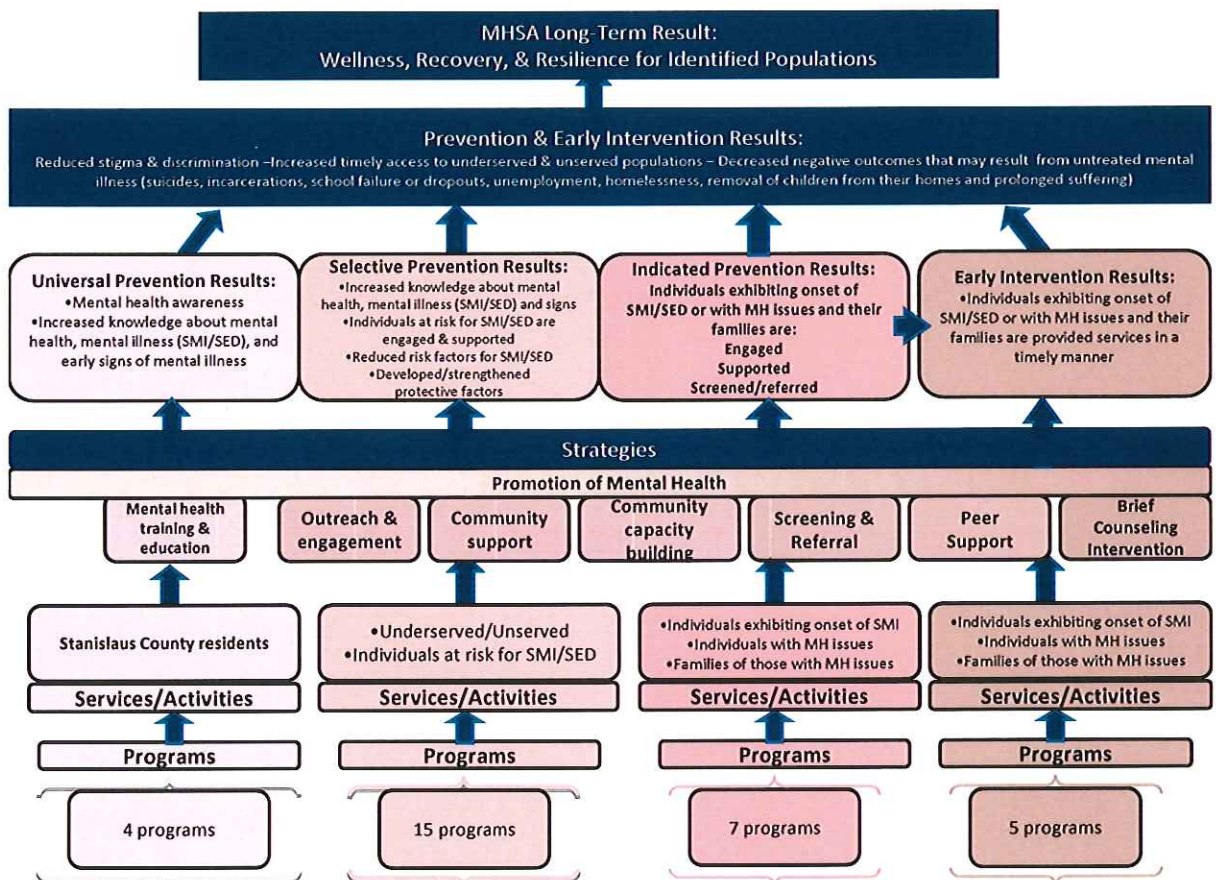
# Prevention and Early Intervention Overview

PEI programs are transformational in the way they influence restructuring of the mental health system 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, 20%, of Stanislaus County MHSAs funding.

The programs are created to prevent mental illness from becoming severe and disabling by recognizing the early signs 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 increase protective factors and reduce the stigma and discrimination of mental illness.

Stanislaus County has 8 PEI projects that include 18 programs. Many have more than one contracted agency to implement the program in communities across Stanislaus County. Each program has a unique approach that incorporates community-based interactions with service recipients that strive to include MHSAs values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family driven services, and an integrated service experience. The projects are as follows: Community Capacity Building, Emotional Wellness Education/Community Support, Adverse Childhood Experience Interventions, Child/Youth Resiliency and Development, Adult Resiliency and Social Connectedness, Older Adult Resiliency and Social Connectedness, Health/Behavioral Health Integration, and School/Behavioral Health Integration.

The Prevention and Early Intervention component plays an important role in reaching the desired MHSAs long-term results of wellness, recovery, and resilience for identified populations. Below is the PEI component for FY2012-2013 displayed in the Theory of Change Framework, which was presented during the stakeholder process:



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



**Proposed PEI Expansions for FY 2014-15**

This Plan Update proposes to strategically expand PEI programs and augment services to reach more consumers in Stanislaus County. One Request for Proposal (RFP) is being planned for this funding cycle.

The RSSC approved priority funding for Three-Years for the following expansions:

**PEI Expansions**

**Community Capacity Building Initiative - \$185,000**

- Promotores Community Mental Health Outreach

**Adverse Childhood Experience Interventions - \$125,000**

- Early Psychosis Intervention Services

**Health/Behavioral Health Integration - \$275,000**

- Decrease Client/Staff Ratios
- Underserved Cultural and Ethnic Populations

**School Behavioral Health Integration - \$150,000**

- Nurtured Heart
- CLaSS

The PEI expansions within the PEI Theory of Change framework and program narratives are found on the following pages.

## PEI – Community Capacity Building

This project takes the term “community driven” to a new level. With the focus on underserved cultural populations, the Community Capacity Building Initiative (CCBI) aims to increase a community's capacity to address existing needs and disparities in mental health care and well-being and to develop and strengthen protective factors.

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

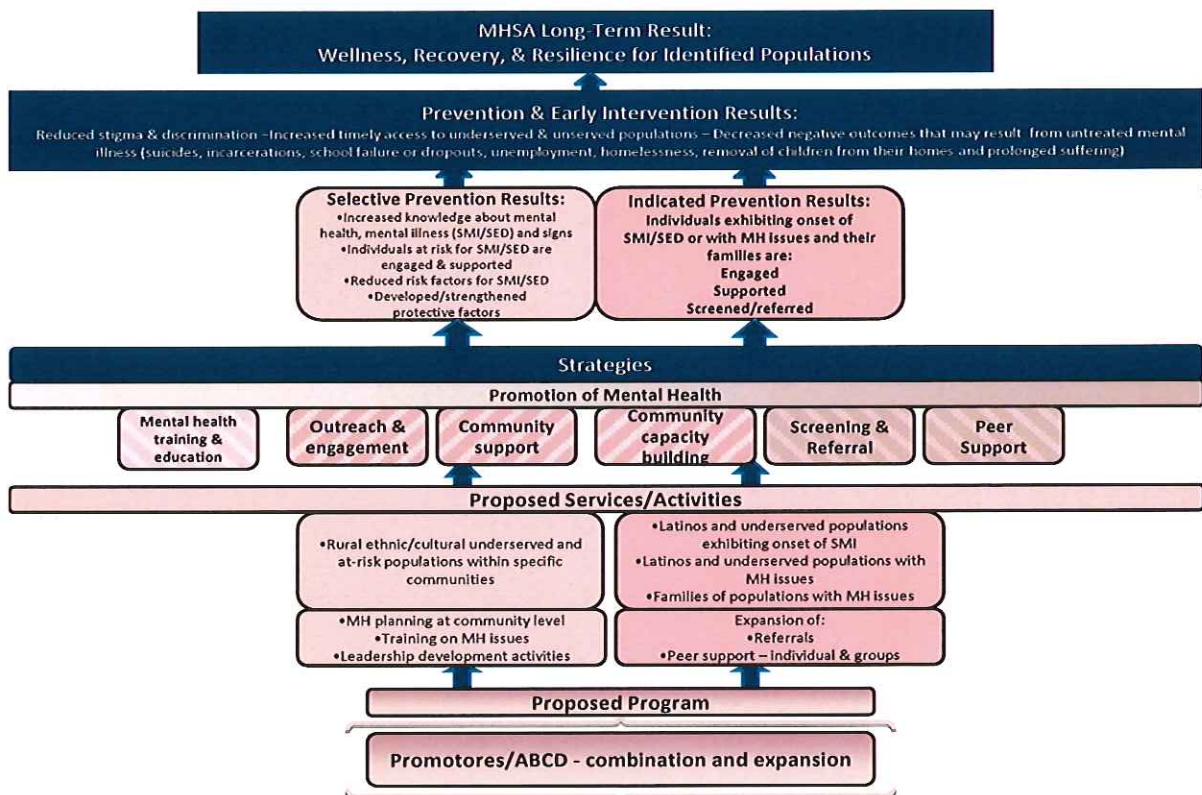
### Three-Year Proposed Program Expansion: \$555,000

#### ➤ **Promotores and Community Health Workers (P/CHW) Program**

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

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

This expansion would consist of expanding the current 0.5 FTE to 1.0 FTE in order to sustain current successful program results and deepen the level of community relationships and supports. Services and activities include the ongoing identification, recruitment of Latino/underserved populations exhibiting the onset of serious mental health issues within rural ethnic/cultural underserved and at-risk populations within Stanislaus County.





## PEI – Adverse Childhood Experience Interventions

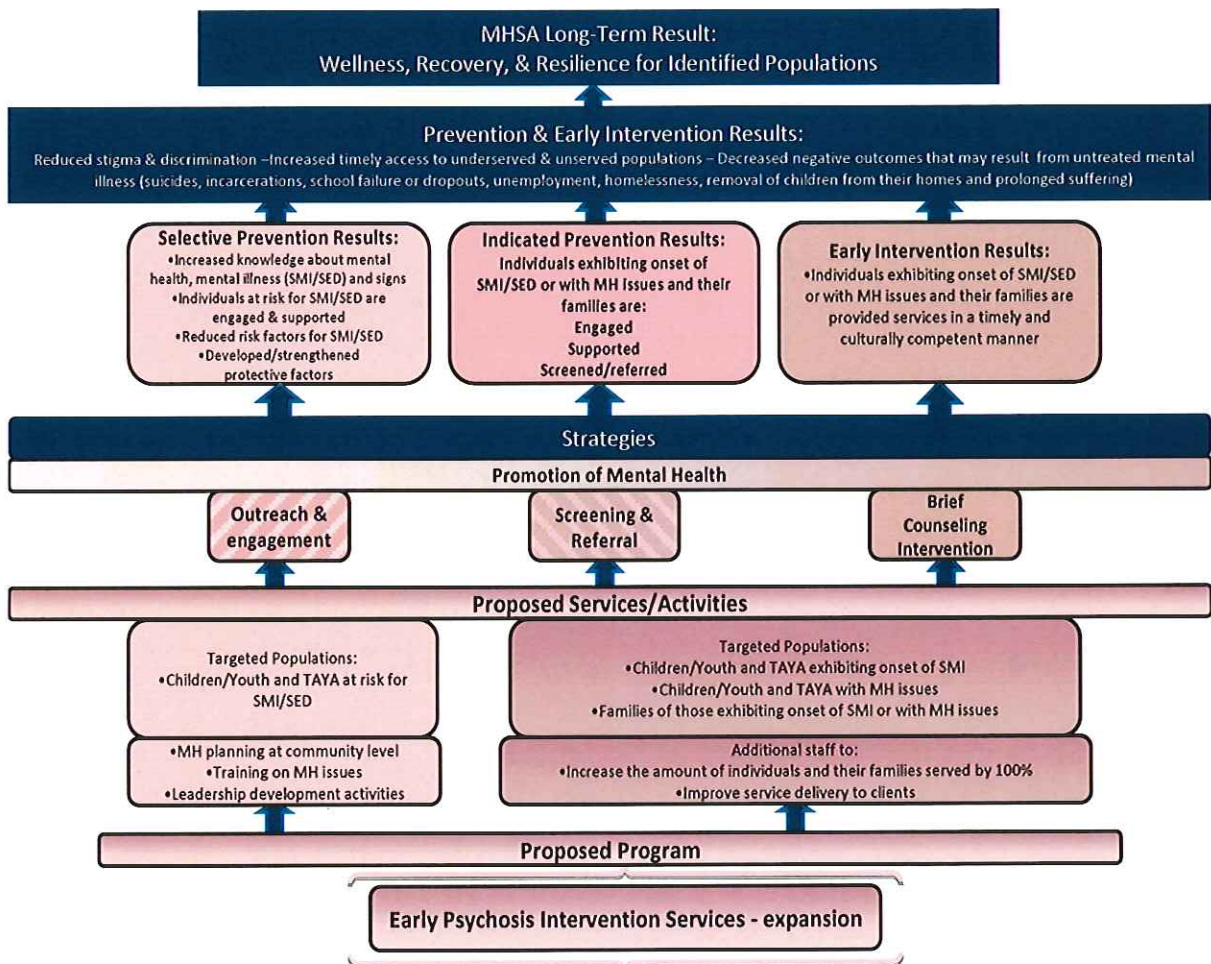
Programs under this project address the community need for expanding responses to childhood traumatic experiences including child sexual abuse, early onset of serious mental disorders, and the involvement of Juvenile Justice. Services are provided to at-risk children and youth, trauma exposed youth and their families, and persons experiencing the early onset of serious mental disorders.

### Three-Year Proposed Program Expansion: \$375,000

➤ **Early Psychosis Intervention: LIFE Path**

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

The current contract provider, Sierra Vista Child and Family Services, is the only agency that specializes in this area. The current PEI expansion will allow the program to hire one additional staff member, an occupational therapist (OT), to improve service delivery to its clients and the ability to increase the number of individuals served by 100%. Currently, existing staff are providing some occupational therapy. Adding an OT will allow existing staff to serve more individuals with the shift of occupational therapy to a staff person with specialized training in this area.



## PEI – Health/Behavioral Health Integration

This project expands on an effective model of behavioral health integration with primary care that is currently used in four Golden Valley Health Center (GVHC) clinics within Stanislaus County. Clinicians and psychiatrists are embedded in the clinics that serve primarily underserved cultural communities. The project interfaces with several other projects in the PEI plan to ensure continuity of care to older adults, children and youth, and adults who are at risk of depression and suicide due to untreated behavioral health issues.

The GVHC sites are in Newman, Patterson, Turlock, and West Turlock.

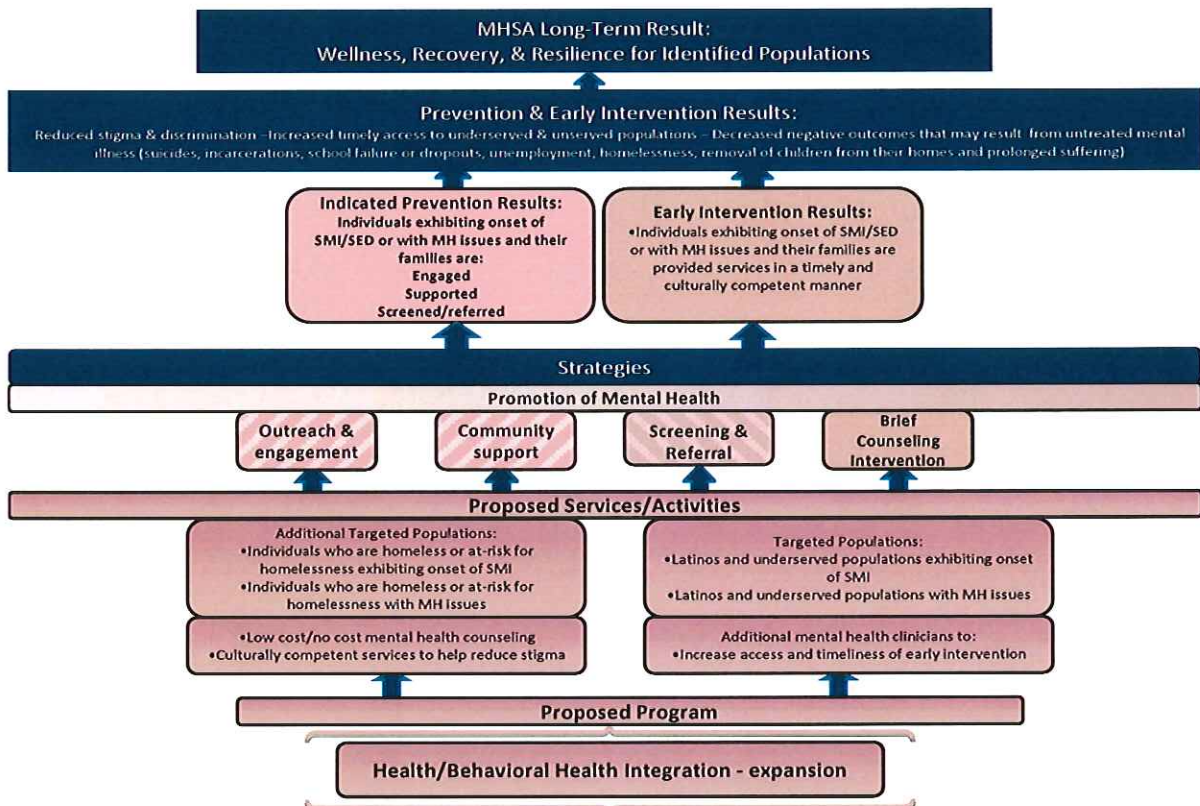
### Three-Year Proposed Program Expansion: \$375,000

This expansion will allow GVHC to provide additional mental health clinicians (also known as behavioral health providers) in clinics that are understaffed. The expansion will help increase access and decrease the clinician to primary care provider (PCP) ratio. The current ratio is 1:10, and the expansion will decrease the clinician to PCP ratio to 1:3. This underserved population will have increased access and decreased prolonged suffering from mental illness. It will also allow practitioners to fully integrate Health/Behavioral Health services within the local underserved rural communities of Stanislaus County.

### Three-Year Proposed Program Expansion: \$450,000

This expansion will allow GVHC to serve underserved cultural and ethnic populations in the homeless community in Stanislaus County. It would expand behavioral health services for the homeless and those at-risk for homelessness at the “Corner of Hope” medical service center in Modesto. It would provide low cost, no cost services and increase access to the underserved homeless sub-population experiencing the onset of severe mental illness and/or severe emotionally disturbance.

The expansion will focus on stigma reduction, direct early intervention services, and increased timely access.





## PEI – School/ Behavioral Health Integration

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

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

### **Three-Year Proposed Program Expansion: \$450,000**

- **Student Assistance and School-based Consultation Program:** BHRS has partnered with two community based organizations to implement this program in area school districts.

- **Nurtured Heart Approach (NHA)**

The program provided by the Center for Human Services (CHS) is designed to change the school culture and engage the positive to strengthen the inner wealth of its students. The goal is to build the capacity of schools to enhance the emotional resiliency of their students through the school-wide implementation of NHA. The program unites students, teachers, and parents in their efforts to build a more positive school community.

The proposed expansion will provide the following:

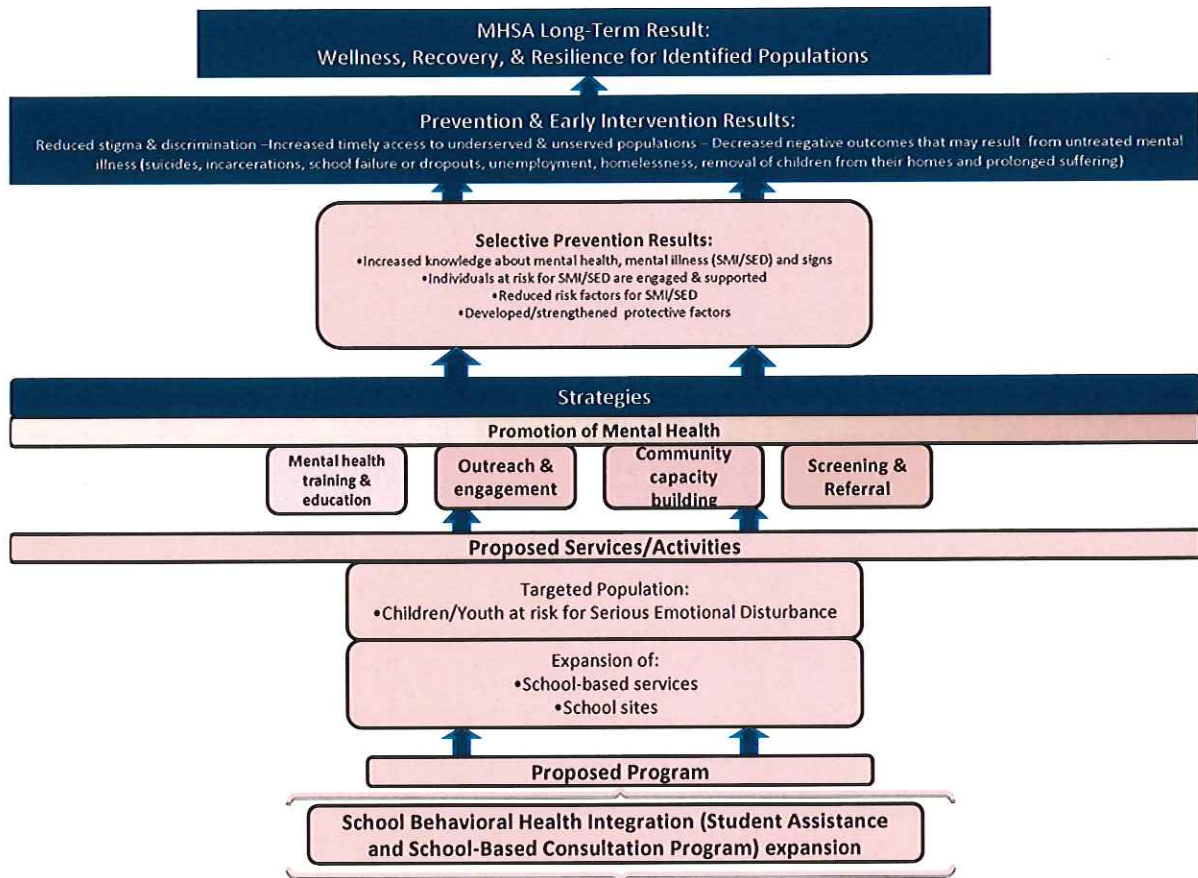
- Add one school to the program – Don Pedro Elementary in the Ceres Unified School District and serve 1,085 students
- Expand staff support from 2.0 FTE to 3.0 FTE
- A total of 1,000 contact hours of student services including intake assessments and individual/group sessions
- Highlight NHA in classroom presentations and parent trainings
- One on one support to students and the school community

- **Creating Lasting Student Success (CLaSS)**

Sierra Vista Child and Family Services (SVCFS) runs the program in Modesto City Schools. CLaSS is a prevention and early intervention model that strives to see students succeed at home, at school, and in the community. It's built upon strength-based and evidenced-based practices that have proven results. CLaSS seeks to work with children who are considered "at risk" for behavioral issues that lead to problems at school and in the home. CLaSS consultants are trained to work with children, their families and teachers by helping them develop action plans that everyone can follow. The focus is helping children succeed.

The proposed expansion will provide the following:

- Provide services to the following schools: John Muir, Shackelford, and El Vista Elementary Schools
- Provide ongoing technical assistance to former school sites - Burbank, Robertson Road, and Kirschen Elementary Schools
- Add one additional consultant to the program
- Serve 1,500 students through individual, classroom and school wide activities
- A total of 500 contact hours of student services including intake assessments and individual/group counseling
- A total of 1,150 hours of mental health consultation including study team meetings, teacher or parent consultations, classroom presentations or observations or parent education sessions
- A total of 135 hours of parent education
- A total of 70 strength-based student activities including but not limited to self-awareness, self-management, social awareness, relationship skills, and responsible decision making



Under this Plan Update, a PEI RFP would be issued to reach more consumers in Stanislaus County, improve quality, and provide additional services.

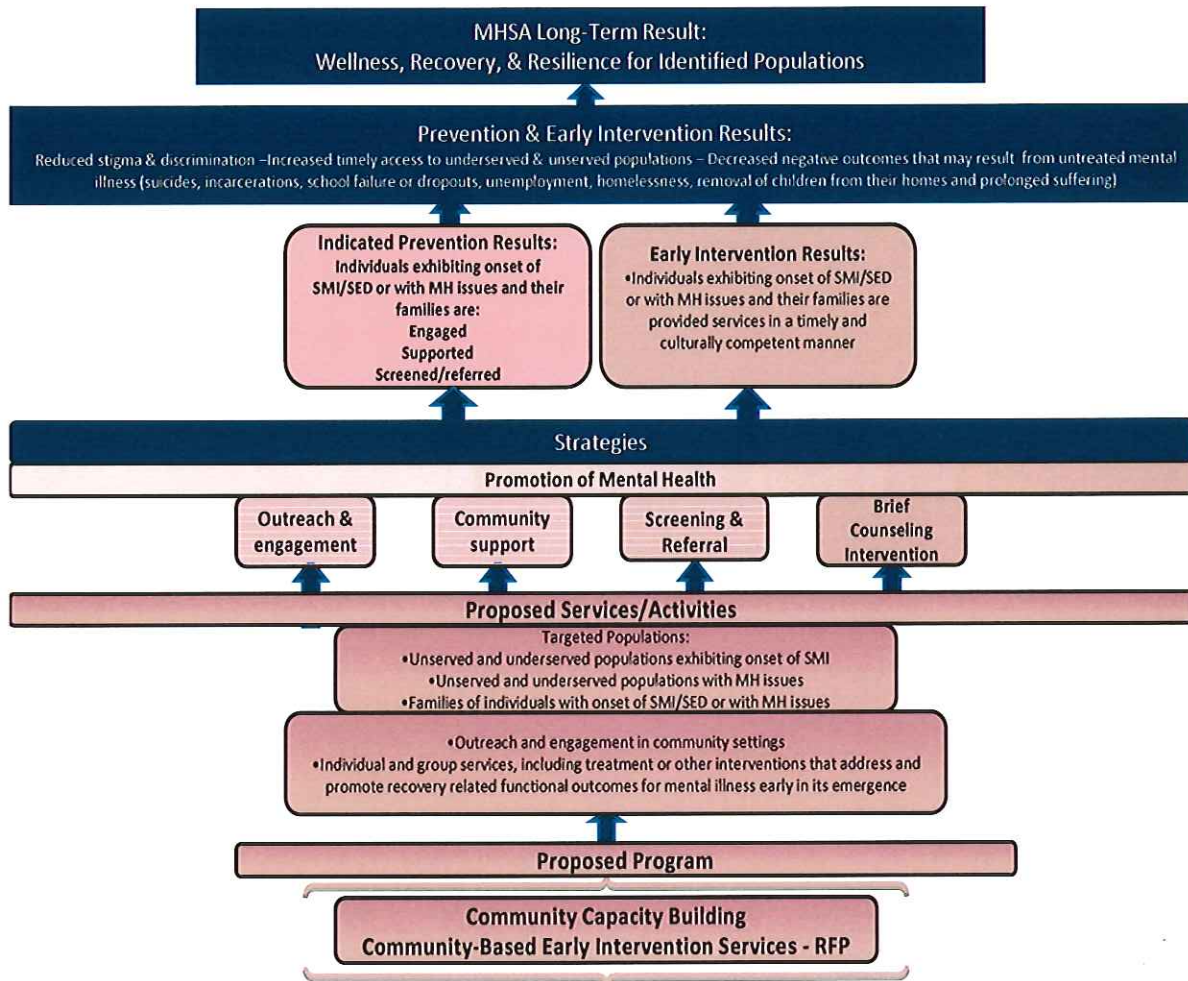
**PEI RFP – Estimated Funding Amount: \$250,000**

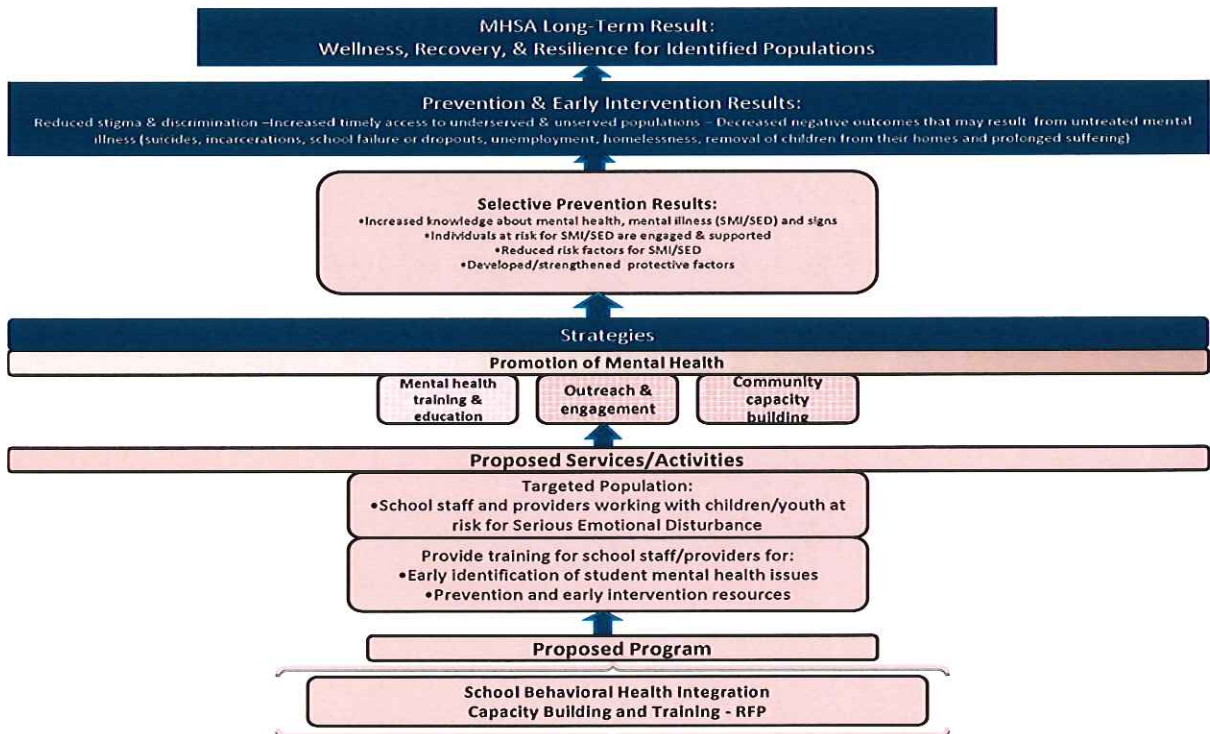
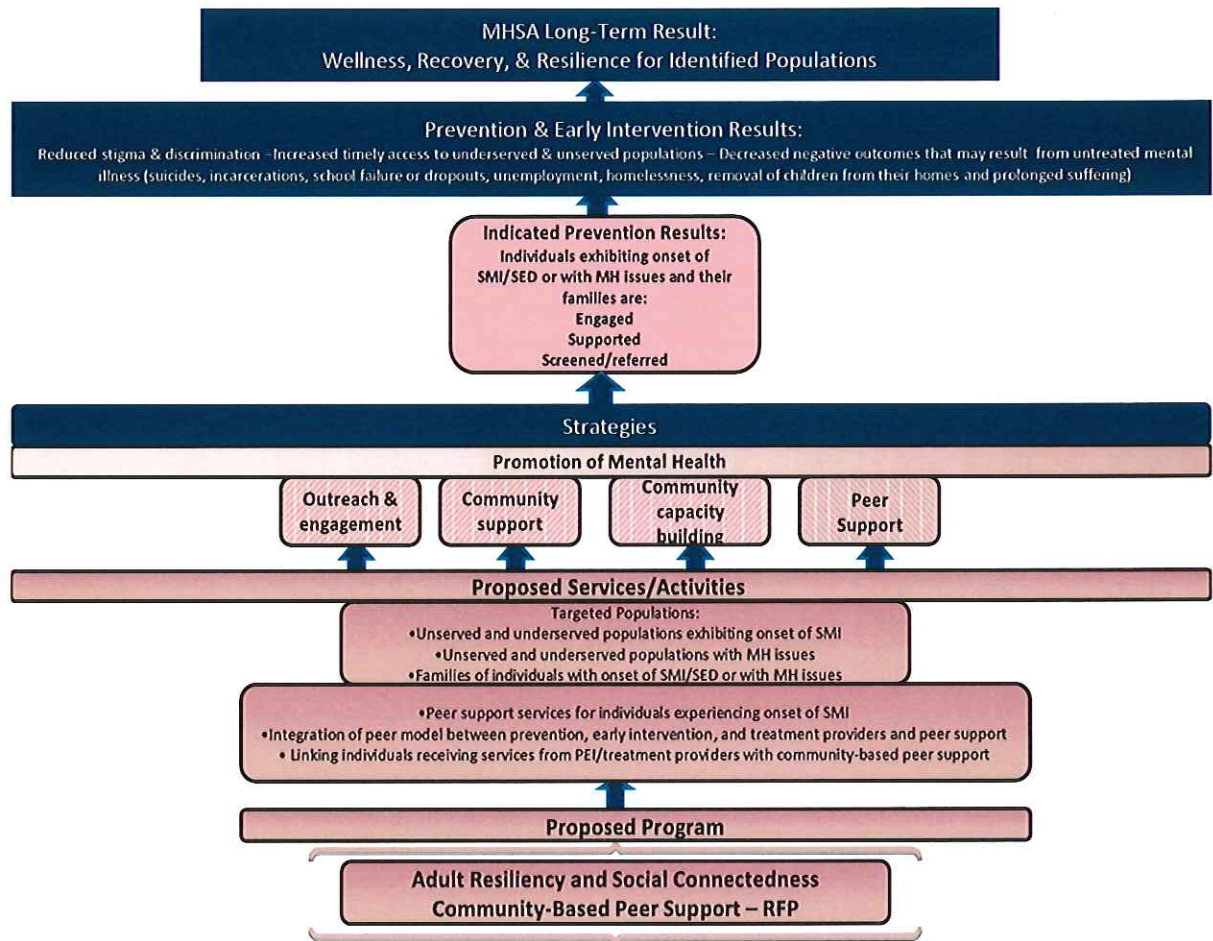
One Request for Proposal (RFP) is being planned to address one or more of the following three areas of focus:

- **Community Capacity Building Initiative/Community-Based Early Intervention Services**  
Provide individual and group early intervention and treatment services to promote recovery related functional outcomes for mental illness early in its emergence; may include services to parents, caregivers, and other family members of person with onset of mental illness; provide outreach series in community settings
- **Adult Resiliency and Social Connectedness/Community Based Peer Support**  
Provide peer support for individuals experiencing onset of severe mental illness (SMI); integrate peer model between prevention, early intervention, and treatment providers and community based settings; provide integrated peer support model linking individuals receiving services from PEI/treatment providers with community-based peer support; incorporate strategies including stigma reduction.
- **School Behavioral Health Integration/Capacity Building and Training**  
Provide training on early identification of student mental health issues including prevention and early intervention

The Plan Update expansions within the PEI Theory of Change framework are found on the following pages.









## Innovation Overview

The main goal of MHSAs innovation projects is to learn from a new practice and see if it increases access and/or improves community services or collaboration to help transform communities. It provides funds and evaluates new approaches in mental health. An Innovation project contributes to learning about and addressing unmet need rather than having a primary focus on providing services.

It's an opportunity to "try out" new approaches that can inform current and future practices/approaches in communities. An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for service providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment. (Section 9, Part 3.2, 5830c)

Like all MHSAs components, Innovation projects must be guided by MHSAs values:

- Community collaboration - Initiates, supports and expands collaboration and linkages, especially connections with systems, organizations, and practitioners not traditionally defined as mental health
- Cultural competence - Demonstrates cultural competency and capacity to reduce disparities in mental health services and outcomes
- Client/family driven mental health system - Includes ongoing involvement of clients and family members, including but not limited to roles in implementation, staffing, evaluation and dissemination
- Wellness, recovery, and resiliency focus - Prevent mental health problems, increase resilience and/or promote health recovery
- Integrated service experiences for clients and family - Encourages and provides for access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members

### Innovation Results:

The purpose of all Innovation projects is to help solve persistent, seemingly intractable mental health challenges (Section 9, Part 3.2, 5830c). In other words, Innovation projects are developed to target a mental health adaptive dilemma, or a challenge that cannot be resolved through habitual or known responses. The result we hope to achieve is the **development of new best practices in mental health** by

- Increasing interagency & community collaboration for mental health services or supports
- Increasing quality of mental health services
- Increasing access to underserved populations
- Increasing access to mental health services

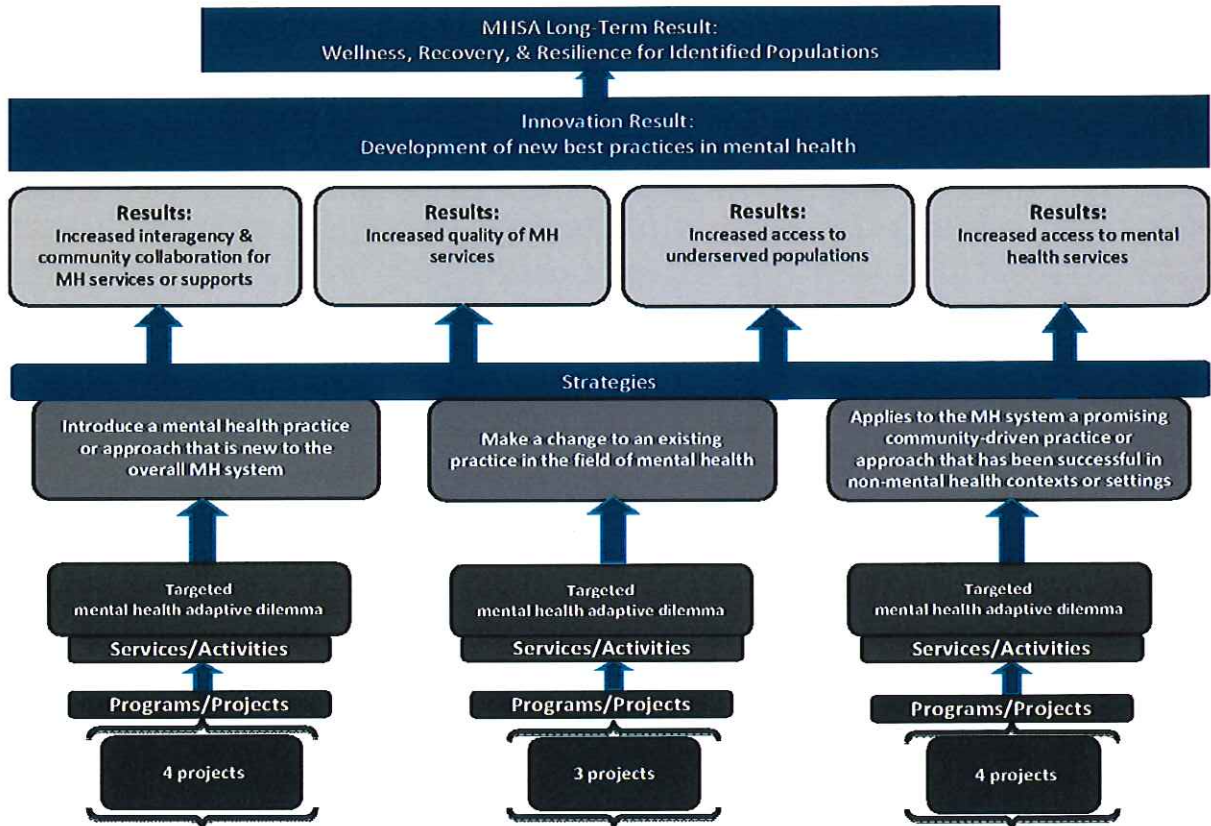
Projects must also demonstrate how they can potentially prevent mental health illnesses in the future.

### Innovation Strategies:

Innovation projects may employ one of the following strategies to contribute to learning.

- Introduces new mental health practices/approaches that have never been done before
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings.
- Innovation projects may impact individuals, families, neighborhoods and communities.

The Innovation component plays a unique role in reaching the desired MHSA long-term results of wellness, recovery, and resilience for identified populations. Innovation helps develop new best practices that can lead to the desired results. On the following page, the Innovation component is displayed in the Theory of Change Framework:



**Proposed RFP FY 2014-15 : Estimated Funding Available  
1.3 Million FY 2014-15, FY 2015-16**

On July 18, 2014, community stakeholders approved a priorities funding plan to issue one RFP for the Innovation component. The RFP will incorporate the Theory of Change Framework to ask proposers to select a mental health adaptive dilemma consistent with stakeholders' priorities. The top prioritized adaptive dilemmas were as follows: improving parental competency and social support for fathers, improving the well-being of children, TAY, and TAYA, and treatment options for people struggling with both substance abuse and mental illness. Proposers will also specify the strategy they will employ and the results they expect to achieve to contribute to the development of new best practices in mental health, including the preventive aspects of these new best practices.

Plans are to issue the RFP through the Stanislaus County Purchasing Department and use county processes to determine approved proposals. Following the approval process at the county level, proposals will then be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) for state approval.



## Capital Facilities Overview

### Crisis Stabilization Unit (CSU) Design and Construction and Operational Costs

#### Capital Facilities (CF) Proposed Expansion

This expansion would continue the design and construction of a Crisis Stabilization Unit (CSU) that was highlighted in the 2014 Annual Update and Three-Year Program and Expenditure Plan. That plan, approved by stakeholders, provided \$158,000 of Capital Facilities funding to begin the architectural design of the project.

The costs related to the CSU expansion in this Plan Update are as follows:

#### Proposed Project Funding/Design and Construction: \$944,000

Below is the detailed background and description of the Capital Facilities project and costs associated with it.

County: Stanislaus

Project Number/Name: Crisis Stabilization Unit

Project Address: 1904 Richland Avenue, Ceres, CA 95307

Date: 7/25/14

Type of Building (Check all that apply)		
<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquired with Renovation	<input checked="" type="checkbox"/> Acquired without Renovation
<input checked="" type="checkbox"/> Existing Facility	<input checked="" type="checkbox"/> County owned	<input type="checkbox"/> Privately owned
<input type="checkbox"/> Leasing (Rent) to Own Building	<input type="checkbox"/> Restrictive Setting	<input type="checkbox"/> Land only

#### NEW PROJECTS ONLY

1. Describe the type of building(s). Include (as applicable):
  - Prior use and ownership.
  - Scope of renovation.
  - When proposing to renovate an existing facility, describe how the renovation will result in an expansion of the capacity/access to existing services or the provision of new services.
  - When renovation is for administrative services, describe how the offices augment/support the County's ability to provide programs/services.
  - If facility is privately owned, describe the method used for protecting the County's capital interest in the renovation and use of the property.

The building was one of several buildings on the property purchased in 2000 by Stanislaus County. This particular building has been used as a residential substance use disorder (SUD) treatment facility. Over the years, funding cuts have resulted in a need for less residential space in the



building for SUD services. This project proposes to use one wing of the facility for a new Crisis Stabilization Unit (CSU). All renovations for the proposed project will consist of those needed for operation of the program. Currently, the wing proposed for renovation consists mainly of bedrooms and some office space. The renovation will involve enlargement of some of the spaces to create a welcoming environment for consumers, who are brought or come to the facility in crisis and their families and/or significant others, interview rooms, office space for clinical staff and for peer support staff, a side exit from the building, and a pathway to the adjacent Psychiatric Health Facility. A crisis stabilization unit is a critical need in Stanislaus County. A year-long strategic planning endeavor, involving Behavioral Health & Recovery Services, the County Chief Executive's Office, the local safety net provider of acute inpatient psychiatric services, and consultants, was endorsed by the Stanislaus County Board of Supervisors in November 2012. This strategic planning effort was focused on 24/7 secure mental health services as well as the services preceding and following these services. Three goals were identified, i.e., development of a new Psychiatric Health Facility, creation of a Discharge Team that would follow up with all discharges of County patients from the inpatient psychiatric hospital, and the development of a crisis stabilization unit. This process included input from a wide variety of stakeholders, including members of our MHSA Representative Stakeholder group. The first two goals have been implemented. The CSU is the last outstanding goal to be accomplished.

Stanislaus County does not have a CSU as part of the continuum of services. We know that the absence of such a program has resulted in higher hospitalization rates. A temporary Crisis Intervention Program (CIP), instituted in October 2013, has shown promise in diverting individuals from hospitalization. A CSU would provide a higher, more intensive level of care, including the ability to provide medications, which the CIP cannot. Thus, our expectation is that a significant number of our customers in crisis would be diverted from hospitalization.

2. Describe the intended purpose, including programs/services to be provided and the projected number of clients/individuals and families and age groups to be served, if applicable.

The proposed CSU will have clinical and psychiatric services available in the unit. To begin with, the CSU will accommodate four adults at any one time with the potential for expansion in the future. The CSU will provide up to 23 hours of crisis stabilization services for adults, aged 18 and older. Currently, the CIP provides services to as many as six (6) clients per day. It is expected that the CSU would serve at least that number if not more, given the ability to provide psychiatric services. Also, the CSU will be able to provide group interventions as necessary. Separately from the CSU, the County's Community Emergency Response Team (CERT) and a peer-staffed Warm Line as well as peer navigators will be co-located in the space. Thus, the building becomes a one-stop crisis service with follow-up services as needed. CERT provides most of the County's crisis assessment services. Having a CSU co-located will allow them to utilize a "warm hand off" to a CSU, ensuring that interventions are seamless. Should the CSU interventions be unsuccessful, CERT is readily available to arrange hospitalization. The Warm Line is a telephone assistance program that provides non-crisis peer support, referrals and follow-up contacts. Both of these programs are MHSA funded. Newly approved MHSA funding will be adding peer navigator support to the County's continuum of services. The peer navigators will be able to provide more follow-up as well as early intervention in other locations in the county.

3. Provide a description of project location. Include proximity to public transportation and type of structures and property uses in the surrounding area.

The project will be located on the campus of the county-owned Stanislaus Recovery Center. This campus is located on 11 acres in Ceres, California. It has public transportation to the site. Though there are neighborhoods adjacent to the site, there are walls around the treatment sites that prevent visual and physical access to the site. There are several permanent buildings on the site. In addition to the residential facility, of which one wing is proposed for this project, there is a new Psychiatric Health Facility adjacent to the proposed CSU, an office building for SUD staff and SUD outpatient treatment rooms, and, at the other side of the property, a building that houses staff for the County's Prevention and Early Intervention and SUD Prevention programs. In addition, there



<p>are several modular buildings on the site. One currently adjacent to the proposed CSU houses the CERT staff, the Warm Line staff and the CIP staff. Once the remodeling is complete, CERT and the Warm Line will be relocated to the newly remodeled building and the CIP for adults will be discontinued. This modular will then be repurposed as a CIP for minors. The other modular buildings on the site are proposed for an expansion of SUD services.</p>
<p>4. Describe whether the building(s) will be used exclusively to provide MHSA programs/services and supports or whether it will also be used for other purposes. If being used for other purposes, indicate the percentages of space that will be designated for mental health programs/services and for other uses. Explain the relationship between the mental health program/services and other uses. (NOTE: Use of MHSA funds for facilities providing integrated services for alcohol and drug programs and mental health is allowed as long as the services are demonstrated to be integrated.)</p>
<p>The project will be used exclusively to provide MHSA programs/services and supports.</p>
<p>5. Describe the steps the County will take to ensure the property/facility is maintained and will be used to provide MHSA programs/services for a minimum of twenty (20) years.</p>
<p>The County has budgeted ongoing maintenance costs, which are prorated among all of the programs on the Stanislaus Recovery Center campus. All maintenance work will be performed by the current contractor that the County Behavioral Health &amp; Recovery Services (BHRS) uses for these services. CERT and the Warm Line are currently budgeted as MHSA Community Services and Supports – General System Development programs. These two programs are of long-standing duration. They were put in place in FY2005/2006 as part of the initial MHSA planning. Both are essential to BHRS mission. Recent MHSA planning has added funding for peer navigators. Operational costs of the CSU will be part of the MHSA budget targeted to begin in FY2015/2016.</p>
<p>6. If proposing Leasing (Rent) to Own Building provide a justification why “leasing (rent) to own” the property is needed in lieu of purchase. Include description of length and terms of lease prior to transfer of ownership to the County.</p>
<p>N/A</p>
<p>7. If proposing a purchase of land with no MHSA funds budgeted for building/construction, explain this choice and provide a timeline with expected sources of income for construction or purchasing of building upon this land and how this serves to increase the County’s infrastructure.</p>
<p>N/A</p>
<p>8. If proposing to develop a restrictive setting, submit specific facts and justifications that demonstrate the need for a building with a restrictive setting. (Must be in accordance with Welf. &amp; Inst. Code §5847, subd. (b)(5).)</p>
<p>N/A</p>
<p>9. If the proposed project deviates from the information presented in the CFTN component approved in the Three-Year Program and Expenditure Plan, describe the stakeholder involvement and support for the deviation.</p>
<p>This is the first Capital Facilities (CF) project that Stanislaus County has proposed. In the most recent MHSA Annual Update and Three-Year Program and Expenditure Plan, the concept of a Crisis Stabilization Unit was proposed to the Representative Stakeholder Steering Committee. There was agreement for the development of a CSU. At that time, the extent of the funding for a new CF project was not known. Thus, only the funding for the architectural design portion of the project was articulated and brought to the Board of Supervisors on June 17, 2014. The remainder of the funding for the remodeling/construction phase of a county-owned building was part of a second stakeholder process that began on May 30, 2014 and ended on July 18, 2014. The RSSC</p>

unanimously agreed to endorse funding for the rest of this CF project as well as operational costs of the CSU post-construction.

Provide an estimated annual program budget, utilizing the following line items.

<b>EXISTING PROJECTS ONLY</b>					
1. Provide a summary of the originally approved CF project.					
N/A					
2. Explain why the initial funding was insufficient to complete the project.					
N/A					
3. Explain how the additional funds will be used.					
N/A					
<b>NEW/EXISTING PROJECT BUDGET</b>					
<b>A. EXPENDITURES</b>					
	Type of Expenditure	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers/CBO's	Total
1	Pre-Development Costs	\$158,000			\$158,000
2	Building/Land Acquisition	\$0			\$0
3	Renovation	\$786,000			\$786,000
4	Construction	\$0			\$0
5	Repair/Replacement Reserve	\$0			\$0
6	Other Expenditures	\$453,000			\$453,000
	<b>Total Proposed Expenditures</b>	<b>\$1,397,000</b>			<b>\$1,397,000</b>
<b>B. REVENUES</b>					
1	New Revenues				
	a. Medi-Cal (FFP only)	\$0			\$0
	b. State General Funds	\$0			\$0
	c. Other Revenues	\$453,000			\$453,000
	<b>Total Revenues</b>	<b>\$453,000</b>			<b>\$453,000</b>
<b>C. TOTAL FUNDING REQUESTED</b>		<b>\$944,000</b>			<b>\$944,000</b>



## D. Budget Narrative

1. Provide a detailed budget narrative explaining the proposed program expenditures for each line item. Please include a brief description of pre-development costs, building/land acquisition, renovation, construction, repair/replacement reserve, and other expenditures associated with this CF project.

### Pre-development costs

The County will appropriate \$158,000 for pre-development costs of professional architecture and engineering services for the CSU. Additionally, the County will provide oversight of the capital facilities project which requires the allocation of expenditures for construction administration, printing, supplies and general administrative costs through the design phase.

### Building/land acquisition

The CSU will be located on the campus of the county-owned Stanislaus Recovery Center. A renovation of an existing wing of a residential facility, with no new costs of building or land acquisition.

### Renovation

The County will renovate an existing wing of a residential facility. This renovation will include the selective demolition of walls and interior finishes to provide a suitable environment for the services of the CSU. The costs include the construction related costs of the renovation, on-site improvements for law enforcement and public access, signage and graphics, data and communications, security systems include surveillance systems, emergency power and fire suppression systems. The County will undergo a competitive procurement for the CSU project as required in the California public contract code in addition to providing construction administration services. The County will provide construction management services, legal services, supplies and other services as part of the project.

The estimated cost of the renovation using MHSA funding is \$944,000.

### Other Expenditures

A new emergency electrical generator system will be installed at the Stanislaus County Recovery Center campus site and the CSU will be served by emergency power. The County will fund the proportionate share of this work, not directly linked to the CSU, in the amount of \$292,000 paid by the County Mental Health Department from funds dedicated for capital acquisitions that provide mental health services.

The Furniture, Fixtures and Equipment in the amount of \$161,000 necessary to furnish the CSU will be funded from funds dedicated for capital acquisition that provide mental health services.

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan**

**Funding Summary 8-1-14 with Minimal WET & CFTN transfers**

County: Stanislaus

Date: 8/6/14

	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	Prudent Reserve	Total
<b>A. Estimated FY 2014/15 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	13,184,365	5,227,901	2,762,879	526,586	1,939,957		23,641,688
2. Estimated New FY2014/15 Funding	14,346,876	3,586,719	943,873				18,877,468
3. Transfer in FY2014/15 <sup>a/</sup>	(1,343,420)			200,000	1,143,420		0
4. Access Local Prudent Reserve in FY2014/15						0	0
5. Estimated Available Funding for FY2014/15	26,187,821	8,814,620	3,706,752	726,586	3,083,377		42,519,156
<b>B. Estimated FY2014/15 MHSA Expenditures</b>	<b>14,644,807</b>	<b>5,160,610</b>	<b>2,569,801</b>	<b>500,157</b>	<b>2,305,981</b>		<b>25,181,356</b>
<b>C. Estimated FY2015/16 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	11,543,014	3,654,010	1,136,951	226,429	777,396		17,337,800
2. Estimated New FY2015/16 Funding	12,300,000	3,100,000	810,000				16,210,000
3. Transfer in FY2015/16 <sup>a/</sup>	(498,000)			93,000	405,000		0
4. Access Local Prudent Reserve in FY2015/16						0	0
5. Estimated Available Funding for FY2015/16	23,345,014	6,754,010	1,946,951	319,429	1,182,396		33,547,800
<b>D. Estimated FY2015/16 Expenditures</b>	<b>15,927,617</b>	<b>4,885,967</b>	<b>1,063,074</b>	<b>307,095</b>	<b>1,180,745</b>		<b>23,364,498</b>
<b>E. Estimated FY2016/17 Funding</b>							
1. Estimated Unspent Funds from Prior Fiscal Years	7,417,397	1,868,043	883,877	12,334	1,651		10,183,302
2. Estimated New FY2016/17 Funding	12,300,000	3,100,000	810,000				16,210,000
3. Transfer in FY2016/17 <sup>a/</sup>	(1,515,000)			315,000	1,200,000		0
4. Access Local Prudent Reserve in FY2016/17						0	0
5. Estimated Available Funding for FY2016/17	18,202,397	4,968,043	1,693,877	327,334	1,201,651		26,393,302
<b>F. Estimated FY2016/17 Expenditures</b>	<b>16,325,424</b>	<b>4,924,255</b>	<b>155,439</b>	<b>314,033</b>	<b>1,199,507</b>		<b>22,918,658</b>
<b>G. Estimated FY2016/17 Unspent Fund Balance</b>	<b>1,876,973</b>	<b>43,788</b>	<b>1,538,438</b>	<b>13,301</b>	<b>2,144</b>		<b>3,474,644</b>

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

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



**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Community Services and Supports (CSS) Component Worksheet**

County: Stanislaus

Date: 8/6/14

	Fiscal Year 2014/15					
	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
<b>FSP Programs</b>						
1. FSP-01 Westside Stanislaus Homeless Outreach Program	3,424,997	2,090,825	1,300,422			33,750
2. FSP-02 Juvenile Justice	656,410	439,448	117,600			99,362
3. FSP-05 Integrated Forensic Team	1,280,061	981,861	293,000			5,200
4. FSP-06 High Risk Health & Senior Access	2,222,237	1,655,332	562,200			4,705
6. FSP-01 Josie's TRAC	174,000	139,000	35,000			
7. FSP-01 Access and Supports	160,000	128,000	32,000			
8. FSP-07 Turning Point-ISA	785,000	628,000	157,000			
<b>Non-FSP Programs</b>						
1. O&E-02 Peer Support Team	64,092	0				64,092
2. O&E-02 Housing Program - Garden Gate Respite	1,251,936	1,062,750		45,847		143,339
3. O&E-02 Employment - Garden Gate Respite	402,567	251,926		65,218		85,423
4. GSD-01 Transition Age Young Adult Drop in Center	1,115,859	871,984	196,500			47,375
5. GSD-02 CERT/Warmline	803,333	803,333				
6. GSD-04 Families Together	332,706	273,173				59,533
7. GSD-05 Consumer Empowerment Center GSD Portion of Westside Stanislaus Homeless Outreach	404,686	174,561	220,200			9,925
9. Program	1,141,620	926,942	214,678			
10. GSD Portion of Integrated Forensic Team	400,693	400,693				
11. GSD Portion of High Risk Health & Senior Access	497,085	497,085				
12. O&E-02 Supportive Housing Services (GG)	364,000	364,000				
13. GSD-01 Josie's Place	149,000	131,000	18,000			
14. GSD-02 CERT/Warmline	321,000	321,000				
15. GSD-04 Families Together	358,000	358,000				
16. GSD-05 Consumer Empowerment Center	58,000	58,000				
17. FSP-02 Juvenile Justice	283,000	226,000	57,000			
18. O&E-03 Unserved/Underserved Adults	140,000	140,000				
19. O&E-02 Supportive Housing Services (Vine St)	65,000	65,000				
20. O&E-02-Supportive Housing Services (Trans B&C)	95,000	95,000				
<b>CSS Administration</b>	1,649,594	1,561,894				87,700
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	18,599,876	14,644,807	3,203,600	111,065	0	640,404
<b>FSP Programs as Percent of Total</b>	59.4%					

	Fiscal Year 2015/16					
	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
<b>FSP Programs</b>						
1. FSP-01 Westside Stanislaus Homeless Outreach Program	3,430,571	2,096,399	1,300,422			33,750
2. FSP-02 Juvenile Justice	672,074	455,112	117,600			99,362
3. FSP-05 Integrated Forensic Team	1,319,085	1,020,885	293,000			5,200
4. FSP-06 High Risk Health & Senior Access	2,292,315	1,725,410	562,200			4,705
6. FSP-01 Josie's TRAC	180,000	145,000	35,000			
7. FSP-01 Access and Supports	165,000	133,000	32,000			
8. FSP-07 Turning Point-ISA	809,000	652,000	157,000			
<b>Non-FSP Programs</b>						
1. O&E-02 Peer Support Team	65,473	0				65,473
2. O&E-02 Housing Program - Garden Gate Respite	1,254,963	1,065,777		45,847		143,339
3. O&E-02 Employment - Garden Gate Respite	412,166	261,525		65,218		85,423
4. GSD-01 Transition Age Young Adult Drop in Center	1,143,358	899,483	196,500			47,375
5. GSD-02 CERT/Warmline	645,871	645,871				
6. GSD-04 Families Together	340,299	280,766				59,533
7. GSD-05 Consumer Empowerment Center	404,686	174,561	220,200			9,925
8. Crisis Stabilization Unit	1,488,500	1,164,000	324,500			
GSD Portion of Westside Stanislaus Homeless Outreach						
10. Program	1,150,378	935,700	214,678			
11. GSD Portion of Integrated Forensic Team	400,693	400,693				
12. GSD Portion of High Risk Health & Senior Access	497,085	497,085				
13. O&E-02 Supportive Housing Services (GG)	364,000	364,000				
14. GSD-01 Josie's Place	149,000	131,000	18,000			
15. GSD-02 CERT/Warmline	321,000	321,000				
16. GSD-04 Families Together	358,000	358,000				
17. GSD-05 Consumer Empowerment Center	58,000	58,000				
18. FSP-02 Juvenile Justice	292,000	235,000	57,000			
19. O&E-03 Unserved/Underserved Adults	140,000	140,000				
20. O&E-02 Supportive Housing Services (Vine St)	65,000	65,000				
21. O&E-02-Supportive Housing Services (Trans B&C)	95,000	95,000				
<b>CSS Administration</b>	1,695,050	1,607,350				87,700
<b>CSS MHA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	20,208,567	15,927,617	3,528,100	111,065	0	641,785
<b>FSP Programs as Percent of Total</b>	55.7%					



	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>FSP Programs</b>						
1. FSP-01 Westside Stanislaus Homeless Outreach Program	3,441,321	2,107,149	1,300,422			33,750
2. FSP-02 Juvenile Justice	687,738	470,776	117,600			99,362
3. FSP-05 Integrated Forensic Team	1,483,169	1,184,969	293,000			5,200
4. FSP-06 High Risk Health & Senior Access	2,581,193	2,014,288	562,200			4,705
6. FSP-01 Josie's TRAC	184,000	149,000	35,000			
7. FSP-01 Access and Supports	170,000	138,000	32,000			
8. FSP-07 Turning Point-ISA	832,000	675,000	157,000			
<b>Non-FSP Programs</b>						
1. O&E-02 Peer Support Team	66,854	0				66,854
2. O&E-02 Housing Program - Garden Gate Respite	1,257,990	1,068,804		45,847		143,339
3. O&E-02 Employment - Garden Gate Respite	421,765	271,124		65,218		85,423
4. GSD-01 Transition Age Young Adult Drop in Center	1,170,856	926,981	196,500			47,375
5. GSD-02 CERT/Warmline	655,408	655,408				
6. GSD-04 Families Together	347,892	288,359				59,533
7. GSD-05 Consumer Empowerment Center	404,686	174,561	220,200			9,925
8. Crisis Stabilization Unit	1,637,000	1,280,000	357,000			
GSD Portion of Westside Stanislaus Homeless Outreach						
10. Program	1,153,961	939,283	214,678			
11. GSD Portion of Integrated Forensic Team	275,633	275,633				
12. GSD Portion of High Risk Health & Senior Access	278,285	278,285				
13. O&E-02 Supportive Housing Services (GG)	364,000	364,000				
14. GSD-01 Josie's Place	149,000	131,000	18,000			
15. GSD-02 CERT/Warmline	321,000	321,000				
16. GSD-04 Families Together	358,000	358,000				
17. GSD-05 Consumer Empowerment Center	58,000	58,000				
18. FSP-02 Juvenile Justice	300,000	243,000	57,000			
19. O&E-03 Underserved Adult Populations	140,000	140,000				
20. O&E-02 Housing Program - Increase (Vine St)	65,000	65,000				
21. O&E-02-Supportive Housing Services (Trans B&C)	95,000	95,000				
<b>CSS Administration</b>	1,740,504	1,652,804				87,700
<b>CSS MHSA Housing Program Assigned Funds</b>	0					
<b>Total CSS Program Estimated Expenditures</b>	20,640,255	16,325,424	3,560,600	111,065	0	643,166
<b>FSP Programs as Percent of Total</b>	57.5%					

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Prevention and Early Intervention (PEI) Component Worksheet**

County: Stanislaus

Date: 8/6/14

	Fiscal Year 2014/15					
	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
<b>PEI Programs - Prevention</b>						
1. Prj 1-Community Capacity Building	1,070,414	1,070,414				
2. Prj 2-Community Awareness & Support	269,913	269,913				
3. Prj 4-Child & Youth Resiliency	148,455	148,455				
4. Prj 9-PEI Statewide Initiatives	232,931	232,931				
5. PEI RFPs will be forthcoming	250,000	250,000				
6. Promotores and Community Health Outreach	185,000	185,000				
7. Health/BH Integration	150,000	150,000				
<b>PEI Programs - Early Intervention</b>						
11. Prj 1-Community Capacity Building	75,000	75,000				
12. Prj 3-Childhood Adverse Experience Intervention	712,269	641,701	42,388			28,180
13. Prj 5-Adult Resiliency and Social Connectedness	120,021	120,021				
14. Prj 6-Older Adult Resiliency and Social Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration	475,360	475,360				
16. Prj 8-School/Behavioral Health Integration	526,174	526,174				
<b>PEI Administration</b>	753,541	703,641				49,900
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	5,281,078	5,160,610	42,388	0	0	78,080
	Fiscal Year 2015/16					
	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
<b>PEI Programs - Prevention</b>						
1. Prj 1-Community Capacity Building	995,998	995,998				
2. Prj 2-Community Awareness & Support	273,653	273,653				
3. Prj 4-Child & Youth Resiliency	149,193	149,193				
4. PEI RFPs will be forthcoming	250,000	250,000				
5. Promotores and Community Health Outreach	185,000	185,000				
6. Health/BH Integration	150,000	150,000				
<b>PEI Programs - Early Intervention</b>						
11. Prj 1-Community Capacity Building	75,000	75,000				
12. Prj 3-Childhood Adverse Experience Intervention	715,861	645,293	42,388			28,180
13. Prj 5-Adult Resiliency and Social Connectedness	121,216	121,216				
14. Prj 6-Older Adult Resiliency and Social Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration	480,310	480,310				
16. Prj 8-School/Behavioral Health Integration	527,972	527,972				
<b>PEI Administration</b>	770,232	720,332				49,900
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	5,006,435	4,885,967	42,388	0	0	78,080



	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>PEI Programs - Prevention</b>						
1. Prj 1-Community Capacity Building	1,001,581	1,001,581				
2. Prj 2-Community Awareness & Support	277,392	277,392				
3. Prj 4-Child & Youth Resiliency	149,932	149,932				
4. PEI RFPs will be forthcoming	250,000	250,000				
5. Promotores and Community Health Outreach	185,000	185,000				
6. Health/BH Integration	150,000	150,000				
<b>PEI Programs - Early Intervention</b>						
11. Prj 1-Community Capacity Building	75,000	75,000				
Prj 3-Childhood Adverse Experience						
12. Intervention	719,453	648,885	42,388			28,180
Prj 5-Adult Resiliency and Social						
13. Connectedness	122,412	122,412				
Prj 6-Older Adult Resiliency and Social						
14. Connectedness	312,000	312,000				
15. Prj 7-Health/Behavioral Health Integration	485,260	485,260				
16. Prj 8-School/Behavioral Health integration	529,770	529,770				
<b>PEI Administration</b>	786,923	737,023				49,900
<b>PEI Assigned Funds</b>	0					
<b>Total PEI Program Estimated Expenditures</b>	<b>5,044,723</b>	<b>4,924,255</b>	<b>42,388</b>	<b>0</b>	<b>0</b>	<b>78,080</b>

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Innovations (INN) Component Worksheet**

County: Stanislaus

Date: 8/8/14

	Fiscal Year 2014/15					
	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
<b>INN Programs</b>						
1. INN 02 - Art for Freedom-Peer Recover Art Project	56,845	56,845				
2. INN 03 - Beth & Joanna/Frienda in Recovery	14,780	14,780				
3. INN 07 - Famillies in the Park - WMKKCC	137,617	137,617				
4. INN 11 - Collective Wisdom Tranformation	360,000	360,000				
5. INN 12 - Garden Gate Alternate Respite	550,150	550,150				
6. Innovation RFPs will be forthcoming	1,300,000	1,300,000				
<b>INN Administration</b>	179,009	150,409				28,600
<b>Total INN Program Estimated Expenditures</b>	2,598,401	2,569,801	0	0	0	28,600

	Fiscal Year 2015/16					
	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
<b>INN Programs</b>						
1. INN 11 - Collective Wisdom Tranformation	360,000	360,000				
2. INN 12 - Garden Gate Alternate Respite	550,150	550,150				
<b>INN Administration</b>	181,524	152,924				28,600
<b>Total INN Program Estimated Expenditures</b>	1,091,674	1,063,074	0	0	0	28,600

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
<b>INN Programs</b>						
<b>INN Administration</b>	184,039	155,439				28,600
<b>Total INN Program Estimated Expenditures</b>	184,039	155,439	0	0	0	28,600



**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Workforce, Education and Training (WET) Component Worksheet**

County: Stanislaus

Date: 8/6/14

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce, Education and Training	506,492	500,157				6,335
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	506,492	500,157	0	0	0	6,335

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce, Education and Training	313,430	307,095				6,335
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	313,430	307,095	0	0	0	6,335

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated WET Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>WET Programs</b>						
1. Workforce, Education and Training	320,368	314,033				6,335
<b>WET Administration</b>	0					
<b>Total WET Program Estimated Expenditures</b>	320,368	314,033	0	0	0	6,335

**FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan  
Capital Facilities/Technological Needs (CFTN) Component Worksheet**

County: Stanislaus

Date: 8/6/14

	<b>Fiscal Year 2014/15</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
1. CF-01 Crisis Stabilization Unit Design Fees	158,000	158,000				
2. CF-01 Crisis Stabilization Unit Building cost	786,000	786,000				
<b>CFTN Programs - Technological Needs Projects</b>						
11. SU-01 Electronic Health Record	836,672	792,228				44,444
12. SU-02 Consumer Family Access	146,109	139,038				7,071
13. SU-03 EH Data Warehouse	135,427	133,111				2,316
14. SU-04 Document Imaging	99,366	97,604				1,762
15. SU-05 Computer Equipment and Software - EHR	200,000	200,000				
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	2,361,574	2,305,981	0	0	0	55,593

	<b>Fiscal Year 2015/16</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
<b>CFTN Programs - Technological Needs Projects</b>						
11. SU-01 Electronic Health Record	846,388	801,944				44,444
12. SU-02 Consumer Family Access	149,599	142,528				7,071
13. SU-03 EH Data Warehouse	138,391	136,075				2,316
14. SU-04 Document Imaging	101,960	100,198				1,762
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,236,338	1,180,745	0	0	0	55,593

	<b>Fiscal Year 2016/17</b>					
	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>
	<b>Estimated Total Mental Health Expenditures</b>	<b>Estimated CFTN Funding</b>	<b>Estimated Medi-Cal FFP</b>	<b>Estimated 1991 Realignment</b>	<b>Estimated Behavioral Health Subaccount</b>	<b>Estimated Other Funding</b>
<b>CFTN Programs - Capital Facilities Projects</b>						
<b>CFTN Programs - Technological Needs Projects</b>						
11. SU-01 Electronic Health Record	856,103	811,659				44,444
12. SU-02 Consumer Family Access	153,089	146,018				7,071
13. SU-03 EH Data Warehouse	141,354	139,038				2,316
14. SU-04 Document Imaging	104,554	102,792				1,762
<b>CFTN Administration</b>	0					
<b>Total CFTN Program Estimated Expenditures</b>	1,255,100	1,199,507	0	0	0	55,593





For more information about BHR/MHSA funded programs, please visit our website at <http://www.stanislausmhsa.com/>