

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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA: 6.B.6
AGENDA DATE: October 5, 2021

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to Allow Expenditure of MHSA Funds for the Services Referenced in the Plan Update

BOARD ACTION AS FOLLOWS:

RESOLUTION NO. 2021-0481

On motion of Supervisor B. Condit Seconded by Supervisor Grewal
and approved by the following vote,

Ayes: Supervisors: B. Condit, Grewal, C. Condit, and Vice-Chairman Withrow

Noes: Supervisors: None

Excused or Absent: Supervisors: Chiesa

Abstaining: Supervisor: None

- 1) Approved as recommended
- 2) Denied
- 3) Approved as amended
- 4) Other:

MOTION:

ATTEST: Kelly Rodriguez
KELLY RODRIGUEZ, Assistant Clerk of the Board of Supervisors

File No.

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM**

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:6.B.6
AGENDA DATE: October 5, 2021

CONSENT:

CEO CONCURRENCE: YES

4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to Allow Expenditure of MHSA Funds for the Services Referenced in the Plan Update

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2021-2022 to allow the expenditure of MHSA Funds for the services referenced in the Plan Update.
2. Authorize the Behavioral Health Director, or designee, to sign the County Compliance Certification and submit the MHSA Plan Update for Fiscal Year 2021-2022 to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.
3. Authorize the Auditor-Controller, or designee, to sign the Mental Health Services Act County Fiscal Accountability Certification certifying that the fiscal requirements have been met.

DISCUSSION:

Proposition 63, otherwise known as the Mental Health Services Act (MHSA), created a 1% tax on income more than \$1 million to expand mental health services. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that support the public behavioral health system.

Counties are responsible for ensuring compliance with Welfare and Institutions (W&I) Code Section 5892(a) and State guidance and allocate and expend funds in the following categories:

- Innovations – 5%
- Prevention and Early Intervention (PEI) – 19%
- Community Services and Supports (CSS) – 76%

To expend funds, the County must:

- Prepare a Three-Year Program and Expenditure Plan

- Gain approval of Plan through annual stakeholder process
- Spend in accordance with an approved Plan
- Prepare and submit MHSA Annual Revenue and Expenditure Reports (RER)

Funding is not tied to demand for services, is not guaranteed, and revenue can be volatile.

As the contracted Mental Health Plan (MHP) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services and uses MHSA funding to provide integrated mental health and supportive services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also uses funding to strengthen prevention and early intervention efforts and to build a "help first" system of care to eliminate disparities and promote wellness, recovery, and resiliency outcomes.

Plan Update for Fiscal Year 2021-2022

The Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2020-2023 was approved by the Board of Supervisors (BOS) on June 16, 2021 (Resolution 2021-0269) and became effective on July 1, 2021. As part of the Final Budget cycle, Behavioral Health and Recovery Services performed an analysis of potential revenue impacts from the release of the May Revision to the Governor's Proposed Budget for Fiscal Year 2021-2022, to determine if local budget modifications would be needed. This analysis identified additional revenue in the amount of \$4.6 million in 1991/2011 Realignment Revenue that could be used to fund programs and services that had been included in the PEP that was approved by the BOS in June 2021. Additionally, during implementation of the BHRS Strategic Plan, approved by the Board of Supervisors on March 30, 2021 (Resolution 2021-0136), the need for several technical adjustments was identified.

BHRS is requesting approval of an MHSA Plan Update ("Plan Update") for Fiscal Year 2021-2022. This Plan Update recommends the removal of programs and services from the PEP due to the identification of other funding as well as the technical adjustments related to BHRS Strategic Plan. Technical adjustments to the BHRS MHSA budget in relation to the Plan Update were approved as part of the Fiscal Year 2021-2022 Adopted Final Budget (Resolution 2021-0445).

Adjustments included in the Plan Update are outlined below by funding component affected and identify the corresponding budget adjustment that has already been approved by the Board through the Proposed and Final Budget processes. Detailed information can be found on pages 5-11 of the Plan Update.

Community Services and Supports (CSS) – Net increase of \$3,547,780

	Plan Update Increase/ (Decrease)	Adopted Final Budget Appropriations Increase/ (Decrease)	Adopted Final Budget Estimated Revenue Increase/ (Decrease)	Adopted Final Budget Use of Fund Balance Increase/ (Decrease)
Community Services and Supports				
Adult Behavioral Health Services Team	\$ 2,475,228	\$ 2,475,228	\$ 2,475,228	\$ -
Adult Medication Clinic	\$ 152,570	\$ 152,570	\$ 152,570	\$ -
Children and Transition Age Youth Behavioral Health Services Team	\$ (176,228)	\$ (176,228)	\$ (176,228)	\$ -
Homeless Access Center Integration	\$ (97,902)	\$ (97,902)	\$ (97,902)	\$ -
Community Assessment, Response and Engagement	\$ 1,971,378	\$ 1,971,378	\$ 1,971,378	\$ -
Employment Support Services	\$ 95,280	\$ 95,280	\$ 95,280	\$ -
Behavioral Health Advocacy Services	\$ (451,322)	\$ (451,322)	\$ (451,322)	\$ -
Mobile Community Emergency Response Team	\$ (413,182)	\$ (413,182)	\$ (413,182)	\$ -
GSD Portion of Adult Medication Clinic	\$ 36,958	\$ 36,958	\$ 36,958	\$ -
CSS Administration	\$ (45,000)	\$ (45,000)	\$ -	\$ (45,000)
Total Adjustments to CSS	\$ 3,547,780	\$ 3,547,780	\$ 3,592,780	\$ (45,000)

Prevention and Early Intervention (PEI) – Net Decrease of \$2,745,545

	Plan Update Increase/ (Decrease)	Adopted Final Budget Appropriations Increase/ (Decrease)	Adopted Final Budget Estimated Revenue Increase/ (Decrease)	Adopted Final Budget Use of Fund Balance Increase/ (Decrease)
Prevention and Early Intervention				
Promotores/Community Health Outreach Workers	\$ (30,166)	\$ (30,166)	\$ (30,166)	\$ -
School Behavioral Health Integration	\$ 1,173,984	\$ 1,173,984	\$ 1,129,180	\$ 44,804
Family Urgent Response System	\$ (653,000)	\$ (653,000)	\$ (603,000)	\$ (50,000)
Community Assessment, Response and Engagement	\$ (1,731,755)	\$ (1,731,755)	\$ (1,731,755)	\$ -
School Based Behavioral Health Services	\$ (527,422)	\$ (527,422)	\$ (527,422)	\$ -
Kinship Supportive Services	\$ (576,138)	\$ (576,138)	\$ (576,138)	\$ -
Child Abuse Interview, Referrals and Evaluation	\$ (425,228)	\$ (425,228)	\$ (425,228)	\$ -
Outreach for Increasing Recognition of Early Signs of Mental Illness	\$ 24,180	\$ 24,180	\$ 24,180	\$ -
Total Adjustments to PEI	\$ (2,745,545)	\$ (2,745,545)	\$ (2,740,349)	\$ (5,196)

Innovations (INN) – No Net Increase/Decrease – Component Worksheet Adjustment

	Plan Update Increase/ (Decrease)	Adopted Final Budget Appropriations Increase/ (Decrease)	Adopted Final Budget Estimated Revenue Increase/ (Decrease)	Adopted Final Budget Use of Fund Balance Increase/ (Decrease)
Innovations				
Full-Service Partnership Multi-County Collaborative	\$ 412,729	Included in Proposed Budget		
Early Psychosis Learning Health Care Network Multi-County Collaborative	\$ 340,777	Included in Proposed Budget		
Request for Proposals	\$ (753,506)	Included in Proposed Budget		
Total Adjustments to Innovations	\$ -	\$ -	\$ -	\$ -

There are no changes to the Workforce Education and Training or Capital Facilities and Technological Needs components.

Plan Updates are developed with feedback from the MHSA Representative Stakeholder Steering Committee (RSSC). The Plan Update development process must also include a 30-day public review/comment period and a public hearing conducted by the Stanislaus County Behavioral Health Board (Welfare and Institutions Code, Section 5848). Information on the community planning and local review processes can be found on pages 12-13 of the attached Plan Update.

POLICY ISSUE:

Welfare and Institutions Code, Section 5847 (a), requires that Counties prepare and

submit a Three-Year Program and Expenditure Plan (Plan) and Annual Updates (Update), adopted by the County's Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and the Department of Health Care Services (DHCS) within 30 days of adoption. All expenditures of MHSA funds for mental health programs in a County must be consistent with a currently approved Plan or Update as required in Welfare and Institutions Code, Section 5892(g).

All Plans and Updates are required to include:

- Certification by the County Mental Health Director to ensure County compliance with pertinent regulations, laws, and status of the Mental Health Services Act, including stakeholder engagement and non-supplantation requirements (Welfare and Institutions Code, Section 5847 (b)(8); and
- Certification by the County Mental Health Director and the County Auditor-Controller that the County has complied with any fiscal accountability requirements and that all expenditures are consistent with the Mental Health Services Act (Welfare and Institutions Code, Section 5847 (b)(9).

FISCAL IMPACT:

The programs described in the Plan Update are funded by MHSA revenue, which leverages Medi-Cal Federal Financial Participation (FFP) and several other funding streams to maximize services provided to the community. Technical adjustments related to the Plan Update were approved as part of the Fiscal Year 2021-2022 Final Budget (Resolution 2021-0445). These adjustments were recommended to:

- Shift programs from the MHSA legal budget unit to the Behavioral Health and Recovery Services legal budget unit to leverage Realignment funding to relieve the fiscal pressure that MHSA was facing in Fiscal Year 2022-2023
- Shift programs from PEI to CSS to relieve the fiscal pressure that PEI was facing in Fiscal Year 2022-2023
- Adjust budget and service levels related to Strategic Plan implementation
- Adjust budget due to timing of the submission of the Proposed Budget in March 2021 and subsequent changes to the PEP approved in June 2021 (Resolution 2021-0269)

The net impact of these adjustments increased appropriations by \$938,677, funded by estimated revenue of \$340,800 and fund balance of \$597,877. The table below displays the technical adjustments included in the Plan Update relative to the adjustments approved with Fiscal Year 2021-2022 Final Budget.

MHSA Fiscal Year 2021-2022				
Technical Adjustments	Plan Update Increase/ (Decrease)	Adopted Final Budget Appropriations Increase/ (Decrease)	Adopted Final Budget Estimated Revenue Increase/ (Decrease)	Adopted Final Budget Use of Fund Balance Increase/ (Decrease)
Community Services and Supports	\$ 3,547,780	\$ 3,547,780	\$ 3,592,780	\$ (45,000)
Prevention and Early Intervention	\$ (2,745,545)	\$ (2,745,545)	\$ (2,740,349)	\$ (5,196)
Innovations	\$ -	\$ -	\$ -	\$ -
Subtotal Technical Adjustments Included in Plan Update	\$ 802,235	\$ 802,235	\$ 852,431	\$ (50,196)
Community Services and Supports Administration	Already in Plan	\$ -	\$ (651,631)	\$ 651,631
Children's Triage Grant	Not in Plan	\$ (60,000)	\$ (60,000)	\$ -
Regional Workforce Education and Training Project	Already in Plan	\$ 196,442	\$ 200,000	\$ (3,558)
Subtotal Technical Adjustments Not Included in Plan Update	\$ -	\$ 136,442	\$ (511,631)	\$ 648,073
Total Technical Adjustments to MHSA Legal Budget Unit	\$ -	\$ 938,677	\$ 340,800	\$ 597,877

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board of Supervisors' priorities of *Supporting Community Health* and *Delivering Efficient Public Services and Community Infrastructure* by providing mental health and substance use disorder services in the community through vendor partnerships.

STAFFING IMPACT:

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

CONTACT PERSON:

Ruben Imperial, MBA
 Director, Behavioral Health and Recovery Services

(209) 525-6205

ATTACHMENT(S):

1. MHSA Plan Update



**Stanislaus Behavioral Health and Recovery
Services**

Mental Health Services Act

**PLAN UPDATE
Fiscal Year 2021-2022**

AUGUST 2021



WELLNESS • RECOVERY • RESILIENCE

Stanislaus County Behavioral Health and Recovery Services 800
Scenic Drive, Modesto, 95350, 209.525.6247

MHSA Plan Update Fiscal Year 2021-2022

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director Name: Ruben Imperial, MBA Telephone Number: 209-525-6225 E-mail: Rimperial@stanbhrs.org	Project Lead Name: Janelle Villalba Telephone Number: 209-281-8805 E-mail: jvillalba@stanbhrs.org
Mailing Address: Stanislaus County Behavioral Health and Recovery Services 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 FY 2021-2022 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.

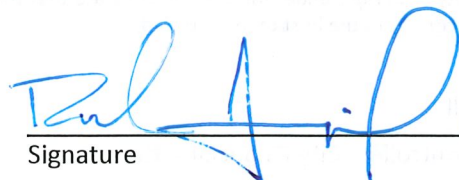
A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three-year plan and updates be approved by the Department of Mental Health after review 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.

Ruben Imperial

Mental Health Director/Designee (PRINT)



Signature

16/6/2021

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Stanislaus

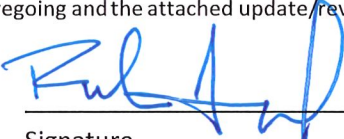
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

<p style="text-align: center;">Local Mental Health Director</p> <p>Name: Ruben Imperial, MBA Telephone Number: (209) 525-6225 E-mail: RImperial@stanbhhs.org</p>	<p style="text-align: center;">County Auditor-Controller</p> <p>Name: Kashmir Gill Telephone Number: (209) 525-7507 E-mail: GillK@stancounty.com</p>
<p>Local Mental Health Mailing Address:</p> <p>800 Scenic Drive Modesto, CA 95350</p>	

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

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

Ruben Imperial
 Local Mental Health Director


 Signature 10/6/2021
 Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Kashmir Gill
 County Auditor Controller / City Financial Officer


 Signature 10/6/2021
 Date

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

OVERVIEW

The Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2020-2023 was approved by the Board of Supervisors (BOS) on June 16, 2021 (Resolution 2021-0269) and became effective on July 1, 2021. As part of the Final Budget cycle, Behavioral Health and Recovery Services performed an analysis of potential revenue impacts from the release of the May Revision to the Governor's Proposed Budget for Fiscal Year 2021-2022, to determine if local budget modifications would be needed. This analysis identified additional revenue in the amount of \$4.6 million that could be used to fund programs and services that had been included in the PEP that was approved by the BOS in June.

Additionally, during implementation of the BHRS Strategic Plan, approved by the Board of Supervisors on March 30, 2021 (Resolution 2021-0136), the need for several technical adjustments was identified. This Plan Update aims to outline the recommendations for removal of programs and services from the PEP due to the identification of other funding as well as the technical adjustments related to BHRS Strategic Plan.

ADJUSTMENTS TO COMMUNITY SERVICES AND SUPPORTS (CSS)

Adult Behavioral Health Services Team (BHST)

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. Upon approval of the Strategic Plan, the BOS directed BHRS to make the necessary adjustments to contracted service levels, negotiate new agreements and modify existing agreements to support full implementation by July 1, 2021. During contract negotiations, it was discovered that the funding allocated for the Behavioral Health Services Team would be insufficient to fully support operational costs and that the scope of medication services needed to be expanded to continue to serve existing clients. As a result, BHRS is recommending an increase of \$2,475,228.

Adult Medication Clinic

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. During implementation of the Strategic Plan, it was discovered that administrative support allocated to the Adult Medication Clinic was insufficient to support operations. BHRS is recommending the addition of 2 Administrative Clerk III positions, an increase of \$152,570.

Children and Transition Age Youth Behavioral Health Services Team (BHST)

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. Upon approval of the Strategic Plan, the BOS directed BHRS to make the necessary adjustments to contracted service levels, negotiate new agreements and modify existing agreements to support full implementation by July 1, 2021. During contract negotiations, it was discovered that the funding allocated for the Behavioral Health Services Team would be insufficient to fully support operational costs and that the scope of medication services needed to be expanded to continue to serve existing clients. Additionally, other funding was identified to support the Aspiranet Crisis Stabilization and Intensive Community Support BHST and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$176,228.

Homeless Access Center Integration

After the preparation of the PEP and the FY 2021-2022, it was discovered that the cost for BHRS' contribution to the operation of the Homeless Access Center would be lower than projected. As a result, BHRS is recommending a decrease of \$97,902.

Community Assessment, Response and Engagement (CARE)

When the PEP and the FY 2021-2022 Proposed Budget were prepared, BHRS intended to fund the Community Assessment, Response and Engagement (CARE) program in the Prevention and Early Intervention (PEI) component. With the identification of other revenue that could be used to fund programs and services that had been included in the PEP, it was decided that the CARE program and services aligned better with Outreach and Engagement (O&E) activities of the CSS component, so BHRS is recommending a shift in funding from PEI to CSS. Additionally, the Community Corrections Partnership (CCP) Plan, which funds portions of the CARE program and services, was finalized subsequent to the preparation of the PEP and the FY 2021-2022 Proposed Budget. Once finalized, it was determined that a technical adjustment was needed to allow for the addition of 3 peer navigator positions for CARE 2.0,

which will be funded by the CCP. As a result, BHRS is recommending an increase of \$1,971,378.

Employment Support Services

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. During implementation of the Strategic Plan, it was discovered that supported employment positions as behavioral health career pathways for clients with lived experience had not been included. BHRS is recommending the addition of 6 part-time Clerical Community Aide positions, an increase of \$95,280.

Behavioral Health Advocacy Services

Other funding was identified to support the Behavioral Health Advocacy Services and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$451,322.

Mobile Community Emergency Response Team (MCERT)

Other funding was identified to support the Mobile Community Emergency Response Team (MCERT) and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$413,182.

General System Development (GSD) Portion of Adult Medication Clinic

Please refer to the explanation above in the Adult Medication Clinic section. Some medication services are provided to clients not associated with a BHST, and these services do not meet the criteria for allocating the full cost to the Full Services Partnership (FSP) activities of the CSS component. A portion of the cost will be allocated to General System Development (GSD), and as a result, BHRS is recommending an increase of \$36,958.

CSS Administration

In Fiscal Year 2020-2021, BHRS updated its internal administrative cost allocation plan in line with updated guidance regarding federal grant funds. The transfer of administrative cost directly to MHSA should have been removed when the Department prepared its Fiscal Year 2021-2022 Proposed Budget. To align MHSA with the updated guidance, BHRS is recommending a technical adjustment representing a decrease of \$45,000.

Total Adjustments to CSS Program Estimated Expenditures

The adjustments to the CSS programs and services discussed above result in an increase of \$3,547,780, and will be funded with \$1,249,358 CSS, \$1,364,264 Medi-Cal Federal Financial Participation (FFP) and \$934,158 other revenue. The individual funding recommendations discussed above are outlined in the chart below.

Fiscal Year 2021-2022	Estimated Total Mental Health Expenditures Increase/ (Decrease)	Estimated CSS Funding Increase/ (Decrease)	Estimated Medi-Cal FFP Increase/ (Decrease)	Estimated 1991 Realignment Increase/ (Decrease)	Estimated Behavioral Health Subaccount Increase/ (Decrease)	Estimated Other Funding Increase/ (Decrease)
Adult Behavioral Health Services Team	\$ 2,475,228	\$ 1,237,614	\$ 1,237,614	\$ -	\$ -	\$ -
Adult Medication Clinic	\$ 152,570	\$ 172,885	\$ 172,885	\$ -	\$ -	\$ (193,200)
Children and Transition Age Youth Behavioral Health Services Team	\$ (176,228)	\$ (88,114)	\$ (88,114)	\$ -	\$ -	\$ -
Homeless Access Center Integration	\$ (97,902)	\$ (97,902)	\$ -	\$ -	\$ -	\$ -
Community Assessment, Response and Engagement	\$ 1,971,378	\$ 797,220	\$ -	\$ -	\$ -	\$ 1,174,158
Employment Support Services	\$ 95,280	\$ 95,280	\$ -	\$ -	\$ -	\$ -
Behavioral Health Advocacy Services	\$ (451,322)	\$ (451,322)	\$ -	\$ -	\$ -	\$ -
Mobile Community Emergency Response Team	\$ (413,182)	\$ (413,182)	\$ -	\$ -	\$ -	\$ -
GSD Portion of Adult Medication Clinic	\$ 36,958	\$ 41,879	\$ 41,879	\$ -	\$ -	\$ (46,800)
CSS Administration	\$ (45,000)	\$ (45,000)	\$ -	\$ -	\$ -	\$ -
Total Adjustments to CSS Program Estimated Expenditures	\$ 3,547,780	\$ 1,249,358	\$ 1,364,264	\$ -	\$ -	\$ 934,158

The CSS component worksheets have been updated accordingly and can be found on pages 16-18 of the Plan Update.

ADJUSTMENTS TO PREVENTION AND EARLY INTERVENTION (PEI)

Promotores/Community Health Outreach Workers

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. Upon approval of the Strategic Plan, the BOS directed BHRS to make the necessary adjustments to contracted service levels, negotiate new agreements and modify existing agreements to support full implementation by July 1, 2021. During contract negotiations, it was discovered that the funding allocated for the Promotores/Community Health Outreach Workers exceeded the amount needed to fully support operational costs. As a result, BHRS is recommending a decrease of \$30,166.

School Behavioral Health Integration (SBHI)

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. Upon approval of the Strategic Plan, the BOS directed BHRS to make the necessary adjustments to contracted service levels, negotiate new agreements and modify existing agreements to support full implementation by July 1, 2021. During contract negotiations, it was discovered that the funding allocated for the SBHI could be leveraged with local school district funding and Medi-Cal Federal Financial Participation (FFP) to expand the program to additional school sites and increase the number of services to children and families. As a result, BHRS is recommending an increase of \$1,173,984.

Family Urgent Response System (FURS)

Other funding was identified to support the Family Urgent Response System (FURS) and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$653,000.

Community Assessment, Response and Engagement (CARE)

When the PEP and the FY 2021-2022 Proposed Budget were prepared, BHRS intended to fund the Community Assessment, Response and Engagement (CARE) program in the Prevention and Early Intervention (PEI) component. With the identification of other revenue that could be used to fund programs and services that had been included in the PEP, it was decided that the CARE program and services aligned better with Outreach and Engagement (O&E) activities of the CSS component, so BHRS is recommending a shift in funding from PEI to CSS. As a result, BHRS is recommending a decrease of \$1,731,755.

School Based Behavioral Health Services (SBBHS)

Other funding was identified to support the School Based Behavioral Health Services and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$527,422.

Kinship Supportive Services (KSS)

Other funding was identified to support the Kinship Supportive Services (KSS) and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$576,138.

Child Abuse Interview, Referrals and Evaluation (CAIRE)

Other funding was identified to support the Child Abuse Interview, Referrals and Evaluation (CAIRE) and the program and services will no longer be funded by MHSA. As a result, BHRS is recommending a decrease of \$425,228.

Outreach for Increasing Recognition of Early Signs of Mental Illness

The PEP and the FY 2021-2022 Proposed Budget were prepared prior to the approval of the BHRS Strategic Plan. During implementation of the Strategic Plan, it was discovered that one of the initiatives that offered opportunities for children and youth to engage in school and community settings in learning about mental health and well-being funded in previous years had not been included. BHRS is recommending the addition of 1 part-time Personal Services Contractor (PSC) to provide these services, an increase of \$24,180.

Total Adjustments to PEI Program Estimated Expenditures

The adjustments to the PEI programs and services discussed above result in a total decrease of \$2,745,545, saving \$923,432 PEI revenue and leveraging an additional \$706,991 Medi-Cal FFP. The individual funding recommendations discussed above are outlined in the chart below.

Fiscal Year 2021-2022	Estimated Total Mental Health Expenditures Increase/ (Decrease)	Estimated PEI Funding Increase/ (Decrease)	Estimated Medi-Cal FFP Increase/ (Decrease)	Estimated 1991 Realignment Increase/ (Decrease)	Estimated Behavioral Health Subaccount Increase/ (Decrease)	Estimated Other Funding Increase/ (Decrease)
Promotores/Community Health Outreach Workers	\$ (30,166)	\$ (30,166)	\$ -	\$ -	\$ -	\$ -
School Behavioral Health Integration	\$ 1,173,984	\$ 44,804	\$ 1,129,180	\$ -	\$ -	\$ -
Family Urgent Response System	\$ (653,000)	\$ (50,000)	\$ (50,000)	\$ -	\$ -	\$ (553,000)
Community Assessment, Response and Engagement	\$ (1,731,755)	\$ (633,107)	\$ -	\$ -	\$ -	\$ (1,098,648)
School Based Behavioral Health Services	\$ (527,422)	\$ (67,422)	\$ (160,000)	\$ -	\$ -	\$ (300,000)
Kinship Supportive Services	\$ (576,138)	\$ (81,682)	\$ -	\$ -	\$ -	\$ (494,456)
Child Abuse Interview, Referrals and Evaluation	\$ (425,228)	\$ (130,039)	\$ (212,189)	\$ -	\$ -	\$ (83,000)
Outreach for Increasing Recognition of Early Signs of Mental Illness	\$ 24,180	\$ 24,180	\$ -	\$ -	\$ -	\$ -
Total Adjustments to PEI Program Estimated Expenditures	\$ (2,745,545)	\$ (923,432)	\$ 706,991	\$ -	\$ -	\$ (2,529,104)

The PEI component worksheets have been updated accordingly and can be found on pages 19-20 of the Plan Update.

UPDATE TO INNOVATIONS (INN)

At the time the PEP was prepared, an update to the funding component worksheets to reflect the identification and subsequent approval of 2 new Innovations (INN) projects was inadvertently overlooked. The Department is recommending the following changes:

- Add Full-Service Partnership (FSP) Multi-County Collaborative in the amount of \$412,729
- Add Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative in the amount of \$340,777
- Decrease amount available for Requests for Proposals by \$753,506 to \$1,046,494

The INN component worksheets have been updated accordingly and can be found on page 21 of the Plan Update.

COMMUNITY PROGRAM PLANNING

Welfare and Institutions Code (W&IC) Sections 5813.5(d), 5892(c), and 5848 define the Community Program Planning (CPP) and is the process to be used by the County to develop the Three-Year Program and Expenditure Plans, and Updates in partnership with stakeholders to:

- Identify community issues related to mental illness resulting from a lack of community services and supports, including any issues identified during the implementation of the Mental Health Services Act
- Analyze the mental health needs in the community
- Identify and re-evaluate priorities and strategies to meet those mental health needs

Each Plan and Update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans' organizations, providers of alcohol and drug services, health care organizations, and other important interests.

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.

A draft Plan and Update shall be prepared and circulated for review and comment for at least 30 days to representatives.

LOCAL REVIEW

Over the years, planning by BHRS for MHSAs funds has included collaborative partnerships with local community members and agencies. Several key elements are central to the mission of BHRS to be successful in these processes. BHRS strives to present information as transparently as possible, manage expectations in public planning processes related to what can reasonably and legally be done within a government organization, follow the guidelines given by the State, honor community input, ensure that when plans are posted for public review and comment, stakeholders can recognize community input in the plan, post documents and conduct meetings in understandable language that avoids use of excessive technical jargon and provides appropriately fluent speakers for diverse populations when needed.

Compelling community input obtained at the original launch of MHSAs community planning in 2005 developed core guiding principles that serve to inform all subsequent planning processes. Whenever feasible, MHSAs plans, processes, and programs should address inclusion and service to all age groups and all geographic areas of the county, be based on existing community assets, not exceed the community's or BHRS' capacity to sustain programs and be compatible with the statutory responsibility BHRS holds to administer MHSAs funds organizationally or fiscally.

The Representative Stakeholder Steering Committee (RSSC) is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The RSSC is comprised of approximately 40 individuals representing a diverse spectrum of community interests in accordance with MHSA guidelines. In Stanislaus County, diverse participants have included, but are not limited to, consumers and family members, social services, education, underserved communities, providers of health care, contract providers of public mental health services, representatives from diverse communities, law enforcement, courts, probation, faith-based community, disability serving organizations, labor organizations, Stanislaus County Chief Executive Office, Behavioral Health Department staff, Area Agency on Aging, and regional geographical areas of Stanislaus County including South and Westside of the county. The primary language spoken in these meetings is English unless other languages or methods of communication are requested.

Representative Stakeholder's role includes giving input on all plans and updates to be submitted, reviewing outcome data in the annual update, and sharing information about MHSA plan processes and results with the constituency/community they represent.

A formal RSSC meeting was held on August 24, 2021 and had 59 attendees. RSSC members received an update on the status of the Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2020-2023, a detailed presentation of the draft Plan Update for Fiscal Year 2021-2022, and subsequent discussion. RSSC members also received an update on the overarching BHRS Strategic Plan. Comments to the draft Plan Update document were solicited, and were accepted in the following manner:

- Faxed to (209) 558-4326
- Sent via U.S. mail to 800 Scenic Drive, Modesto, CA 95350
- Sent via email to mbhrs@stanbhrs.org
- Provided by calling (209) 525-6247

The draft Plan Update was posted for 30-day Public Review on August 23, 2021. Notification of the public review dates and access to copies of the draft Plan Update were made available through the following methods:

- An electronic copy of the Plan Update was posted on the County's MHSA website: www.stanislausmhsa.com
- Paper copies of the Plan Update were delivered to Stanislaus County Public Libraries
- Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of the Plan Update
- Representative Stakeholder Steering Committee, Behavioral Health Board members, as well as other community stakeholders were sent the Public Notice informing them of the start of the 30-day review, and how to obtain a copy of the Plan Update
- Public Notices were posted in newspapers throughout Stanislaus County. The Public Notice included access to the Plan Update on-line at www.stanislausmhsa.com and a phone number to request a copy of the document.

The public comment period concluded with a public hearing conducted by the Stanislaus County Behavioral Health Board via Zoom on September 23, 2021 at 5:00 p.m. All community stakeholders were invited to participate. No substantive public comments were received during the public comment period or during the public hearing.

SUMMARY

The budget adjustments described in this Plan Update were approved by the BOS on September 21, 2021 (Resolution 2021-0445) as part of the BHRS Fiscal Year 2021-2022 Final Budget request. To finalize the recommendations in accordance with MHSAs requirements, the Department will request approval of the Plan Update from the BOS on October 5, 2021.

The adjustments outlined above will also apply to Fiscal Year 2022-2023. The PEP component worksheets have been updated accordingly and can be found on pages 16-25 of the Plan Update.

FUNDING SUMMARY TABLE

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Funding Summary

County: Stanislaus

Date: 8/13/2021

	MHSA Funding							Total
	A	B	C	D	E	F		
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	
A. Estimated FY2020/21 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	12,190,645	5,955,622	3,842,297	317,276	386,736	17,152	500,000	23,209,725
2. Estimated New FY2020/21 Funding + Interest	28,803,601	7,241,194	1,949,286	2,575	2,791	26,834		38,026,280
3. Transfer in FY2020/21 ^{af}	(900,000)			250,000	650,000			0
4. Access Local Prudent Reserve in FY2020/21							0	0
5. Estimated Available Funding for FY2020/21	40,094,246	13,196,816	5,791,582	569,850	1,039,526	43,985		60,736,006
B. Estimated FY2020/21 Expenditures	24,250,989	5,308,930	332,431	344,788	645,261	0		30,882,400
C. Estimated FY2021/22 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	15,843,257	7,887,885	5,459,151	225,062	394,265	43,985	500,000	30,353,606
2. Estimated New FY2021/22 Funding + Interest	25,311,656	6,331,122	1,668,690	191	222	10,000		33,321,881
3. Transfer in FY2021/22 ^{af}	(750,000)			425,000	325,000			0
4. Access Local Prudent Reserve in FY2021/22							0	0
5. Estimated Available Funding for FY2021/22	40,404,913	14,219,007	7,127,841	650,253	719,487	53,985		63,175,487
D. Estimated FY2021/22 Expenditures	27,983,486	9,405,203	3,957,653	400,755	334,557	10,000		42,091,654
E. Estimated FY2022/23 Funding						0		
1. Estimated Unspent Funds from Prior Fiscal Years	12,421,427	4,813,804	3,170,188	249,498	384,930	43,985	500,000	21,583,833
2. Estimated New FY2022/23 Funding + Interest	21,265,838	5,337,709	1,431,766	1,400	1,000	10,000		28,047,713
3. Transfer in FY2022/23 ^{af}	(500,000)			175,000	325,000			0
4. Access Local Prudent Reserve in FY2022/23							0	0
5. Estimated Available Funding for FY2022/23	33,187,265	10,151,513	4,601,954	425,898	710,930	53,985		49,131,546
F. Estimated FY2022/23 Expenditures	27,983,486	9,405,203	3,532,365	204,313	334,557	10,000		41,469,924
G. Estimated FY2022/23 Unspent Fund Balance	5,203,779	746,310	1,069,589	221,585	376,373	43,985	500,000	8,161,622

COMMUNITY SERVICES AND SUPPORTS COMPONENT WORKSHEETS

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan Community Services and Supports (CSS) Component Worksheet

County: Stanislaus Date: 8/13/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP - 01 Westside Stanislaus Homeless Outreach	5,420,666	3,229,951	2,061,756			128,959
2. FSP - 02 Juvenile Justice	506,953	226,675	280,157			121
3. FSP - 05 Integrated Forensic Team	2,399,558	1,739,886	614,047			45,625
4. FSP - 06 High Risk Health & Senior Access	2,466,955	1,418,410	920,094			128,452
5. FSP - 07 Turning Point-ISA	714,614	714,614				
6. FSP - 08 FSP for Children/Youth with SED	800,146	323,496	467,067			9,582
7. FSP - 09 Assisted Outpatient Treatment	415,366	375,991	39,092			283
8. FSP - 10 Co-Occurring Disorders FSP	1,622,418	1,067,494	533,089			21,835
Non-FSP Programs						
1. O&E - 02 Housing Program - Garden Gate Respite	4,961,297	4,793,703		45,847		121,747
2. O&E - 02 Employment - Garden Gate Respite	413,116	274,111		65,218		73,787
3. O&E - 03 Outreach and Engagement	314,812	283,953	28,821			2,037
4. GSD - 01 Transition Age Young Adult Drop-In Center	1,033,355	221,361	763,608			48,386
5. GSD - 02 CERT/Warmline	932,820	932,820				
6. GSD - 04 Families Together	286,071	285,545				525
7. GSD - 05 Consumer Empowerment Center	414,901	414,901				
8. GSD - 06 Crisis Stabilization Unit	1,697,844	542,648	991,111			164,085
9. GSD - 07 Crisis Intervention Program for Children and	782,685	553,646	21,382			207,657
10. GSD - 08 Youth Peer Navigators	18,496	18,496				
11. GSD - 09 Short Term Residential Therapeutic Program	2,963,627	1,495,313	1,468,313			
12. GSD - 10 Crisis Residential Unit	558,640	189,913	348,640			20,086
13. GSD - 11 Therapeutic Foster Care	0	0	-			
14. GSD Portion of Westside Stanislaus Homeless Outreach	1,806,889	1,806,889				
15. GSD Portion of Integrated Forensic Team	610,126	610,126				
16. GSD Portion of High Risk Health & Senior Access	509,758	509,758				
CSS Administration	3,320,122	2,221,287	1,088,729			10,106
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	34,971,235	24,250,989	9,625,907	111,065	0	983,274
FSP Programs as Percent of Total	59.2%					

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Adult Behavioral Health Services Team	10,852,855	5,453,927	5,398,928			
2. Adult Medication Clinic	3,967,766	1,983,883	1,983,883			
3. Children and Transition Age Youth Behavioral Health Services Team	3,493,772	1,746,886	1,746,886			
Non-FSP Programs						
O&E Programs						
4. Behavioral Health Outreach and Engagement	1,539,114	1,392,680				146,434
5. Assisted Outpatient Treatment	506,819	456,819	50,000			
6. Housing Support Services	971,988	971,988				
7. Garden Gate Respite	1,071,559	1,071,559				
8. Short-Term Shelter and Housing	67,666	67,666				
9. Homelessness Access Center Integration	102,098	102,098				
10. Community Assessment, Response, and Engagement	1,971,378	797,220				1,174,158
GSD Programs						
11. Adult Residential Facilities	4,062,894	4,062,894				
12. Residential Substance Use Disorder Board and Care	85,000	85,000				
13. Housing Placement Assistance	601,200	601,200				
14. Employment Support Services	280,421	194,998				85,423
15. Behavioral Health Wellness Center	1,285,471	1,285,471				
16. Behavioral Health Crisis and Support Line	1,054,238	1,054,238				
17. Short Term Residential Therapeutic Programs	3,264,000	1,632,000	1,632,000			
18. Crisis Residential Unit	756,543	378,272	378,271			
19. Therapeutic Foster Care Services	128,000	64,000	64,000			
20. GSD Portion of Adult Medication Clinic	961,136	480,568	480,568			
CSS Administration	4,800,119	4,100,119	700,000			
CSS MHA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	41,824,037	27,983,486	12,434,536	0	0	1,406,015
FSP Programs as Percent of Total	65.4%					

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Adult Behavioral Health Services Team	10,852,855	5,453,927	5,398,928			
2. Adult Medication Clinic	3,967,766	1,983,883	1,983,883			
Children and Transition Age Youth Behavioral Health						
3. Services Team	3,493,772	1,746,886	1,746,886			
Non-FSP Programs						
O&E Programs						
4. Behavioral Health Outreach and Engagement	1,539,114	1,392,680				146,434
5. Assisted Outpatient Treatment	506,819	456,819	50,000			
6. Housing Support Services	971,988	971,988				
7. Garden Gate Respite	1,071,559	1,071,559				
8. Short-Term Shelter and Housing	67,666	67,666				
9. Homelessness Access Center Integration	102,098	102,098				
10. Community Assessment, Response, and Engagement	1,971,378	797,220				1,174,158
GSD Programs						
11. Adult Residential Facilities	4,062,894	4,062,894				
12. Residential Substance Use Disorder Board and Care	85,000	85,000				
13. Housing Placement Assistance	601,200	601,200				
14. Employment Support Services	280,421	194,998				85,423
15. Behavioral Health Wellness Center	1,285,471	1,285,471				
16. Behavioral Health Crisis and Support Line	1,054,238	1,054,238				
17. Short Term Residential Therapeutic Programs	3,264,000	1,632,000	1,632,000			
18. Crisis Residential Unit	756,543	378,272	378,271			
19. Therapeutic Foster Care Services	128,000	64,000	64,000			
20. GSD Portion of Adult Medication Clinic	961,136	480,568	480,568			
CSS Administration	4,800,119	4,100,119	700,000			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	41,824,037	27,983,486	12,434,536	0	0	1,406,015
FSP Programs as Percent of Total	65.4%					

PREVENTION AND EARLY INTERVENTION COMPONENT WORKSHEETS

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County:	Stanislaus					Date:	8/13/21
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	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. RAIZ Promotores Program	780,991	780,991				
2. Afghan Path Towards Wellness	97,794	97,794				
3. Child and Youth Resiliency	105,474	105,474				
4. Resiliency and Prevention	55,845	55,845				
5. Prevention	227,835	227,835				
6. NAMI	26,283	26,283				
PEI Programs - Early Intervention						
7. Brief Intervention Counseling	957,762	957,762				
8. Child Sexual Abuse Treatment Services	120,000	120,000				
9. LIFE Path, Early Psychosis	537,793	429,004	101,236			7,553
10. School Behavioral Health Integration	837,725	837,725				
11. Family Urgent Response System						
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
12. Outreach for Increasing Recognition of Early Signs of Mental Illness	148,167	148,167				
13. Community Based Cultural and Ethnic Engagement	76,721	76,721				
PEI Programs -Stigma & Discrimination Reduction						
14. Stigma & Discrimination Reduction	48,022	48,022				
PEI Programs -Suicide Prevention						
15. Suicide Prevention	34,645	34,645				
PEI Programs -Access and Linkage						
16. Aging and Veteran Services	374,400	374,400				
PEI Administration and Evaluation	901,212	901,212				
PEI Assigned Funds	87,050	87,050				
Total PEI Program Estimated Expenditures	5,417,719	5,308,930	101,236	0	0	7,553

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Promotores/Community Health Outreach						
1. Workers	874,456	874,456				
2. Child and Youth Resiliency Prevention	390,000	390,000				
PEI Programs - Early Intervention						
3. Early Psychosis Intervention	556,380	473,980	82,400			
4. School Behavioral Health Integration	3,468,793	2,339,613	1,129,180			
5. Children's Early Intervention	2,367,469	1,186,834	1,180,635			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Outreach for Increasing Recognition of						
6. Early Signs of Mental Illness	360,634	360,634				
Community Based Cultural and Ethnic						
7. Engagement	250,000	250,000				
8. Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction						
9. Stigma & Discrimination Reduction	336,880	336,880				
PEI Programs -Suicide Prevention						
10. Suicide Prevention	133,000	133,000				
PEI Programs -Access and Linkage						
Older Adult and Veteran Access and						
11. Linkage	374,400	374,400				
PEI Administration and Evaluation	2,521,132	2,521,132				
PEI Assigned Funds	103,441	103,441				
Total PEI Program Estimated Expenditures	11,797,418	9,405,203	2,392,215	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
Promotores/Community Health Outreach						
1. Workers	874,456	874,456				
2. Child and Youth Resiliency Prevention	390,000	390,000				
PEI Programs - Early Intervention						
3. Early Psychosis Intervention	556,380	473,980	82,400			
4. School Behavioral Health Integration	3,468,793	2,339,613	1,129,180			
5. Children's Early Intervention	2,367,469	1,186,834	1,180,635			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
Outreach for Increasing Recognition of						
6. Early Signs of Mental Illness	360,634	360,634				
Community Based Cultural and Ethnic						
7. Engagement	250,000	250,000				
8. Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction						
9. Stigma & Discrimination Reduction	336,880	336,880				
PEI Programs -Suicide Prevention						
10. Suicide Prevention	133,000	133,000				
PEI Programs -Access and Linkage						
Older Adult and Veteran Access and						
11. Linkage	374,400	374,400				
PEI Administration and Evaluation	2,521,132	2,521,132				
PEI Assigned Funds	103,441	103,441				
Total PEI Program Estimated Expenditures	11,797,418	9,405,203	2,392,215	0	0	0

INNOVATIONS COMPONENT WORKSHEETS

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Innovations (INN) Component Worksheet

County: Stanislaus Date: 8/13/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Innovations Planning	0					
2. INN-18 NAMI on Campus High School Innovation Plan	171,819	171,819				
3. New Requests for Proposals	0	0				
INN Administration	160,630	160,612				18
Total INN Program Estimated Expenditures	332,449	332,431	0	0	0	18

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. NAMI on Campus High School Innovation Plan Full-Service Partnership (FSP) Multi-County Collaborative	200,000	200,000				
2. Collaborative Early Psychosis Learning Health Care Network (LHCN)	412,729	412,729				
3. Multi-County Collaborative	340,777	340,777				
4. New Requests for Proposals	1,046,494	1,046,494				
INN Administration	1,957,653	1,957,653				
Total INN Program Estimated Expenditures	3,957,653	3,957,653	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. NAMI on Campus High School Innovation Plan Full-Service Partnership (FSP) Multi-County Collaborative	200,000	200,000				
2. Collaborative Early Psychosis Learning Health Care Network (LHCN)	838,017	838,017				
3. Multi-County Collaborative	318,091	318,091				
4. New Requests for Proposals	643,892	643,892				
INN Administration	1,532,365	1,532,365				
Total INN Program Estimated Expenditures	3,532,365	3,532,365	0	0	0	0

WORKFORCE EDUCATION AND TRAINING COMPONENT WORKSHEETS

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan						
Workforce, Education and Training (WET) Component Worksheet						
County:	Stanislaus				Date:	8/13/21
	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing	227,125	227,125				
2. Training/Technical Assistance	16,850	16,850				
3. Mental Health Career Pathways	42,444	42,444				
WET Administration	58,521	58,369				152
Total WET Program Estimated Expenditures	344,940	344,788	0	0	0	152
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing	0					
2. Training/Technical Assistance	178,400	178,400				
3. Mental Health Career Pathways	5,000	5,000				
4. WET Central Region Partnership	196,442	196,442				
WET Administration	20,913	20,913				
Total WET Program Estimated Expenditures	400,755	400,755	0	0	0	0
	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing	0					
2. Training/Technical Assistance	178,400	178,400				
3. Mental Health Career Pathways	5,000	5,000				
WET Administration	20,913	20,913				
Total WET Program Estimated Expenditures	204,313	204,313	0	0	0	0

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS COMPONENT WORKSHEET

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County:	Stanislaus					Date:	8/13/21
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	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. SU-01 Electronic Health Record (EHR System)	349,910	349,910				
7. SU-02 Consumer Family Access	191,104	191,104				
8. SU-03 Electronic Health Data Warehouse	62,306	62,306				
9. SU-04 Document Imaging	41,941	41,941				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	645,261	645,261	0	0	0	0
	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Electronic Health Record (EHR System)	303,186	303,186				
7. Consumer Family Access	20,298	20,298				
8. Electronic Health Data Warehouse	9,869	9,869				
9. Document Imaging	1,204	1,204				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	334,557	334,557	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
CFTN Programs - Technological Needs Projects						
6. Electronic Health Record (EHR System)	303,186	303,186				
7. Consumer Family Access	20,298	20,298				
8. Electronic Health Data Warehouse	9,869	9,869				
9. Document Imaging	1,204	1,204				
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	334,557	334,557	0	0	0	0

HOUSING COMPONENT WORKSHEET

FY 2020-21 Through 2022-23 Mental Health Services Act Expenditure Plan

Housing Component Worksheet (Returned from CalHFA)

County: Stanislaus

Date: 8/13/21

	Fiscal Year 2020/21					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1. Housing Project	0	0				
Housing Administration	0					
Total Housing Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2021/22					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1. Housing Project	10,000	10,000				
Housing Administration	0					
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

	Fiscal Year 2022/23					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated Housing Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Housing Programs						
1. Housing Project	10,000	10,000				
Housing Administration	0					
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

