



Behavioral Health and Recovery Services

Mental Health Services Act

Fiscal Year 2022-2023 Plan Update
INNOVATIONS PROJECT

Embedded Neighborhood Mental Health Team

FEBRUARY 2023



WELLNESS • RECOVERY • RESILIENCE

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

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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.

Tony Vartan, MSW, LCSW

Mental Health Director/Designee (PRINT)

Signature

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Stanislaus

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

Local Mental Health Director	County Auditor-Controller
Name: Tony Vartan, MSW, LCSW Phone Number: (209) 525-6225 Email: TVartan@stanbhrs.org	Name: Kashmir Gill Phone Number: (209) 525-7507 Email: GillK@stancounty.com
Local Mental Health Mailing Address	
800 Scenic Drive Modesto, CA 95350	

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

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

Tony Vartan
 Local Mental Health Director

 Signature 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 Date

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

Innovation Definition

Innovation (INN) is a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports (9 CCR § 3200.184) to:

- Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.

Learning Goal

Select one of the following purposes that most closely corresponds to the Innovation Program's learning goal and that will be a key focus of your evaluation:

- Increases access to mental health services to underserved groups
- Increases the quality of mental health services, including measured outcomes
- Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Reason that Primary Purpose is a Priority

Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

Alternative response to mental health crisis and the need for help in access and navigation of the mental health services system were identified as high priority issues through the Department's strategic planning and MHSA Advisory Committee (MAC) planning processes. Multiple interagency collaborative planning processes are underway to develop alternative crisis response services.

BHRS identified the need to reach underserved groups at-risk for adverse and unintended impacts without specific interventions. As a result, this project aims to target at-risk and MHSA priority populations in geographic areas with high utilization of emergency mental health services and high-risk sub-populations, such as Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) and cultural and ethnically diverse community neighborhoods.

Problem to be Addressed

As a result of community member advocacy efforts, Stanislaus County Behavioral Health and Recovery Services (BHRS) proposes to implement embedded mental health services in areas of the county that are experiencing a high volume of behavioral health crises in an effort to remove barriers in how mental health services are marketed and publicized, and how the public navigates and accesses those services.

This Innovation Project will target areas and neighborhoods in the county with both high rates of mental health crisis related calls and higher rates of underserved populations. In Stanislaus County these areas have been identified as West Modesto, South Modesto, Airport Neighborhood, Riverbank, and Patterson.

BHRS is seeking to learn how an increase in mental health resources, communication and information through a community-embedded approach, can better address the mental health needs of underserved populations within neighborhoods with high crisis response rates. The Innovation Project would further meet unmet needs by providing a proactive set of interventions to prevent behavioral health crises, and intensive clinical and community support post-mobile crisis response, to ensure access to both treatment services for mental illness and/or co-occurring substance use disorders.

In addition to neighborhoods, BHRS has identified cultural and ethnically diverse communities such as LGBTQ and Latino populations as underserved at rates higher than other populations within the county. Additionally, data shows that these communities are experiencing adverse impacts as a result of the COVID-19 pandemic with LGBTQ crisis contacts increasing as well.

Underserved populations often face systemic barriers in addition to the stigma of mental illness when faced with behavioral health and/or co-occurring substance use disorder needs. The stigma around mental illness and substance use often leads to conditions being left untreated until daily functioning is adversely impacted or the individual exhibits signs of self-harm or harm to others occurs.

MAC members have highlighted that families and community members often observe behaviors and at times seek support or services for their loved ones early. Additionally, family/loved ones are supporting their loved ones through multiple behavioral health crisis episodes and due to limited availability of behavioral health services for families and community members to “just call someone” to inquire about a concern with behavior, concerned loved ones often access crisis support lines or 911.

Over the last year BHRS has collaborated with local law enforcement agencies to develop and launch a new mobile behavioral health crisis program. As part of the BHRS Strategic Plan, the Three-Year Program and Expenditure Plan, and the MAC planning processes, insights gathered indicated helping diverse communities better navigate and access mental health services in order to prevent the need for crisis response is a high priority in Stanislaus County. MAC members

identified that services should be responsive to the multiple barriers that underserved populations experience.

The Embedded Neighborhood Mental Health Team will consist of para-professionals who will look to provide a variety of counseling services to clients, recommend appropriate referrals, serve as a community liaison to ensure adequate services are made available to clients, provide facilitation for a variety of client-focused specialty groups, and establish and implement treatment plans. The Embedded Neighborhood Mental Health Team will also consist of peer support specialists who will provide services from a lived-experience perspective, intake clients, and provide input for the development of diagnostic impressions in formulating treatment plans for a diverse patient/client base in a safe, healthy environment that encourages socialization and empowerment.

Category of Innovation

Which MHSa definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program a) introduce a new mental health practice or approach; or b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

This project introduces a new practice and approach to the mental health system by embedding a para-professional and a peer support specialist within a specific geographic area (neighborhood) or within a diverse community network of supports and services.

The Embedded Neighborhood Mental Health Team will provide mobile crisis follow-up services within targeted community settings for individuals and family members who have contacted the BHRS Crisis and Support Line and/or 911 for a behavioral health crisis related call. Community settings include the client's home, a community center, a social services center, or another location within or adjacent to the target neighborhood or community.

New Mental Health Approach to be Developed, Piloted, and Evaluated

Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

The Embedded Neighborhood Mental Health Team will be a new mental health approach in Stanislaus County. This Innovation project will develop, pilot and evaluate the effectiveness of embedding mental health supportive services and resources into a community setting within diverse neighborhoods, and in areas where some unserved/underserved populations are already engaging and connecting to other community services and supports.

Community members and partners, and as part of BHRS's ongoing Community Planning Process (CPP), have provided feedback that the current approach to mental health service delivery system is set up for the community to seek out services when needed, as needed, and where provided. This has been noted as a detriment to those who do not know how to navigate services and supports, or perhaps have barriers to participating in services and supports such as language, culture, religious belief and stigma around mental health, etc. Through its Prevention and Early Intervention (PEI) programming, BHRS has focused on building community capacity around mental health by being more integrated into community settings by working with community partnerships, but BHRS has learned that more efforts are needed.

Currently, BHRS' only crisis response program is the Community Emergency Response Team (CERT). CERT engages individuals once they are in crisis and have been medically cleared in the emergency department of a local hospitals. The CERT program currently does not engage an individual outside of an acute setting. Individuals who are assessed by CERT and found not to meet 5150 criteria for hospitalization will have any temporary hold lifted. Prior to being released from the acute setting, clients are provided resources such as the BHRS' Access, Crisis and Support Line, and told they can call for a mental health assessment if needed or wanted. Currently, individuals are not guided through the process of how to access mental health or substance use disorder services.

If an individual is hospitalized and placed on a 72-hour hold, BHRS' Behavioral Health Outreach and Engagement (BHOE) program connects with the client at the psychiatric hospital assesses for a mental health, substance use disorder or- co-occurring diagnosis, and refers him/her to appropriate services.

This Innovation project aims to fill the gap that the current crisis services do not offer, by providing support for individuals in their own neighborhoods, providing support for those individuals seeking assistance and providing services prior to an individual being in crisis. By establishing an embedded mental health team within unserved/underserved neighborhoods, BHRS hopes to address the barriers and gaps in access, navigation, and information about available behavioral health services. This Innovation project proposes to focus on ways to establish greater rapport, community presence and trust, which were identified as barriers for

diverse communities.

To assist in building trust and rapport between these communities and the mental health teams, BHRS proposes to embed services in neighborhoods and work out of historically ‘safe spaces’ within underserved communities. Many of these communities are communities of color where historically, government entities have struggled to build rapport and trust. Some of these historically safe spaces include, barbershops, neighborhood “ethnic” stores, and churches. BHRS plans to work collaboratively with community-based organizations that have already built rapport with the communities and can assist in adding credibility to agency and the mental health teams.

The Embedded Neighborhood Mental Health Teams will perform outreach and engagement through activities such as foot patrol, in the specific neighborhood assigned. Where this is not viable, bike patrol or other like approaches will be considered to ensure mental health services are available and residents are educated on how to access them when needed. Staff will be encouraged to interact with community members in order to build rapport and trust in each neighborhood. In addition to building rapport and trust, regular interaction with community members will provide BHRS information about the mental health needs of the community, and any concerns or barriers that they face when trying to access mental health services. For services not offered directly by the team, staff will connect individuals to an appropriate service provider via a warm handoff approach.

Being embedded in “safe spaces” in specific underserved communities that experience higher rates of crisis calls to or contacts with law enforcement, will allow those seeking information or mental health services for themselves or a loved one to feel more comfortable. Greater visible interaction with the community will allow the teams to build the rapport necessary to engage the community “where they are”. This will allow the team to provide information about mental health services and help community members access and navigate available service before a crisis occurs. The team will provide post crisis services by engaging families of individuals in crisis who have been hospitalized. Staff will provide information and services to family members to help them understand the process of hospitalization as well as connect the family to supportive services.

BHRS utilized crisis data collected by Modesto Police Department and Stanislaus County Sherriff’s Office over a 3-year period spanning from 2019-2022, as well as feedback from stakeholders to determine the three highest priority geographic areas where this concept should be piloted. The three neighborhoods identified are the Modesto Airport Neighborhood, West Modesto Neighborhood and the City of Riverbank. Through the Community Planning Process during the development of the proposed Innovations Project, BHRS held ten community meetings and engaged over 120 community members in underserved and unserved communities. Six of the meetings were conducted in Spanish to address language barriers within those communities. The feedback consistently heard in every meeting was that many community members in underserved/unserved areas are not aware that services exist, and that even when they are aware and in need, they have challenges in accessing and navigating the services.

BHRS will embed a mental health team in each of the three neighborhoods identified. Each team will consist of one (1) para-professional counselor, equivalent to a Stanislaus County Behavioral Health Specialist (BHS), and one (1) peer support level staff, equivalent to a Stanislaus County Clinical Services Technician (CST). One supervisory level staff, equivalent to a Stanislaus County Behavioral Health Coordinator, will oversee the three (3) teams.

The BHS will provide a variety of para-professional counseling services, maintain program connections to ensure adequate services are available, assess clients for appropriate mental health services, assist clients in navigating the mental health treatment system, and facilitate client enrollment into services with a treatment team. The CST will have lived experience and act in a peer support role. The CST will support the BHS and assist clients in navigating the system and support the clients as they are assessed and begin to receive services.

The teams will operate 8 hours a day, 5 days a week. Hours of operation are to be determined based on community input, department crisis data, and crisis data provided by local law enforcement to understand hours that the team can have the most impact in the selected neighborhoods.

The program will receive referrals in one of three ways:

- **Street Outreach:** The Team will receive referrals through street outreach. This will entail the Team having a visible presence in their respective neighborhoods. One of the outreach activities could include walking/biking through the neighborhood in which they are embedded and coming into contact with community members. This visible presence will assist in building rapport and trust with individuals. Greater trust will allow for individuals seeking or needing mental health services to feel more comfortable. Additionally, offering services in proximity to safe places within these communities is expected to remove barriers in accessing services. This approach will also allow an opportunity for family members who are desiring services for their loved ones to also obtain assistance in accessing and navigating available services and supports.
- **Community Emergency Response Team (CERT):** CERT will provide contact information for individuals living in the identified neighborhoods that have assessed during a crisis and did not meet criteria for a 5150 hold. The teams will make contact with the individual and/or family to offer assistance in connecting to services or supports. Additionally, if an individual living in the identified neighborhood is assessed and hospitalized, CERT will inform the team who will be able to contact the family, if appropriate, and offer support.
- **Access, Crisis and Support Line (ACS Line):** The ACS Line is a centralized phone number that community members can call in order to access services or while they are in crisis. If a caller lives in one of the identified neighborhoods and is not in crisis, the call can be immediately transferred to the team. The team can then quickly connect the individual to services.

Population and Demographic Information

If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate.

The Innovation Project will focus on serving families, children, transitional aged youth (TAY), adults, and older adults in identified unserved/underserved neighborhoods and within diverse communities, such as LGBTQ and Latino populations. Spanish will be used to communicate in Latino neighborhoods.

Estimated Number of Clients Served

If applicable, describe the estimated number of clients expected to be served annually.

The aim is to serve as many individuals as possible. BHRS is estimating that each neighborhood team will, on average, connect with 240 community members. The program will prioritize serving individuals residing in unserved/underserved neighborhoods, People of Color, those who identify as LGBTQ, and others with a history of being unserved or underserved.

Consistency with MHSA Standards

Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

Community Collaboration: In 2022, BHRS launched a Community Planning Process (CPP) to develop ideas for the future Innovation (INN) projects. This INN project is a result of that extensive CPP, which included informational MHSA Advisory Committee (MAC) meetings as well as MHSA workgroup meetings. These meetings allowed a forum for extensive community input regarding project ideas and challenges that community members face in accessing services.

Cultural Competence: By extending and including additional planning input sessions, BHRS engaged more individuals, specifically underserved communities and community members to participate in the CPP for new INN projects. Those communities included Latino, African American/Black, and LGBTQ. Input gathered throughout the CPP reflects the cultural, ethnic, and racial diversity representative of various communities in Stanislaus County.

Client-Driven and Family-Driven: The CPP included a broad range of community feedback, especially through sessions with the MAC as well as CPP sessions with cultural collaborative partners. All sessions included participation from consumers, family members of consumers, and the broader community.

Wellness, Recovery and Resilience-Focused: The project design encourages wellness and recovery by providing increased levels of support, access and resources for unserved/underserved communities, as well as for the family members of those are in need of mental health services and supports.

Integrated Services Experience for Clients and Families: The project's goal is to increase access to services while seeking to reduce the number of crisis calls and hospitalizations. The access and navigation component will help clients gain access to a full range of needed behavioral services and post-crisis support.

Plan to Protect and Provide Continuity

If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds.

Not applicable. The new project is designed to link community members to existing County behavioral health services/programs that are funded with MHSA and other funds. The project will also link individuals to Medi-Cal managed care or private insurance providers, and other non-behavioral health programs/services.

Timeframe

Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

BHRS is anticipating that following approval, 14 months will be needed for planning, contract award, pre-implementation, and start up. The project will provide direct services for a five-year period, in addition to the 14-month implementation period, and be followed by a 3-month evaluation period.

Following the County's local stakeholder process, including the 30-day public/comment review process and public hearing conducted by the Stanislaus County Behavioral Health Board (BHB) , the County plans to seek approval from the Mental Health Services Oversight and Accountability Commission (MHSOAC) in March or April 2023. Request for approval from the County Board of Supervisors (BOS) is tentatively scheduled for May 2023.

Planning and Award Phase - May 2023 to November-2023

- Program planning activities
- Prepare Request for Proposal (RFP) to contract out services
- Develop the scope of work based on approved INN project described in this exhibit
- Release RFP for Embedded Neighborhood Mental Health Team
- Conduct evaluation of bidder proposals
- Select provider(s)
- Award contracts
- Create data capturing structure
- Develop implementation plan

Pre-Implementation Phase - December 2023 to March 2024

- Execute contracts
- Recruit for staff
- Establish locations for embedded teams
- Develop program procedures and processes
- Develop work plan
- Create outreach and other program materials
- Order supplies
- Test data capturing structure
- Develop data analysis process

Program Start Up Phase - April 2024 to June 2024

- Develop partnerships with treatment providers and establish referral pathways
- Begin outreach
- Monitor referral sources
- Monitor outreach efforts and number of contacts for services
- Troubleshoot any operational concerns

Program Operation Phase - July 1, 2024 to June 30, 2028 (Years 1-4)

- Review performance
- Complete annual evaluation to gauge effectiveness specific to the populations of focus and planned interventions

Final Program Operation Phase – July 1, 2028 to June 30, 2029 (Year 5)

- Review performance
- Complete annual evaluation to gauge effectiveness specific to the populations of focus and planned interventions
- End of pilot program June 30, 2029

Evaluation Phase - July 2029 to September 2029

- Evaluate program to determine results and feasibility of integrating into existing programs or replicating as new program

Plan to Measure the Results, Impact and Lessons Learned

Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

As part of BHRS's Request for Proposal (RFP) contracting process, a full Evaluation Plan will be developed that will address at a minimum the following Learning Questions:

- How might embedded clinical services within a neighborhood or a targeted diverse community increase access to mental health services and increase awareness of Mental Health Services.
- How might embedded clinical services within a neighborhood or a targeted diverse community increase access to treatment services post crisis contact.
- How might embedding clinical services within a neighborhood or a targeted diverse community increase access for family members to support family members or loved ones in access to treatment.
- How might embedding clinical services within a neighborhood or a targeted diverse community increase access for family members and individuals to tangible peer and community supports.
- How might embedding clinical services within a neighborhood or a targeted diverse community increase trusting relationships amongst mental health treatment service providers, neighborhood residents, family members and individuals seeking help for mental illness and/or substance use disorders.
- How might embedding a community mental health support center, with peer support within a neighborhood or a targeted diverse community increase community-based culturally responsive support for individuals in a mental health crisis and treatment.
- How might embedded mental health services increase the number of individuals receiving Mental Health services in the targeted neighborhoods.
- How might Embedded mental health services increase access to treatment for those within the targeted neighborhoods.
- How might Embedded mental health services decrease crisis calls within the targeted neighborhoods.

Estimated Annual and Total Budget

Provide an estimated annual and total budget for this Innovation Program.

Embedded Neighborhood Mental Health Team	Planning and Start Up	Year 1	Year 2	Year 3	Year 4	Year 5	Program Evaluation	Total
	May 1, 2023 to June 30, 2024	July 1, 2024 to June 30, 2025	July 1, 2025 to June 30, 2026	July 1, 2026 to June 30, 2027	July 1, 2027 to June 30, 2028	July 1, 2028 to June 30, 2029	July 1, 2029 to Sept 30, 2029	
Program Operations	\$ 65,000	\$ 780,000	\$ 780,000	\$ 780,000	\$ 780,000	\$ 780,000	\$ -	\$ 3,965,000
BHRS Administrative Overhead	\$ 20,000	\$ 220,000	\$ 220,000	\$ 220,000	\$ 220,000	\$ 220,000	\$ 40,000	\$ 1,160,000
Innovations Project Cost	\$ 85,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$ 40,000	\$5,125,000

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. The Stanislaus County Behavioral Health Board (BHB) (established pursuant to Welfare and Institutions Code § 5604) shall conduct a public hearing on the draft Plan and Update at the close of the 30-day comment period. Each adopted Plan and Update shall include any substantive written recommendations for revisions and summarize and analyze any such recommendations for revisions (Welfare and Institutions Code § 5848). Completed documents must be submitted to the Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after adoption by the Stanislaus County Board of Supervisors and posted on the Stanislaus County BHRS MHSA website.

Local Review

Over the years, planning by BHRS for MHSAs 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, strive 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 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 organizationally or fiscally.

MHSA Advisory Committee

The MHSA Advisory Committee (MAC) is actively engaged in identifying needs, priorities, and guiding principles during planning processes. The MAC is comprised of approximately 40 individuals representing a diverse spectrum of community interests in accordance with MHSAs guidelines from the groups and communities listed below.

Consumer and Family Members

- Consumer Partners: Adult
- Family Member Partners: Children
- Consumer Partners: Adult
- Family Member Partners: Adult
- Consumer Partners: Transition Age Young Adult (TAYA)
- Consumer Partners: Older Adults
- Family Member Partners: TAY Consumer Partners: Transition Age Young Adult (TAYA)

MHSA Priority Populations

- African American
- Rural
- Assyrian
- Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ)
- Spanish/Latino
- Criminal Justice Involved
- South East Asian

Contract Providers of Public Mental Health (MH)/Substance Use Disorder (SUD) Treatment Services

- Mental Health: Adult
- SUD Services: Adult
- Mental Health: Children
- SUD Services: Youth

Collaborative Treatment Partners

- Community Assessment, Response and Engagement (CARE)
- Stanislaus County Community Services Agency (CSA)
- Health Care: Managed Care Plans
- Senior Service Providers
- Stanislaus County Probation
- Modesto Police Department (MPD)
- Housing Providers
- Courts/Judge
- Social Services/Family Resource Centers (FRC)
- Shelters
- Stanislaus County District Attorney

Collaborative Partners

- Philanthropy
- Health Care: Federally Qualified Health Center (FQHC)
- Health Care: Stanislaus County Health Services Agency (HSA)
- Behavioral Health Board (BHB) Member
- Education: K-12
- Education: California State University Stanislaus (CSUS)
- Faith Based Organizations
- Veteran Service Organizations
- Stanislaus County Chief Executive Office (CEO)
- Education: Modesto Junior College (MJC)

MAC member'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.

Innovations Program CPP Activities

January 5, 12, and 19, 2022 – Innovations Planning Work Group Sessions

BHRS hosted three Innovations planning work group sessions and each had 16 attendees. The planning sessions were focused on the opportunity to develop a new Innovations project by exploring innovative ways to plan for, prevent, and respond to mental health crisis needs in the community.

January 26, 2022 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee Meeting was held and was open to the public and had 52 attendees. Committee members were provided an update on MHSA engagement efforts and opportunities, information from the Innovation planning work group sessions, and an overview of the FY 2021-2022 Plan Update for Innovations CPP. Attendees also received an update on the status of the two new Innovations projects (Early Psychosis LHCN and FSP Multi-County Collaborative).

August 24, 2022 - MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on August 24, 2022 and was open to the public and had 51 attendees. Attendees received a detailed presentation of the Fiscal Year 2022-2023 Plan Update - Innovations Project and subsequent discussion. Attendees also received an update on the expanded Community Planning Process activities as part of the CPP Innovation planning initiatives.

December 7, 2022 – MHSA Advisory Committee Meeting

A formal MHSA Advisory Committee was held on December 7, 2022 and was open to the public and had 43 attendees. Advisory Committee members received a detailed presentation of the draft Innovations Project for FY 2022-2023. Committee members also received presentations on the various behavioral health services and supports provided to the community by BHRS and contract partners.

The draft Innovations Project was posted for 30-day Public Review on February 22, 2023. Notification of the public review dates and access to copies of the draft Plan Update – Innovations Project 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.

Comments to the draft Plan Update – Innovations Project 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 bmhsa@stanbhrs.org
- Provided by calling (209) 525-6247

The public comment period will conclude with a public hearing conducted by the Stanislaus County Behavioral Health Board on March 23, 2023 at 5:00 p.m. which will be held at the Stanislaus Veteran’s Center, 3500 Coffee Road, Suite 15, Modesto, CA 95357. All community stakeholders are invited to participate. Any substantive public comment received during the public comment period or during the public hearing will be incorporated into the final Plan Update – Innovations Project document.

To finalize the recommendation in accordance with MHSa requirements, the Fiscal Year 2022-2023 Plan Update – Innovations Project is tentatively scheduled to be presented to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in late March or April 2023. The Plan Update – Innovations Project is tentatively scheduled to be presented to the Stanislaus County Board of Supervisors (BOS) on Tuesday, May 2, 2023. The BOS meeting will be held at 9:00 a.m. in the Chambers – Basement Level, 1010 10th Street, Modesto, CA 95354.

**Stanislaus County Behavioral Health & Recovery Services
30-Day Public Comment Form**

Mail completed forms to: 800 Scenic Drive, Modesto, CA 95350
Fax completed forms to: 209-558-4326
E-mail completed forms to: mbhrs@stanbhhs.org
More information: www.stanislausmhsa.com, 209-525-6247

**Mental Health Services Act (MHSA)
Fiscal Year 2022-2023 Plan Update
INNOVATIONS PROJECT
*Embedded Neighborhood Mental Health Team***

30-Day Comment Period:
February 22, 2023 – March 23, 2023

PERSONAL INFORMATION (optional)

Name: _____ Agency/Organization: _____
Phone Number: _____ Email address: _____
Mailing address: _____

MY ROLE IN THE MENTAL HEALTH COMMUNITY (check all that apply)

<input type="checkbox"/> Consumer/Service Recipient	<input type="checkbox"/> Service Provider
<input type="checkbox"/> Family Member	<input type="checkbox"/> Law Enforcement/Criminal Justice
<input type="checkbox"/> Education	<input type="checkbox"/> Probation
<input type="checkbox"/> Social Services	<input type="checkbox"/> Other (specify) _____

WHAT DO YOU SEE AS THE STRENGTHS OF THE PROJECT?

IF YOU HAVE CONCERNS ABOUT THE PROJECT, PLEASE EXPLAIN.

**Servicios de Salud Mental, Alcohol y Drogas del Condado de Stanislaus
Formulario Para Comentarios Públicos de 30-Días**

Enviar formularios completados a: 800 Scenic Drive, Modesto, CA 95350
Enviar formularios completados por fax a: 209-558-4326
Enviar formularios completados por correo electrónico a: mbhrs@stanbhrs.org
Para mas información, visite o llame a: www.stanislausmhsa.com, 209-525-6247

**Acta de Servicios de Salud Mental (MHSA)
Actualización de Plan del año fiscal 2022-2023
Proyecto de Innovaciones
*Equipo de Salud Mental Vecinal Integrado***

Período de 30-Días Para Comentarios:
1 abril de 2021- 30 abril de 2021

INFORMACIÓN PERSONAL (opcional)

Nombre: _____
Agencia/Organización: _____
Teléfono: _____
Dirección Electrónico: _____
Domicilio: _____

MI PAPEL COMMUNITARIO EN EL SISTEMA DE SALUD MENTAL (marque todo lo que aplique)

- | | |
|---|--|
| <input type="checkbox"/> Consumidor/Recipiente de Servicios | <input type="checkbox"/> Proveedor de Servicios |
| <input type="checkbox"/> Miembro de Familia | <input type="checkbox"/> Enforsar la Ley/Justicia Criminal |
| <input type="checkbox"/> Educación | <input type="checkbox"/> Libertad Condicional |
| <input type="checkbox"/> Servicios Sociales | <input type="checkbox"/> Otro (especifique) |

¿QUE CONSIDERA USTÉD QUE SON LOS PUNTOS FUERTES DEL PROYECTO?

SI TIENE CONCIERNES ACERCA DEL PROYECTO, POR FAVOR EXPLIQUE: