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

DEPT: Behavioral Health & Recovery Services — BOARD AGENDA:6.B.15
AGENDA DATE: June 20, 2023

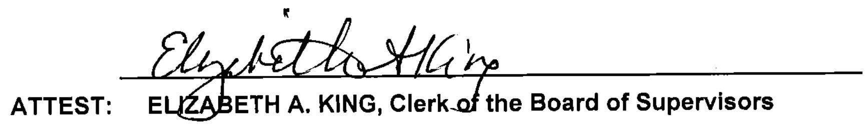
SUBJECT:
Approval to Adopt the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2023-0300**

On motion of Supervisor Chiesa **Seconded by Supervisor** B. Condit
and approved by the following vote,
Ayes: Supervisors: B. Condit, Chiesa, Withrow, Grewal, and Chairman C. Condit
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

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

MOTION:



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

File No.

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
AGENDA ITEM

DEPT: Behavioral Health & Recovery Services BOARD AGENDA:6.B.15
AGENDA DATE: June 20, 2023

CONSENT: ☑

CEO CONCURRENCE: YES 4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 (Three-Year PEP) and report of actual results from Fiscal Year 2022.
2. Authorize the Behavioral Health Director, or designee, to sign and submit the MHSA Three-Year PEP to the California Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.
3. Authorize the Auditor-Controller, or designee, to sign the MHSA County Fiscal Accountability Certification certifying that the fiscal requirements have been met.

DISCUSSION:

The Mental Health Services Act was passed by California voters in 2004 and is funded by a one percent income tax on personal income in excess of $1 million per year. It is 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 effectively 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 an 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 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 and to children and youth with a serious emotional disturbance. 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.

Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026

BHRS is pleased to present the Mental Health Services Act Three-Year Program and Expenditure Plan (Three-Year PEP) for Fiscal Years 2023-2026. This Three-Year PEP begins July 1, 2023 and will be updated annually in Fiscal Years 2025 and 2026. The Three-Year PEP will serve the following purposes:

- Outline recommended programmatic changes that, if approved, will become effective in Fiscal Year 2024. Detail about the recommended changes can be found on pages 17-22 of the attached document.
- Implement the Three-Year PEP for Fiscal Years 2023-2026 as required by 9 CCR § 3310. The updated funding tables and individual component worksheets can be found on pages 28-43 of the attached document.
- Report actual results for programs and services funded by MHSA in Fiscal Year 2022. Information can be found on pages 44-163 of the attached document.

The Three-Year PEP is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 165-171 of the attached document.

BHRS Leadership continues to develop the behavioral health continuum of care, implement local impacts of California's Advancing and Innovating Medi-Cal (CalAIM) initiatives, and make strategic investments to build capacity in the Core Treatment Model (CTM) and administrative infrastructure and capabilities.

The Department has identified several new Strategic Initiatives that will be focus areas for opportunity over the coming year. A Strategic Initiative is comprised of multiple projects that align actions and resources to strengthen the capabilities to deliver CTM services as defined in the BHRS Strategic Plan approved by the Board of Supervisors (BOS) on March 30, 2021 (Res. No. 2021-0136). The Strategic Initiatives mainly emerged from areas of focus identified for further development in the approved Strategic Plan.

The MHSA Program and Expenditure Plan for Fiscal Year 2024 is recommended to align with existing Strategic Initiatives and, where additional funding has been identified, deepen the Department's commitment to the provision of quality behavioral health treatment and supports to the community by dedicated behavioral health workers and partnerships with community-based organizations. These investments will continue to increase the Department's core treatment services' capacity to meet the Stanislaus County Medi-Cal beneficiaries' needs and prioritize unserved and underserved populations.

BHRS will be focusing on several new Strategic Initiatives for Fiscal Year 2024:

- CalAIM
- One Stop Shop for Supportive Services Facility Project
- Supportive Services
- Prevention and Early Intervention Efforts
- Workforce Development and Training
- Building Administrative Infrastructure and Capabilities

Information about the Strategic Initiatives can be found on pages 10-14 of the attached document.

On March 19, 2023, Governor Newsom announced a plan to modernize the state's behavioral health system that will result in a 2024 Ballot initiative. It is anticipated that if passed, this plan will require a significant shift in MHSA programming priorities and require additional administrative resources to implement. Recent conversations at the state level related to CalAIM behavioral health payment reform and the state budget shortfall indicate that there may be an additional impact to MHSA revenue as well. As information is known, BHRS will perform local analysis and report back to the Board of Supervisors if existing service levels will be affected.

Fiscal Year 2022 Actual Results

Actual results for programs and services that MHSA funded in Fiscal Year 2022 are shown on pages 44-163 of the attached Three-Year PEP. With the alignment of the MHSA Plan to the BHRS Strategic Plan in Fiscal Year 2020-2021, MHSA programs and services were restructured, and multiple programs concluded effective June 30, 2021.

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021, as anticipated. As a result, the data presented for Fiscal Year 2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2022 data will be considered a bridge year to the new structure.

POLICY ISSUE:

Per MHSA regulation, Counties must prepare and submit the Three-Year PEP and Annual Updates (Update), adopted by the County's Board of Supervisors, to the Mental Health Services Oversight and Accountability Commission and the Department of Health Care Services within 30 days of adoption (Welfare and Institutions Code, Section 5847 (a)). All expenditures of MHSA funds for mental health programs in a County must be consistent with a currently approved Plan or Update (Welfare and Institutions Code, Section 5892(g)).

All Three-Year PEPs 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; 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.

FISCAL IMPACT:

The programs and expenditures described in the Three-Year PEP are funded with MHSA funding, which leverages Medi-Cal Federal Financial Participation and several other funding streams to maximize services provided to the community. To support all MHSA components and programs $86.2 million in appropriations, $72.1 million in estimated revenue, and $14.1 million in use of fund balance was included in the BHRS 2024 Proposed Budget. There is no additional impact to the County General Fund associated with the approval of this agenda item.

BOARD OF SUPERVISORS' PRIORITY:

The recommended actions are consistent with the Board of Supervisors' priorities of *Supporting a Health Community* and *Delivering Efficient Public Services* 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 Three-Year PEP will be facilitated by existing BHRS staffing and resources. There is no additional staffing impact associated with the approval of this agenda item.

CONTACT PERSON:

Tony Vartan, MSW, LCSW (209) 525-6222
Director, Behavioral Health and Recovery Services

ATTACHMENT(S):

1. MHSA Program and Expenditure Plan for FY 2023-2026

STANISLAUS COUNTY
MENTAL HEALTH SERVICES ACT
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
FOR FISCAL YEARS 2023-2026

Behavioral Health and
Recovery Services

WELLNESS • RECOVERY • RESILIENCE

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COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director Name: Tony Vartan, MSW, LCSW Telephone Number: 209-525-6225 E-mail: tvartan@stanbhrs.org	Project Lead Name: Carlos Cervantes Telephone Number: 209-525-6247 E-mail: ccervantes@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.

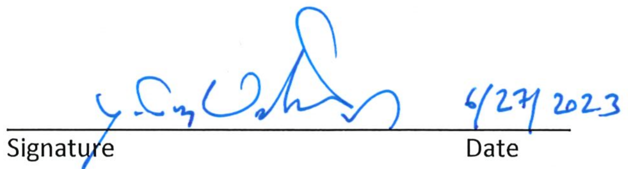
This Annual Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The Fiscal Year 2023-2024 Annual Update was circulated to representatives of stakeholder interests and any interested 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
Mental Health Director/Designee (PRINT)



Signature

Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Stanislaus

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

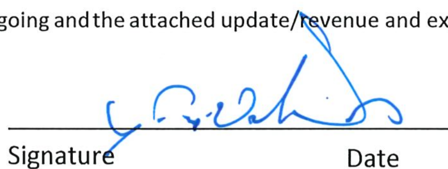
Local Mental Health Director	**County Auditor-Controller**
Name: Tony Vartan, MSW, LCSW Telephone Number: (209) 525-6225 E-mail: travtan@stanbhrs.org	Name: Kashmir Gill Telephone Number: (209) 525-7507 E-mail: GillK@stancounty.com
Local Mental Health Mailing Address: 800 Scenic Drive Modesto, CA 95350	

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, 2022, 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, 2022. I further certify that for the fiscal year ended June 30, 2022, 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)

Message from the Director

The Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (Three-Year Plan) for Fiscal Years 2023-2026 is an opportunity for Stanislaus County Behavioral Health and Recovery Services (BHRS) to inform the community of highlights, accomplishments, and changes since its last Three-Year Plan. Fiscal Year 2023-2024 marks the start of the new Three-Year Plan, which has been guided by the many heartfelt community voices that participated in the Community Program Planning (CPP) process. Stanislaus BHRS continues to embrace the principles of MHSA and hold true to its values and BHRS leadership, staff, and partners continue to improve community collaboration, cultural and linguistic competence, access and linkage to services, and consumer-driven and family-driven decision making.

As the Director of Stanislaus County BHRS, I am excited about this new Three-Year Plan as well as the opportunity to continue to engage with consumers and family members, local stakeholders, community-based organization, County partners, public systems, oversight agencies, the Behavioral Health Board, and the community at large. Continued engagement will assist BHRS in serving the most vulnerable communities utilizing a culturally and ethnically diverse lens and continues to strive to address existing gaps and to improve timely and effective care through ongoing evaluation, process improvement, and data-informed decision making.

This Three-Year Plan continues to align MHSA with the BHRS Strategic Plan, approved by the Board of Supervisors on March 30, 2021 (Resolution No. 2021-0136). The Strategic Plan aligned program operations and services with sustainable funding to prioritize behavioral health treatment services to maximize the number of clients served and leverage federal and state funding, maintain compliance with network adequacy standards, and create efficiencies by standardizing team structures and consolidating administrative structures. Since approval of the Strategic Plan, BHRS has focused on several Strategic Initiatives, including:

- *Supporting ongoing recruitment efforts*
- *Expanding clinical training and program and staff development*
- *Partnering with school districts, colleges, and universities to develop a workforce pipeline*
- *Expanding residential treatment*
- *Increasing outpatient capacity for children and adults*
- *Managing caseloads*
- *Decreasing assessment wait times*
- *Increasing housing support services for clients that are experiencing homelessness*
- *Developing a BHRS Fund Balance policy*
- *Developing a plan to identify needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements, and maximize space utility*

Over the past year, BHRS has made significant progress on the Strategic Initiatives listed above as well as implementing various initiatives under California's Advancing and Innovating Medi-Cal (CalAIM), planning to transition to a new Electronic Health Record (EHR), strengthening the children's crisis continuum of care, and implementing a local mobile crisis response.
In Fiscal Year 2023-2024, BHRS plans to focus on several new Strategic Initiatives that are outlined later

in this document. The Department plans to continue key collaborations with partners, stakeholder, consumers, and other community members to maintain the behavioral health of our region while building a system that achieves the most collective impact so that all residents are able to live well and thrive.

With gratitude and appreciation,

Tony Vartan, MSW, LCSW
Behavioral Health Director

Stanislaus County Demographic Profile at a Glance

Located in the heart of California's fertile San Joaquin Valley, Stanislaus County encompasses more than 1,500 square miles in size with a mix of rural areas and urban communities along the Highway 99 and Interstate 5 corridors. The city of Modesto is the county seat, the largest city in the county. Stanislaus County is home to 518,336 residents. It includes the cities of Modesto, Ceres, Turlock, Oakdale, Riverbank, Patterson, Hughson, Newman, and Waterford.

Of the 518,336 Stanislaus County residents counted in the 2020 Census, 6.8% were children under 5 years of age, 26.9% were children ages 0-18, 73.1% were adults ages 18-59, and 13.4% were adults ages 60 years and older. The majority, 49.5%, of persons in Stanislaus County are Latino/a. Persons who identified as White only represent 38.1% of the population, Asian represent 6.3% of the population, Black represent 3.7% of the population, American Indian/Alaskan Native represent 2.2% of the population, and those who identified as Multiracial represent 4.4% of the population. There is an almost equal proportion of females (50.1%) and males (49.9%) based on the Census; however, the data does not include persons who identify as non-binary.

It is estimated that about 42.8% of the population of Stanislaus County speaks a language other than English at home. Spanish remains the only threshold language in Stanislaus County. According to the 2020 US Census data, 14.1% of the county's residents live in poverty and 7.4% of persons are uninsured in Stanislaus County.

According to California Mental Health Prevalence Estimates (2012, Charles Holzer, HRSI, and TAC), approximately 5.74% of the population of Stanislaus County meet the criteria for serious mental illness and is in need of mental health services. The same study estimated that 14.48% of the population is in need of some type of mental health services but does not necessarily rise to the level to qualify for County Mental Health services.

Executive Summary

Stanislaus County Behavioral Health and Recovery Services (BHRS) is pleased to present the Mental Health Services Act Three-Year Program and Expenditure Plan (Three-Year Plan) for Fiscal Years 2023-2026. This Three-Year Plan begins July 1, 2023 and will be updated annually in Fiscal Years 2024-2025 and 2025-2026. The Three-Year Plan will serve the following purposes:

- Outline programmatic changes that are being recommended, that if approved, will become effective in Fiscal Year 2023-2024. Detail about the recommended changes can be found on pages 17-20
- Implement the Three-Year Program and Expenditure Plan (PEP) for Fiscal Years 2023-2026 as required by 9 CCR § 3310. The updated funding tables and individual component worksheets can be found on pages 25-39
- Report actual results for programs and services that were funded by MHSA in Fiscal Year 2021-2022. Information can be found on pages 44-156

The Three-Year Plan is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 158-162 of this document.

Strategic Initiatives

BHRS Leadership continues to develop the behavioral health continuum of care, implement local impacts of California's Advancing and Innovating Medi-Cal (CalAIM) initiatives, and make strategic investments to build capacity in the Core Treatment Model (CTM) and administrative infrastructure and capabilities.

The Department has identified several new Strategic Initiatives that will be focus areas for opportunity over the coming year. A Strategic Initiative is comprised of multiple projects that align actions and resources to strengthen the capabilities to deliver CTM services as defined in the BHRS Strategic Plan, approved by the Board of Supervisors (BOS) on March 30, 2021 (Resolution No. 2021-0136). The Strategic Initiatives mainly emerged from areas of focus identified for further development in the approved Strategic Plan.

The MHSA Program and Expenditure Plan for Fiscal Year 2023-2024 is recommended to align with existing Strategic Initiatives, and where additional funding has been identified, deepen the Department's commitment to the provision of quality behavioral health treatment and supports to the community by dedicated behavioral health workers and partnerships with community-based organizations. These investments will continue to increase the capacity of the Department's core treatment services to meet the needs of the Stanislaus County Medi-Cal beneficiaries and priority underserved and unserved populations.

BHRS will be focusing on several new Strategic Initiatives for Fiscal Year 2023-2024, which are outlined below.

California’s Advancing and Innovating Medi-Cal

California’s Advancing and Innovative Medi-Cal (CalAIM) is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The Department of Health Care Services (DHCS) and Counties will be innovating and transforming the Medi-Cal delivery system and moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care. The goal is to extend supports and services beyond hospitals and health care settings directly into California communities. The vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care. CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs, throughout their lives, from birth to a dignified end of life.

CalAIM has a few main goals:

- Identify and manage comprehensive needs through whole person care approaches and social drivers of health
- Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives, modernization, and payment reform
- Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility

There are three main initiatives specific to behavioral health:

- Improve Access and Remove Barriers
- Improve Quality
- Improve Care Coordination

BHRS is in the process of implementing the following deliverables in support of the CalAIM initiatives:

- Changes to eligibility criteria for Specialty Mental Health Services (SMHS)
- New requirements under the Drug Medi-Cal Organized Delivery System 2022-2026
- Documentation redesign for SMHS and DMC-ODS
- No Wrong Door
- Standard screening and transition tools
- Payment Reform
- Interoperability requirements
- Migration to a new Electronic Health Record (EHR)

Over the past year BHRS has been partnering and collaborating with other County Departments (Community Services Agency, Health Services Agency, Area Agency on Aging, Sheriff, and Probation), Managed Care Plans (Health Plan of San Joaquin and Health Net), and community Medi-Cal and other service providers on broader CalAIM initiatives that will impact the behavioral health service delivery system:

- Enhanced Care Management (ECM) for populations of focus
- Community Supports designed to address social drivers of health

- Ensuring continuity of coverage for justice-involved adults and youth

These broader initiatives will be implemented in Fiscal Year 2023-2024. MHSA CSS funding is being recommended to support several new positions with functions required under CalAIM.

One Stop Shop for Supportive Services Facility Project

On January 24, 2023, the BOS approved the One Stop Shop for Supportive Services Facility Project, which will require site improvements to the 800 Scenic Drive, Modesto campus to house a wraparound supportive services model. This model will create a spectrum of behavioral health supportive services in one easily accessible site and aligns with BHRS' "whatever it takes approach" to assisting clients and families with a serious mental illness (SMI), serious emotional disturbance (SED) or substance use disorder (SUD) who are experiencing homelessness or at risk of homelessness. The following programs will be located at the site:

- Behavioral Health Advocacy
- Garden Gate Respite
- Behavioral Health Wellness Center
- Housing Services
- Employment Services

To accommodate the unique needs of the programs, site improvements will include:

- Remodel of the existing restrooms to meet Americans with Disabilities Act (ADA) accessibility requirements
- Installation of ADA-compliant showering facilities
- Installation of a commercial kitchen for food preparation
- Installation of laundry space
- Installation of a client reception and interview area
- Other modifications in order to meet licensing or program requirements

BHRS is in the process of working with the County's General Services Agency (GSA) to develop conceptual designs for the project and will return to the BOS with a recommended concept, a comprehensive cost estimate, and funding plan for the project. MHSA Capital Facilities funding is being recommended to support this project.

Supportive Services

Senate Bill (SB) 803 (Chapter 150, Statutes of 2020) made it possible for certified peer support specialists to be eligible for Medi-Cal reimbursement through county mental health plans and substance use disorder plans (behavioral health plans). This important step in the delivery of behavioral health care values the experience that peers, persons with lived experience, can provide and expands counties' capacity to care for those who need them.

County behavioral health plans selected CalMHSA to implement a single, standardized Medi-Cal Peer Support Specialist certification program. This was done in recognition of the need for a uniform process across the state, one that does not require peers to obtain multiple certifications in multiple counties,

supports quality and application of standards, creates efficiency for counties, and adds credibility to the peer profession in California. BHRS is in the process of implementing the Peer Support Specialist Certification in Stanislaus County and over the past year has been complying with labor requirements regarding impacts to staff. MHSA CSS funding is being recommended to support several positions related to peer support functions.

Working with local development partners such as the Stanislaus Regional Housing Authority (SRHA) and the Stanislaus County Affordable Housing Corporation (STANCO), BHRS is making every effort to expand the inventory of available housing options for persons with an SMI, SED or SUD who are experiencing homelessness, or at risk of experiencing homelessness. As a result of these partnerships, over the next several months additional transitional and permanent supportive housing units will become available for BHRS clients. BHRS is recommending MHSA CSS funding for a position to support clients in the new housing units.

BHRS is also recommending MHSA CSS funding for a Supportive Services Manager position to oversee the day to day operations of the Supportive Services Division and to increase efforts related to housing development for BHRS clients.

Prevention and Early Intervention Efforts

Throughout the last year, BHRS has engaged in various Community Planning Processes (CPP) to seek stakeholder and community input regarding the services that BHRS provides. A consistent theme was identified that there are barriers in understanding how to access behavioral health services and how to navigate the behavioral health continuum of care. Moreover, stakeholders and broad community members recognize that there is a significant opportunity in the areas of access and linkage in order to connect MHSA priority populations and communities of color to behavioral health services within Stanislaus County. As a result of this feedback, BHRS is recommending MHSA PEI funding to support increased efforts in the following areas:

- Promotores/Community Behavioral Health Outreach Workers
- Outreach for Increasing Recognition of Early Signs of Mental Illness

As follow up to the Suicide Prevention Innovations Project that was concluded in September 2019, BHRS is also recommending utilizing MHSA PEI funding to form a Suicide Prevention Coalition.

Workforce Development and Training

Feedback received during development of the Strategic Plan indicated that additional focus was needed in this area, and a new division was created within BHRS to review existing training programs and suggest and implement enhancements and modifications to improve engagement, learning, and retention and to meet the changing needs of clients, the organization and the behavioral health industry. The division is also developing partnerships with school districts, colleges and universities to introduce students to careers in behavioral health, introduce volunteer opportunities, and develop internship programs. Additional MHSA WE&T funding is being recommended to increase training resources to expand clinical training, improve the utilization of evidence-based practices, implement a new paid internship program,

and expand loan repayment and other retention programs.

Building Administrative Capabilities and Infrastructure

Over the next year, BHRS plans to work with GSA to develop a BHRS Master Facility Plan to address needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements and maximize space utility. BHRS is recommending MHSA Capital Facilities funding to support the project.

Funding for implementation of the new Electronic Health Record (EHR) was included in the Fiscal Year 2022-2023 MHSA Program and Expenditure Plan, and the new system is targeted to be implemented on July 1, 2023. BHRS is recommending MHSA Technological Needs funding to support ongoing operating costs for the EHR platform.

In Fiscal Year 2022-2023, BHRS dedicated $500K Technological Needs funding to implement various Information Technology (IT) infrastructure projects to improve network uptime, protect the network, improve connectivity, ensure access, and refresh hardware. BHRS is recommending that MHSA Technological Needs funding be dedicated annually to support ongoing investments in these areas.

Economic Outlook

Despite stubbornly high inflation, international instabilities, and the ongoing impacts of a global public health pandemic, California and the nation experienced relatively strong nonfarm job growth in 2022. The state recovered all COVID-19 Pandemic-induced job losses as of October 2022, and the unemployment rate fell to a record low in September 2022. While the labor market thrived, U.S. inflation became more broad-based and reached a 40-year high of 8.5 percent by March 2022, leading the Federal Reserve to start raising the target federal funds rate in efforts to cool the overheated economy.

Between March and December 2022, the Federal Reserve raised rates seven times to a target range of 4.25 percent to 4.5 percent and has indicated that it will maintain high target rates until inflation slows to the Federal Reserve's target threshold of around 2 percent. The Governor's 2023-24 Proposed Budget forecast projects economic growth to continue, albeit at a slower pace in 2023 as interest rates remain high. Nonfarm job and total wage growth are also expected to slow in 2023 before reverting to a trend of more normalized growth.

The uncertain future paths for inflation and Federal Reserve policy pose short-term risks. If high inflation persists longer than expected or if the Federal Reserve policy causes greater pullbacks by businesses or individuals, the economy could tip into a mild recession. This could lead to a steeper decline in investment and interest-sensitive consumption, which in turn could cause a larger decline in economic growth and reduced nonfarm employment and personal income growth. However, upside risks include a quicker-than-projected easing of inflation and an end to the Russian invasion of Ukraine, which would lead to looser monetary policy and stronger economic growth.

California's 2023-24 Proposed Budget projects that Personal Income Tax (PIT), the source for MHSA funds, will decline in Fiscal Year 2022-2023, due to federal and state tax relief efforts due to storm damage, that allows individuals and business impacted by 2022-2023 winter storms to qualify for an extension to file and pay taxes until October 16, 2023. The State is estimating that $500-600 million of MHSA revenue that would have been received in Fiscal Year 2022-2023 will shift to 2023-2024. The long-term MHSA forecast is more favorable, and PIT revenue is expected to increase in Fiscal Years 2024-2025 and 2025-2026.

Risk Factors and Mitigation Plans

Several risk factors could either cause a significant slowdown in revenue growth or lead to a recession. The impact of persistent supply chain issues, inflation, stock market volatility, and the lack of affordable housing are all issues that pose a risk to ongoing economic and revenue growth. Even in a moderate recession, revenue declines could be significant.

BHRS has been taking several actions to better prepare for such an eventuality: including re-establishing a strategic reserve and focusing on one-time spending over ongoing investments to maintain structurally balanced budgets over the long term. Due to the short-term risks outlined in the Governor's 2023-24 Proposed Budget, BHRS has assessed the local impacts and is not recommending significant adjustment

to service levels in order to align program expenditures with available revenue.

Over the last several years, County behavioral health departments across the state have been criticized for the amount of MHSA funding kept in reserves when there is an ever-increasing need for treatment services. The Stanislaus County BHRS budget strategy continues to follow the very aggressive plan to program available funds in Fiscal Year 2023-2024, and aggressively monitor progress throughout the year for both actual spending levels and state budget projections to ensure that the maximum amount of funding is deployed to meet the current needs of the community. Based on the pace of spending and updates to state budget projections for Fiscal Year 2023-2024, BHRS may either increase or decrease expenditures throughout the fiscal year.

On March 19, 2023 Governor Newsom announced a plan to modernize the state's behavioral health system that includes three components that will require a 2024 Ballot initiative. It is anticipated that if passed, this plan will require a significant shift in MHSA programming and require additional administrative resources.

- Authorize a $3-5 billion general obligation bond to fund thousands of unlocked community behavioral health residential settings to house residents with mental illness and substance use disorder.
- Amend the Mental Health Services Act (MHSA) to support housing and residential services for people experiencing mental illness and SUD and allowing MHSA funds to serve people with SUD.
- Improve statewide accountability and access to behavioral health services by requiring counties to bill Medi-Cal for all reimbursable services under the Medicaid State Plan and applicable waivers, reduce allowable prudent reserve amounts, and various fiscal transparency efforts.

Fiscal Year 2023-2024 Program and Expenditure Plan

This section of the document provides an overview of programmatic and service level changes that are being recommended for implementation as part of the Program and Expenditure Plan (PEP) for Fiscal Year 2023-2024. Information about allowable services and activities in each of the components can be found on pages 17-25 of this report.

Consistent with direction from the County's Chief Executive Office (CEO), BHRS used the following assumptions to develop the PEP:

- Used Fiscal Year 2022-2023 Adopted Final Budget as base
- Added a 3% escalator for salaries and benefits to account for cost of living increases
- Added a 6.5% escalator for services and supplies, where costs are not already known, to account for cost of living increases
- Used County Cost Allocation Plan (CAP) figures from data provided by CEO

Due to the availability of additional MHSA revenue, BHRS is recommending investments in the following:

- CalAIM (CSS)
- Supportive Services (CSS)
- Prevention and Early Intervention Efforts (PEI)
- Embedded Neighborhood Mental Health Team (INN)
- Workforce Development and Training (WE&T)
- One Stop Shop for Supportive Services (CF)
- Building Administrative Capabilities and Infrastructure (CF and TN)

Projected Available MHSA Fund Balance on July 1, 2023

BHRS is projecting that there will be approximately $11.6 million in available MHSA fund balance on July 1, 2023:

- CSS $3.1 million
- PEI $5.4 million
- INN $1.7 million
- WE&T $470K
- CFTN $300K
- CalHFA Housing $54K
- Prudent Reserve $500K

Estimated MHSA Funding Allocation for FY 2023-2024

Per the Governor's 2023-24 Proposed Budget, an increase in MHSA revenue is projected compared to Fiscal Year 2022-2023. Stanislaus County will be allocated approximately 1.319822% of the statewide MHSA collections. In Fiscal Year 2023-2024, BHRS is projecting approximately $49 million in new funding and interest earned on existing MHSA fund balance:

- CSS $37.2 million
- PEI $9.3 million
- INN $2.5 Million

Community Services and Supports

BHRS is recommending a change in the name of the GSD-16 from Behavioral Health Crisis and Support Line to Access, Crisis, and Support Line. In Fiscal Year 2022-2023, the Behavioral Health Crisis and Support Line and Access line were merged to consolidate access and call center functions.

BHRS is recommending the removal of GSD-21 Outpatient Specialty Mental Health Services for Conservatees, and a corresponding decrease of $627K. Conservatees are being served in Behavioral Health Services Teams (BHSTs) and the GSD program was not implemented in Fiscal Year 2022-2023.

As part of the CalAIM Strategic Initiative, BHRS is recommending an increase to support the following:

- FSP-01 $125K - Add one Behavioral Health Specialist I/II position to the Adult BHST to perform care coordination to ensure timely access to services and link individuals to Managed Care Plan services
- GSD-16 $250K - Add two Behavioral Health Specialist I/II positions to the Access, Crisis and Support Line to perform care coordination to ensure timely access to services and link individuals to Managed Care Plan services
- GSD-16 $180K - Add one Mental Health Coordinator position to the Access, Crisis and Support Line to perform care coordination to ensure timely access to services and link individuals to Managed Care Plan services
- FSP-01 $125K - Add one Behavioral Health Specialist I/II position to the Adult BHST to support a wellness level of care in the south and west county regions and facilitate transition to a lower level of care
- O&E-04 $125K - Add one Behavioral Health Specialist I/II position to Behavioral Health Outreach and Engagement (BHOE) to support the Behavioral Health Quality Improvement Program (BHQIP) Performance Improvement Project (PIP) to ensure clients who visit the emergency room are linked to follow up behavioral health services

As part of the Supportive Services Strategic Initiative, BHRS is recommending an increase to support the following:

- FSP-01 $100K – Add one Clinical Services Technician I/II position to the Adult BHST to provide peer support specialist services. This is a modification to the BHST Core Treatment Model (CTM) to reduce caseloads of peer support specialists in order to ensure that clients are able to access peer support services in a timely fashion and to assist in maintaining wellness and promoting recovery
- FSP-01 $45K – Add one Behavioral Health Coordinator position to assist with implementation of Peer Support Specialist certification and supervise peer support staff embedded in the treatment teams. The cost of this position will be allocated to multiple treatment teams
- O&E-06 $125K – Add one Behavioral Health Specialist I/II position to Housing Support Services to

support clients in the new transitional and permanent supportive housing units that will be coming available in the next year

- O&E-06 Administration $200K – Add one Manager I/II/III position to oversee the day to day operations of the Supportive Services Division and to increase efforts related to housing development for BHRS clients

Prevention and Early Intervention

As part of the CalAIM Strategic Initiative, BHRS is recommending an increase of $125K to EI-05 Children's Early Intervention to add one Behavioral Health Specialist I/II position to Children's Early Intervention to perform care coordination to ensure timely access to services and link individuals to Managed Care Plan services.

As part of the Prevention and Early Intervention Efforts Strategic Initiative, BHRS is recommending an increase to support the following:

- OIRESMI-06 $132K – Add one Staff Services Analyst position to provide community education regarding available behavioral health services and how to access them
- PRE-01 $219K - Expand Promotores/Community Health Outreach Workers contracted services in order to reach additional unserved/underserved areas of the County
- SP-10 $100K – Implement a Suicide Prevention Coalition using the information gained from the Suicide Prevention Innovations Project that was concluded in September 2019

On April 26, 2023, the MHSOAC released Information Notice #23-001 that additional or expanded priorities were adopted, regarding transition age youth not in college, and community defined evidence practices (CDEPs). The following priorities were established by Senate Bill 1004, with recent changes noted in italics from Information Notice #23-001:

1. Childhood trauma prevention and early intervention at the origins of mental health needs
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention across the lifespan
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs *and transition age youth not in college*.
4. Culturally competent and linguistically appropriate prevention and intervention services and strategies *including community defined evidence practices (CDEPs).*
5. Strategies targeting the mental health needs of older adults

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

The following Table maps PEI programs and initiatives, estimated amount of budget allocated, community partner involvement with the expanded PEI Priorities in Information Notice #23-001.

PEI Priority #	PEI Program/Effort that Aligns to Priority	Estimated Budget Allocated to Support this Priority	How Community Partner Input Contributes to these Allocations
PEI Priority #1 **Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.**	1. Children's Early Intervention 2. Center for Human Services School Behavioral Health Integration 3. School Consultation	$2,055,350 $3,383,984 $313,882	MHSA Advisory Committee/ Stakeholder Process
PEI Priority #2 **Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.**	1. Life Path 2. Central Valley Suicide Prevention Hotline 3. National Alliance on Mental Illness	$590,551 $54,235 $60,833	
PEI Priority #3 **Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs and transition age youth not in college.**	1. El Concilio-Youth Behavioral Health Outreach Worker 2. MoPride 3. Youth for Christ 4. LGBTQ Collaborative 5. Youth Assessment Center	$240,000 $15,500 $20,000 $19,500 $150,000	
PEI Priority #4 **Culturally competent and linguistically appropriate prevention and intervention, including community defined evidence practices (CDEPs).**	1. Promotores Airport 2. Promotores Ceres 3. Promotores Denair/Hickman & Waterford 4. Promotores Grayson & Westley 5. Promotores Hughson Empire 6. Promotores Newman 7. Promotores North Modesto 8. Promotores Oakdale 9. Promotores Patterson 10. Promotores Riverbank 11. Promotores South Modesto 12. Promotores Turlock 13. Promotores West Modesto 14. Assyrian Wellness Collaborative 15. National Association for the Advancement of Colored People 16. Peer Recovery Art Project	$58,300 $75,000 $75,000 $32,322 $75,000 $75,000 $75,000 $75,763 $75,000 $59,863 $64,000 $72,787 $75,000 $22,000 $20,500 $15,000	
PEI Priority #5 **Strategies targeting the mental health needs of older adults.**	1. Aging & Veteran's Services	$431,811	

Innovation

BHRS is recommending the addition of the new Embedded Neighborhood Mental Health Team (ENMHT) Innovations Project, which is anticipated to be approved by the Mental Health Services Oversight and Accountability Commission on April 27, 2023 and the Board of Supervisors on May 23, 2023. The ENMHT Innovations Project is expected to begin on April 1, 2024, and the $250K included in Fiscal Year 2023-2024 will support three months of operations.

Workforce Education and Training

As part of the Workforce Development and Training Strategic Initiative, BHRS is recommending the following:

- WET-02 $222K – Increase funding to support additional clinical training and improve the utilization of evidence-based practices
- WET-03 $495K – Implement a new paid internship program for local college and university students to be introduced to careers in behavioral health and/or complete practicum requirements for clinical licensure
- WET-04 $200K – Increase funding to support additional loan repayment opportunities and other retention programs

Capital Facilities and Technological Needs

BHRS is recommending the creation of a new MHSA Capital Facilities CF-01 project named One Stop Shop for Supportive Services in the amount of $3 million in Fiscal Year 2023-2024. Depending upon the construction timelines, the cost for site improvements may not be fully expended in Fiscal Year 2023-2024. If funding needs to be carried forward to Fiscal Year 2024-2025, BHRS will make any required adjustment during the Annual Update process.

As part of the Building Administrative Capabilities and Infrastructure Strategic Initiative, BHRS is recommending the following:

- CF-02 BHRS Master Facility Plan $500K – Creation of a new CF project for Fiscal Year 2023-2024 to address needs for deferred maintenance for aging facilities and Americans with Disabilities Act (ADA) improvements and maximize space utility. If funding needs to be carried forward to Fiscal Year 2024-2025, BHRS will make any required adjustment during the Annual Update process.
- TN-10 New Electronic Health Record $928K – Implementation costs for the new Electronic Health Record (EHR) were included in the Fiscal Year 2022-2023 PEP and BHRS is anticipating migrating to the new platform on July 1, 2023. Continued TN funding is being recommended to support the agreement with the California Mental Health Services Authority (CalMHSA) for ongoing EHR software subscription costs and technical assistance
- TN-11 New Infrastructure $500K – Ongoing support for various Information Technology (IT) infrastructure projects to improve network uptime, protect the network, improve connectivity, ensure access, and refresh hardware.

Housing

No service level changes are being recommended by BHRS.

MHSA Components Defined

Community Services and Supports

Community Services and Supports (CSS) is defined as mental health services and supports for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care) (9 CCR § 3200.080) and has three categories:

- **Full Services Partnership (FSP)** is a service where the collaborative relationship between the County and the client, and when appropriate the client's family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals (9 CCR § 3200.140).
- **General System Development (GSD)** services are designed to improve the County's mental health service delivery system for all clients and/or to pay for specified mental health services and supports for clients, and/or when appropriate their families (9 CCR § 3200.170).
- **Outreach and Engagement (O&E)** are activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County (9 CCR § 3200.240).

Prevention and Early Intervention

Prevention and Early Intervention (PEI) services are intended to prevent mental illnesses from becoming severe and disabling (9 CCR § 3200.245) and the component has five (5) categories:

- **Prevention** is defined as a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of these programs is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840(d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members (9 CCR § 3720).
- **Early Intervention** is defined as treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840(d) that may result from untreated mental illness)9 CCR § 3710).
- **Stigma and Discrimination Reduction** services are direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families (9 CCR § 3725).
- **Access and Linkage to Treatment** is a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment,

including, but not limited to, care provided by county mental health programs (9 CCR § 3726).
- **Suicide Prevention** is organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness (9 CCR § 3730).

At least 51% of PEI funding must be dedicated to serving individuals 25 years or younger (9 CCR § 3706 (b)).

Innovation

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.

Workforce Education and Training

Workforce Education and Training (WE&T) contains five (5) categories:
- **Training and Technical Assistance** programs and/or activities increase the ability of the Public Mental Health System workforce to do the following (9 CCR § 3841):
    - Promote and support the General Standards in 9 CCR § 3320.
    - Support the participation of clients and family members of clients in the Public Mental Health System.
    - Increase collaboration and partnerships among Public Mental Health System staff and individuals and/or entities that participate in and support the provision of services in the Public Mental Health System.
    - Promote cultural and linguistic competence.
- **Mental Health Career Pathways** funds may support (9 CCR § 3842):
    - Programs to prepare clients and/or family members of clients for employment and/or volunteer work in the Public Mental Health System.
    - Programs and coursework in high schools, adult education, regional occupational programs, colleges and universities that introduce individuals to and prepare them for employment in the Public Mental Health System.
    - Career counseling, training and/or placement programs designed to increase access to employment in the Public Mental Health System to groups such as immigrant communities, Native Americans and racial/ethnic, cultural and linguistic groups that are underrepresented in the Public Mental Health System, as underrepresentation is defined in Government Code § 11139.6.
    - Focused outreach and engagement in order to provide equal opportunities for

employment to individuals who share the racial/ethnic, cultural and linguistic characteristics of the clients served.
    - Supervision of employees in Public Mental Health System occupations that are in a Mental Health Career Pathway Program.
- **Residency and Internship Programs** funds may support (9 CCR § 3843):
    - Time required of staff, including university faculty, to supervise psychiatric residents training to work in the Public Mental Health System.
    - Time required of staff, including university faculty, to supervise post-graduate interns training to work as psychiatric nurse practitioners, Master of Social Work, marriage and family therapists, or clinical psychologists in the Public Mental Health System.
        - Only faculty time spent supervising interns in programs designed to lead to licensure is eligible.
    - Time required of staff, including university faculty, to train psychiatric technicians to work in the Public Mental Health System.
    - Time required of staff, including university faculty, to train physician assistants to work in the Public Mental Health System and to prescribe psychotropic medications under the supervision of a physician.
    - Addition of a mental health specialty to a physician assistant program.
- **Financial Incentive Programs** may be used to that address one or more of the occupational shortages identified in the County's Workforce Needs Assessment. Financial Incentive Programs include (9 CCR § 3844):
    - Scholarships
    - Stipends
    - Loan assumption programs
- **Workforce Staffing Support** is defined as staff needed to plan, administer, coordinate and/or evaluate Workforce Education and Training programs and activities (9 CCR § 3200.325).

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CFTN) is defined as projects for the acquisition and development of land and the construction or renovation of buildings or the development, maintenance or improvement of information technology for the provision of Mental Health Services Act administration, services, and supports. Capital Facilities and Technological Needs does not include housing projects (9 CCR § 3200.022).

Prudent Reserve

Per W&IC 5847(b)(7), counties are required to establish and maintain a Prudent Reserve to ensure children, adults, and seniors can continue receiving services at current levels in the event of an economic downturn. The Prudent Reserve is funded with revenue allocated to the Community Services and Supports component and cannot exceed 33% of a county's average distribution for the previous five years.

MHSA Populations Defined

Mental Health Services Act funds are designed to provide services to several priority populations that are outlined below.

Underserved

Underserved is defined as a client of any age who has been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services but are not provided the necessary or appropriate opportunities to support his/her recovery, wellness and/or resilience (9 CCR § 3200.300). When appropriate, it includes clients whose family members are not receiving sufficient services to support the client's recovery, wellness and/or resilience. These clients include, but are not limited to:

- Those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out of home placement or other serious consequences
- Members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services
- Those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services

Unserved

Unserved is defined as those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services (9 CCR § 3200.310). Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

Transition Aged Youth

Transition Age Youth is defined as youth 16 years to 25 years of age (9 CCR § 3200.280).

Funding Allocation

The distribution of MHSA funds takes place on a monthly basis (W&I Code Section 5892(j)(5)) and counties are responsible for ensuring that funds are spent in compliance with W&I Code Section 5892(a):

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

Annually, based on an average of the past five years allocation, up to 20% of CSS funds may be used for any one or a combination of Workforce, Education and Training, Capital Facilities, Technological Needs, or Prudent Reserve.

Counties receive monthly payments from the California State Controller's Office (SCO) based on an available cash basis. MHSA can be a volatile funding source and is driven by the state of the economy and the way in which state income taxes are assessed and paid. Due to potential volatility in funding, sufficient cash flow to support and sustain MHSA programs is needed. In the event of an economic downturn, programmatic changes will need to be recommended. BHRS estimates the availability of MHSA funding based on the projections provided in the California State Budgets and analysis provided by the County Behavioral Health Directors Association (CBHDA).

Fiscal Years 2023-2026 Funding Summary Table and Component Worksheets

The MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 is shown in the following tables that are summarized at the funding component level. The MHSA funding recommendations were included in the BHRS' Fiscal Year 2023-2024 Proposed Budget request, which will be considered by the Board of Supervisors on June 14, 2022. If approved, the PEP will be effective July 1, 2022 through June 30, 2023. Expenditure and revenue projections are updated during each budget cycle and material changes will be discussed during the Community Program Planning Process outlined on pages 158-162 of this document.

Funding Summary Table

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan									
Funding Summary									
County: Stanislaus								Date:	4/3/2023
		MHSA Funding							
		A	B	C	D	E		F	G
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Housing (Returned from CalHFA)	Prudent Reserve	Total
A. Estimated FY2023/24 Funding									
1.	Estimated Unspent Funds from Prior Fiscal Years	3,069,155	5,431,202	1,740,343	466,155	300,351	53,985	500,000	11,561,192
2.	Estimated New FY2023/24 Funding + Interest	37,217,791	9,325,698	2,481,236	1,400	1,000			49,027,125
3.	Transfer in FY2023/24[a/]	(6,293,323)			1,346,827	4,946,496			0
4.	Access Local Prudent Reserve in FY2023/24								0
5.	Estimated Available Funding for FY2023/24	33,993,623	14,756,900	4,221,579	1,814,382	5,247,847	53,985		60,088,317
B. Estimated FY2023/24 Expenditures		39,097,772	10,744,717	2,898,831	1,814,382	5,247,847	10,000		59,813,549
C. Estimated FY2024/25 Funding									
1.	Estimated Unspent Funds from Prior Fiscal Years	(5,104,149)	4,012,183	1,322,748	0	(0)	43,985	500,000	774,768
2.	Estimated New FY2024/25 Funding + Interest	37,217,791	9,325,698	2,481,236	1,400	1,000			49,027,125
3.	Transfer in FY2024/25[a/]	(3,318,559)			1,612,982	1,705,577			0
4.	Access Local Prudent Reserve in FY2024/25								0
5.	Estimated Available Funding for FY2024/25	28,795,083	13,337,881	3,803,984	1,614,382	1,706,577	43,985		49,301,893
D. Estimated FY2024/25 Expenditures		39,097,772	10,844,717	2,810,916	1,614,382	1,706,577	10,000		56,084,364
E. Estimated FY2025/26 Funding									
1.	Estimated Unspent Funds from Prior Fiscal Years	(10,302,689)	2,493,164	993,068	0	(0)	33,985	500,000	(6,282,471)
2.	Estimated New FY2025/26 Funding + Interest	37,217,791	9,325,698	2,481,236	1,400	1,000			49,027,125
3.	Transfer in FY2025/26[a/]	(3,318,559)			1,612,982	1,705,577			0
4.	Access Local Prudent Reserve in FY2025/26								0
5.	Estimated Available Funding for FY2025/26	23,596,543	11,818,862	3,474,304	1,614,382	1,706,577	33,985		42,244,654
F. Estimated FY2025/26Expenditures		39,097,772	10,844,717	2,810,916	1,614,382	1,706,577	10,000		56,084,364

Community Services and Supports Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan							
Community Services and Supports (CSS) Component Worksheet							
County:	Stanislaus					Date:	4/3/23
		Fiscal Year 2023/24					
		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	15,109,963	6,066,419	9,043,544			
2.	Adult Medication Clinic	4,525,859	2,209,604	2,316,255			
3.	Children and Transition Age Youth Behavioral Health Services Team	7,122,312	3,561,157	3,561,155			
4.							
5.							
Non-FSP Programs							
	O&E Programs						
4.	Behavioral Health Outreach and Engagement	1,824,678	1,671,796				152,882
5.	Assisted Outpatient Treatment	358,675	308,675	50,000			
6.	Housing Support Services	2,092,245	2,092,245				
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	119,491	119,491				
10.	Community Assessment, Response, and Engagement	2,021,186	834,177				1,187,009
	GSD Programs						
11.	Adult Residential Facilities	10,213,122	10,213,122				
12.	Residential Substance Use Disorder Board and Care	80,992	80,992				
13.	Housing Placement Assistance	759,700	759,700				
14.	Employment Support Services	219,231	133,808				85,423
15.	Behavioral Health Wellness Center	1,635,450	1,635,450				
16.	Behavioral Health Crisis and Support Line	2,662,023	2,623,558				38,465
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	769,440	384,720	384,720			
20.	GSD Portion of Adult Medication Clinic	1,096,326	535,246	561,080			
CSS Administration		3,531,815	2,718,115	813,700			
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		59,302,276	39,097,772	18,740,725	0	0	1,463,779
FSP Programs as Percent of Total		68.4%					

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Stanislaus

Date: 4/3/23

		Fiscal Year 2024/25					
		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	15,109,963	6,066,419	9,043,544			
2.	Adult Medication Clinic	4,525,859	2,209,604	2,316,255			
3.	Children and Transition Age Youth Behavioral Health Services Team	7,122,312	3,561,157	3,561,155			
4.							
5.							
Non-FSP Programs							
	O&E Programs						
4.	Behavioral Health Outreach and Engagement	1,824,678	1,671,796				152,882
5.	Assisted Outpatient Treatment	358,675	308,675	50,000			
6.	Housing Support Services	2,092,245	2,092,245				
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	119,491	119,491				
10.	Community Assessment, Response, and Engagement	2,021,186	834,177				1,187,009
	GSD Programs						
11.	Adult Residential Facilities	10,213,122	10,213,122				
12.	Residential Substance Use Disorder Board and Care	80,992	80,992				
13.	Housing Placement Assistance	759,700	759,700				
14.	Employment Support Services	219,231	133,808				85,423
15.	Behavioral Health Wellness Center	1,635,450	1,635,450				
16.	Behavioral Health Crisis and Support Line	2,662,023	2,623,558				38,465
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	769,440	384,720	384,720			
20.	GSD Portion of Adult Medication Clinic	1,096,326	535,246	561,080			
CSS Administration		3,531,815	2,718,115	813,700			
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		59,302,276	39,097,772	18,740,725	0	0	1,463,779
FSP Programs as Percent of Total		68.4%					

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan							
Community Services and Supports (CSS) Component Worksheet							
County: Stanislaus						Date:	4/3/23
		Fiscal Year 2025/26					
		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	15,109,963	6,066,419	9,043,544			
2.	Adult Medication Clinic	4,525,859	2,209,604	2,316,255			
3.	Children and Transition Age Youth Behavioral Health Services Team	7,122,312	3,561,157	3,561,155			
4.							
5.							
Non-FSP Programs							
	O&E Programs						
4.	Behavioral Health Outreach and Engagement	1,824,678	1,671,796				152,882
5.	Assisted Outpatient Treatment	358,675	308,675	50,000			
6.	Housing Support Services	2,092,245	2,092,245				
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	119,491	119,491				
10.	Community Assessment, Response, and Engagement	2,021,186	834,177				1,187,009
	GSD Programs						
11.	Adult Residential Facilities	10,213,122	10,213,122				
12.	Residential Substance Use Disorder Board and Care	80,992	80,992				
13.	Housing Placement Assistance	759,700	759,700				
14.	Employment Support Services	219,231	133,808				85,423
15.	Behavioral Health Wellness Center	1,635,450	1,635,450				
16.	Behavioral Health Crisis and Support Line	2,662,023	2,623,558				38,465
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	769,440	384,720	384,720			
20.	GSD Portion of Adult Medication Clinic	1,096,326	535,246	561,080			
CSS Administration		3,531,815	2,718,115	813,700			
CSS MHSA Housing Program Assigned Funds		0					
Total CSS Program Estimated Expenditures		59,302,276	39,097,772	18,740,725	0	0	1,463,779
FSP Programs as Percent of Total		68.4%					

Prevention and Early Intervention Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Stanislaus | Date: 4/3/23

		Fiscal Year 2023/24					
		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.	Promotores/Community Health Outreach Workers	1,091,636	1,091,636				
2.	Child and Youth Resiliency Prevention	405,000	405,000				
PEI Programs - Early Intervention							
3.	Early Psychosis Intervention	590,551	530,551	60,000			
4.	School Behavioral Health Integration	3,804,022	2,404,842	1,399,180			
5.	Children's Early Intervention	2,735,707	1,405,211	1,330,496			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness							
6.	Outreach for Increasing Recognition of Early Signs of Mental Illness	515,750	515,750				
7.	Community Based Cultural and Ethnic Engagement	770,000	770,000				
8.	Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction							
9.	Stigma & Discrimination Reduction	357,728	357,728				
PEI Programs -Suicide Prevention							
10.	Suicide Prevention	236,990	236,990				
PEI Programs -Access and Linkage							
11.	Older Adult and Veteran Access and Linkage	374,400	374,400				
PEI Administration and Evaluation		2,488,332	2,488,332				
PEI Assigned Funds		103,444	103,444				
Total PEI Program Estimated Expenditures		13,534,393	10,744,717	2,789,676	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan

Prevention and Early Intervention (PEI) Component Worksheet

County: Stanislaus

Date: 4/3/23

	Fiscal Year 2024/25					
	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. Promotores/Community Health Outreach Workers	1,091,636	1,091,636				
2. Child and Youth Resiliency Prevention	405,000	405,000				
PEI Programs - Early Intervention						
3. Early Psychosis Intervention	590,551	530,551	60,000			
4. School Behavioral Health Integration	3,804,022	2,404,842	1,399,180			
5. Children's Early Intervention	2,735,707	1,405,211	1,330,496			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
6. Outreach for Increasing Recognition of Early Signs of Mental Illness	515,750	515,750				
7. Community Based Cultural and Ethnic Engagement	770,000	770,000				
8. Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction						
9. Stigma & Discrimination Reduction	357,728	357,728				
PEI Programs -Suicide Prevention						
10. Suicide Prevention	336,990	336,990				
PEI Programs -Access and Linkage						
11. Older Adult and Veteran Access and Linkage	374,400	374,400				
PEI Administration and Evaluation	2,488,332	2,488,332				
PEI Assigned Funds	103,444	103,444				
Total PEI Program Estimated Expenditures	13,634,393	10,844,717	2,789,676	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Stanislaus | Date: 4/3/23

		Fiscal Year 2025/26					
		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.	Promotores/Community Health Outreach Workers	1,091,636	1,091,636				
2.	Child and Youth Resiliency Prevention	405,000	405,000				
PEI Programs - Early Intervention							
3.	Early Psychosis Intervention	590,551	530,551	60,000			
4.	School Behavioral Health Integration	3,804,022	2,404,842	1,399,180			
5.	Children's Early Intervention	2,735,707	1,405,211	1,330,496			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness							
6.	Outreach for Increasing Recognition of Early Signs of Mental Illness	515,750	515,750				
7.	Community Based Cultural and Ethnic Engagement	770,000	770,000				
8.	Training and Education	60,833	60,833				
PEI Programs -Stigma & Discrimination Reduction							
9.	Stigma & Discrimination Reduction	357,728	357,728				
PEI Programs -Suicide Prevention							
10.	Suicide Prevention	336,990	336,990				
PEI Programs -Access and Linkage							
11.	Older Adult and Veteran Access and Linkage	374,400	374,400				
PEI Administration and Evaluation		2,488,332	2,488,332				
PEI Assigned Funds		103,444	103,444				
Total PEI Program Estimated Expenditures		13,634,393	10,844,717	2,789,676	0	0	0

Innovations Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2023/24					
	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	200,000	200,000				
2. Full-Service Partnership (FSP) Multi-County Collaborative	255,666	255,666				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	243,655	243,655				
4. Community Program Planning	124,000	124,000				
5. Embedded Neighborhood Mental Health Team	250,000	250,000				
6. New Requests for Proposals	1,437,915	1,437,915				
INN Administration	387,595	387,595				
Total INN Program Estimated Expenditures	2,898,831	2,898,831	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2024/25					
	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	200,000	200,000				
2. Full-Service Partnership (FSP) Multi-County Collaborative	255,666	255,666				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	243,655	243,655				
4. Community Program Planning	124,000	124,000				
5. Embedded Neighborhood Mental Health Team	1,000,000	1,000,000				
6. New Requests for Proposals	600,000	600,000				
INN Administration	387,595	387,595				
Total INN Program Estimated Expenditures	2,810,916	2,810,916	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Stanislaus

Date: 4/3/23

	Fiscal Year 2025/26					
	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	200,000	200,000				
2. Full-Service Partnership (FSP) Multi-County Collaborative	255,666	255,666				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	243,655	243,655				
4. Community Program Planning	124,000	124,000				
5. Embedded Neighborhood Mental Health Team	1,000,000	1,000,000				
6. New Requests for Proposals	600,000	600,000				
INN Administration	387,595	387,595				
Total INN Program Estimated Expenditures	2,810,916	2,810,916	0	0	0	0

Workforce Education and Training Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2023/24					
	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	800,000	800,000				
3. Mental Health Career Pathways	500,000	500,000				
4. WET Central Region Partnership	416,442	416,442				
5. Financial Incentive	0					
6.	0					
WET Administration	97,940	97,940				
Total WET Program Estimated Expenditures	1,814,382	1,814,382	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2024/25					
	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	800,000	800,000				
3. Mental Health Career Pathways	500,000	500,000				
4. WET Central Region Partnership	216,442	216,442				
5. Financial Incentive	0					
6.	0					
WET Administration	97,940	97,940				
Total WET Program Estimated Expenditures	1,614,382	1,614,382	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Stanislaus

Date: 4/3/23

	Fiscal Year 2025/26					
	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	800,000	800,000				
3. Mental Health Career Pathways	500,000	500,000				
4. WET Central Region Partnership	216,442	216,442				
5. Financial Incentive	0					
6.	0					
WET Administration	97,940	97,940				
Total WET Program Estimated Expenditures	1,614,382	1,614,382	0	0	0	0

Capital Facilities and Technological Needs Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan Capital Facilities/Technological Needs (CFTN) Component Worksheet							
County:	Stanislaus					Date:	4/3/23
		Fiscal Year 2023/24					
		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.	One Stop Shop for Supportive Services	3,000,000	3,000,000				
2.	BHRS Master Facility Plan	482,000	482,000				
3.		0					
4.		0					
5.		0	0				
CFTN Programs - Technological Needs Projects							
6.	Electronic Health Record (EHR System)	305,525	305,525				
7.	Consumer Family Access	20,907	20,907				
8.	Electronic Health Data Warehouse	10,165	10,165				
9.	Document Imaging	1,250	1,250				
10.	New Electronic Health Record System	928,000	928,000				
11.	New Infrastructure	500,000	500,000				
CFTN Administration		0					
Total CFTN Program Estimated Expenditures		5,247,847	5,247,847	0	0	0	0

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Stanislaus | Date: 4/3/23

		Fiscal Year 2024/25					
		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	0				
2.		0					
3.		0					
4.		0					
5.		0	0				
CFTN Programs - Technological Needs Projects							
6.	Electronic Health Record (EHR System)	306,255	306,255				
7.	Consumer Family Access	20,907	20,907				
8.	Electronic Health Data Warehouse	10,165	10,165				
9.	Document Imaging	1,250	1,250				
10.	New Electronic Health Record System	868,000	868,000				
11.	New Infrastructure	500,000	500,000				
CFTN Administration		0					
Total CFTN Program Estimated Expenditures		1,706,577	1,706,577	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Stanislaus | Date: 4/3/23

		Fiscal Year 2025/26					
		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	0				
2.		0					
3.		0					
4.		0					
5.		0	0				
CFTN Programs - Technological Needs Projects							
6.	Electronic Health Record (EHR System)	306,255	306,255				
7.	Consumer Family Access	20,907	20,907				
8.	Electronic Health Data Warehouse	10,165	10,165				
9.	Document Imaging	1,250	1,250				
10.	New Electronic Health Record System	868,000	868,000				
11.	New Infrastructure	500,000	500,000				
CFTN Administration		0					
Total CFTN Program Estimated Expenditures		1,706,577	1,706,577	0	0	0	0

Housing Component Worksheets

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Housing Component Worksheet (Returned from CalHFA)

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2023/24					
	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				
2.	0					
3.	0					
4.	0					
5.	0					
Housing Administration	0					
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan
Housing Component Worksheet (Returned from CalHFA)

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2024/25					
	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				
2.	0					
3.	0					
4.	0					
5.	0					
Housing Administration	0					
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

FY 2023-24 Through 2025-26 Mental Health Services Act Expenditure Plan

Housing Component Worksheet (Returned from CalHFA)

County: Stanislaus | Date: 4/3/23

	Fiscal Year 2025/26					
	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				
2.	0					
3.	0					
4.	0					
5.	0					
Housing Administration	0					
Total Housing Program Estimated Expenditures	10,000	10,000	0	0	0	0

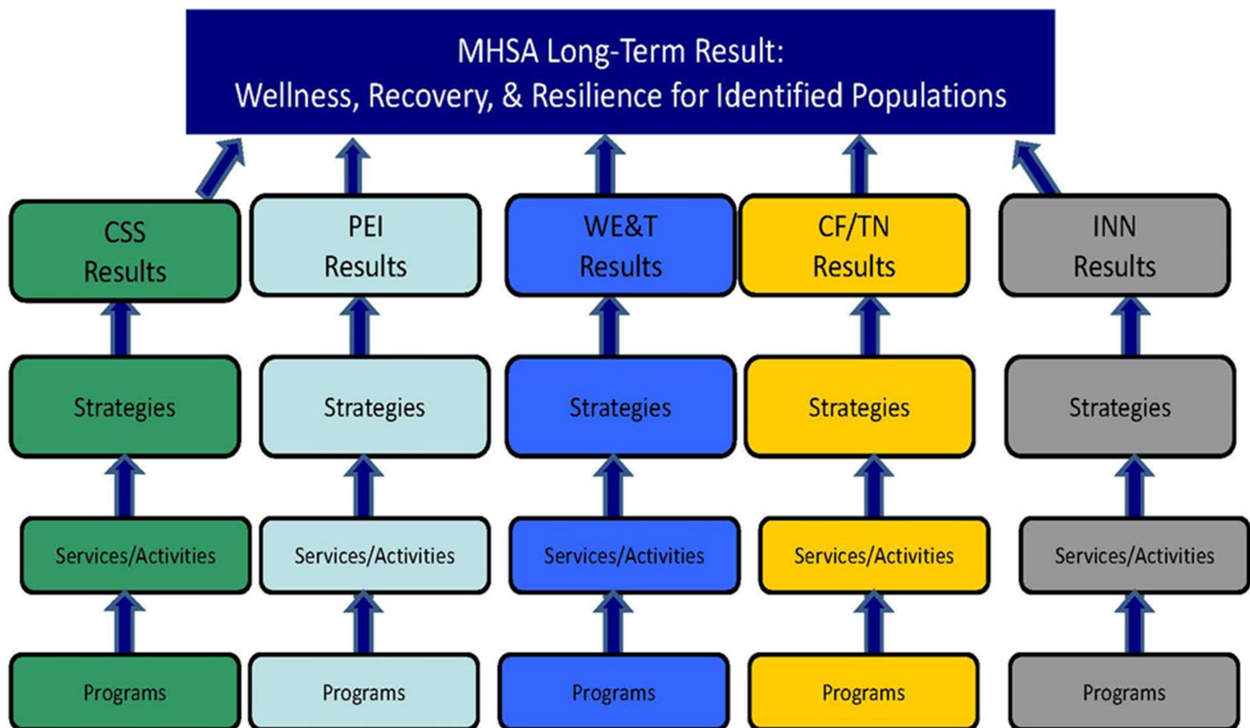
Fiscal Year 2021-2022 Actual Results

This section reports actual results for programs and services that were funded by MHSA in Fiscal Year 2021-2022. As noted earlier, with the alignment of the MHSA PEP to the BHRS Strategic Plan, MHSA programs and services were restructured, and multiple programs were concluded effective June 30, 2021. If the program or service continued to Fiscal Year 2021-2022, additional operational information is provided.

Theory of Change – Results Based Accountability Framework

BHRS embraces the values of MHSA to improve behavioral health outcomes for those community members struggling with mental illness. The Department's goal is to transform the public mental health system with a long-term goal to create community outcomes that represent Wellness, Recovery and Resilience. To guide the efforts, BHRS uses the Theory of Change and Results Based Accountability (RBA) frameworks.

The Theory of Change is a road map for planning and evaluation to promote change. It defines long-term goals and desired outcomes. RBA is a methodology to develop, interpret, and present program results. BHRS utilizes the RBA framework to evaluate services and progress and to show how programs are impacting lives of those who are served.



Community Services and Supports

In Fiscal Year 2021-2022, the programs outlined below were in operation. Actual program results for the individual programs are found on the following pages.

Full Service Partnership (FSP) programs:

- FSP-01 Adult Behavioral Health Services Team
- FSP-02 Adult Medication Clinic
- FSP-03 Children and Transition Age Youth Behavioral Health Services Team

General System Development (GSD) programs:

- GSD-01 Adult Residential Facilities
- GSD-02 Residential Substance Use Disorder Board and Care
- GSD-03 Housing Placement Assistance
- GSD-04 Employment Support Services
- GSD-05 Behavioral Health Wellness Center
- GSD-06 Behavioral Health Crisis and Support Line
- GSD-07 Short Term Residential Therapeutic Programs
- GSD-08 Crisis Residential Unit
- GSD-09 Therapeutic Foster Care Services
- GSD-10 Portion of Adult Medication Clinic
- GSD-11 Outpatient Specialty Mental Health Services for Conservatees

Outreach and Engagement (O&E) programs:

- O&E-01 Behavioral Health Outreach and Engagement
- O&E-02 Assisted Outpatient Treatment
- O&E-03 Housing Support Services
- O&E-04 Employment Support Services
- O&E-05 Short-Term Shelter and Housing
- O&E-06 Homelessness Access Center Integration
- O&E-07 Community Assessment, Response, and Engagement

FSP-01 Adult Behavioral Health Services Team Model

Operated By: Stanislaus County Behavioral Health & Recovery Services, Telecare, Turning Point
System of Care: Adult System of Care (ASOC)

PROGRAM DESCRIPTION
The Adult Behavioral Health Services Team (BHST) structure aims to broaden access to services for clients across programs by eliminating the current structure in which teams specialize with certain populations or treatment needs. All treatment teams would serve the range of populations that meet criteria such as criminal justice involved, homelessness, co-occurring SUDs, and high-risk health issues. BHSTs have levels of care to allow clients to progress through the recovery process with support from a trusted mental health treatment team. By integrating levels of care in a team, the client can access higher or lower levels of services, while maintaining the valuable therapeutic relationship within a team that uniquely understands the client's mental health needs and has developed a trusted relationship.

TARGET POPULATION
- Transitional Age Young Adults – age range is 18-25. In FY 2021-2022 the estimated number of TAY to be served is 185.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 760.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of TAY to be served is 170.

SERVICES AND ACTIVITIES
Services include 24/7 access to a known service provider, access to supportive service funds, individualized service planning, peer and family support, housing and employment assistance, independent living skills training, mental health rehabilitation, case management, therapy, medication support, and linkages to existing community supports.

Telecare Behavioral Health Services Team

Operated By: Telecare
System of Care: ASOC

PROGRAM DESCRIPTION
A multi-disciplinary program that provides comprehensive mental health and co-occurring services for adults (ages 18 and older) who as a result of serious and persistent mental illness have difficulty maintaining stable residence, experience significant inability to engage in productive activities and daily responsibilities or experience frequent or lengthy psychiatric hospitalization.

TARGET POPULATION
- Transitional Age Young Adults (TAY) – age range is 18-25. In FY 2021-2022, the estimated number of TAY to be served is 150.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 360.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is

50.

SERVICES AND ACTIVITIES

Services include 24/7 access to a known service provider, access to supportive service funds, individualized service planning, peer and family support, housing and employment assistance, independent living skills training, mental health rehabilitation, case management, therapy, medication support, and linkages to existing community supports.

Turning Point Behavioral Health Services Team

Operated By: Turning Point
System of Care: ASOC

PROGRAM DESCRIPTION

A multi-disciplinary program that provides comprehensive mental health and co-occurring services for adults (ages 18 and older) who as a result of serious and persistent mental illness have difficulty maintaining stable residence, experience significant inability to engage in productive activities and daily responsibilities or experience frequent or lengthy psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25. In FY 2021-2022 the estimated number of TAY to be served is 15.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 180.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 90.

SERVICES AND ACTIVITIES

Services include 24/7 access to a known service provider, access to supportive service funds, individualized service planning, peer and family support, housing and employment assistance, independent living skills training, mental health rehabilitation, case management, therapy, medication support, and linkages to existing community supports.

Turlock Behavioral Health Services Team

Operated By: BHRS
System of Care: ASOC

PROGRAM DESCRIPTION

A multi-disciplinary program that provides comprehensive mental health and co-occurring services for adults (ages 18 and older) who as a result of serious and persistent mental illness have difficulty maintaining stable residence, experience significant inability to engage in productive activities and daily responsibilities or experience frequent or lengthy psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25. In FY 2021-2022 the estimated number of TAY to be served is 20.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 220.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 30.

SERVICES AND ACTIVITIES

Services include 24/7 access to a known service provider, access to supportive service funds, individualized service planning, peer and family support, housing and employment assistance, independent living skills training, mental health rehabilitation, case management, therapy, medication support, and linkages to existing community supports.

GSD FUNDED SERVICES

Not applicable.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1,115.

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

Actual Cost	**Total Number of Participants**	**Estimated Cost Per Participant**
$3,845,352	1,226	$3,137

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts BHST Telecare		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**48**	**8%**
Asian	**27**	**4%**
Hispanic	**224**	**37%**
Native American	**14**	**2%**
Other	**13**	**2%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**271**	**45%**
Total:	**608**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts BHST Telecare		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**175**	**29%**
Adult (26-59)	**383**	**63%**
Older Adult (60+)	**50**	**8%**
Unknown	**0**	**0%**
Total	**608**	**100%**

Unique Client Counts BHST Telecare		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**569**	**94%**
Spanish	**28**	**5%**
Other	**11**	**2%**
Unknown	**0**	**0%**
Total	**608**	**100%**

Data source:

- Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

Unique Client Counts BHST Turning Point		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**19**	**6%**
Asian	**11**	**3%**
Hispanic	**70**	**22%**
Native American	*	**2%**
Other	*	**1%**
Pacific Islander	*	**2%**
Unknown	*	**0%**
White	**202**	**64%**
Total:	**318**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts BHST Turning Point		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**17**	**5%**
Adult (26-59)	**196**	**62%**
Older Adult (60+)	**105**	**33%**
Unknown	**0**	**0%**
Total	**318**	**100%**

Unique Client Counts BHST Turning Point		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**304**	**96%**
Spanish	*	**3%**
Other	*	**2%**
Unknown	**0**	**0%**
Total	**318**	**100%**

(*) Due to privacy any value <10 has been removed

Data source:

- Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

Unique Client Counts BHST Turlock		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**15**	**5%**
Asian	**16**	**5%**
Hispanic	**99**	**33%**
Native American	*	**1%**
Other	*	**3%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**154**	**51%**
Total:	**300**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts BHST Turlock		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**26**	**9%**
Adult (26-59)	**232**	**77%**
Older Adult (60+)	**42**	**14%**
Unknown	**0**	**0%**
Total	**300**	**100%**

Unique Client Counts BHST Turlock		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**267**	**89%**
Spanish	**21**	**7%**
Other	**12**	**4%**
Unknown	**0**	**0%**
Total	**300**	**100%**

Data source:

- Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for FSP – BHST Telecare	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	608
Average number of clinical services per individual*	20 12,374 / 608
Average number of support services per individual*	15 9,124 / 608
How Well?	
% of annual target of individuals served*	108% 608 / 560
Average length of FSP Service -- days*	244 148,520 / 608
% of discharged individuals met goals or transitioned to a lower level of care*	24% 63 / 261
% of surveyed individuals were satisfied with services**	91% 21 / 23
% of surveyed individuals said that "staff believed I could change"**	91% 20 / 22
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	77% 17 / 22
% of surveyed individuals indicated that as a result of services, they feel they belong to their community. **	73% 16 / 22
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	92% 124 / 135

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

FY 21/22 Residential Outcomes for Partners After One Year in BHST Telecare # Completed at Least 1 Year = 385						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	-22.8%	57	44	-47.3%	11,267	5,942
Incarcerations	-52.1%	48	23	-55.6%	3,228	1,434
Acute Medical Hospitalizations	-45.5%	22	12	-48.8%	301	154
Acute Psych Hospitalizations	-32.1%	156	106	67.9%	4,003	6,721
State Psychiatric	-85.7%	7	1	-99.9%	1,499	1

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 11/03/2022 for FY 21/22.

How to read this table:

From left to right, reviewing Full-Service Partnership Residential data:

The first column provides residential categories reported.

- The second column provides the percentage of individuals increase or decrease in residential status when comparing one year prior to enrollment and one-year post enrollment as well as the number of individuals reported in each category.
- The third column indicates the percentage of increase or decrease in the number of days the individuals reported to be in a residential status when comparing one year prior to enrollment and one-year post enrollment, as well as the number of days reported in each category.
- When the percentage is green or there is a minus symbol before the percentage, that indicates there was a decrease, which is a positive outcome.
- When the percentage is red it indicates a negative outcome for the partner.

MHSA Outcomes for FSP – BHST Turning Point	
Outcomes	Number/Percentage FY 22/22
How Much?	
Individuals Served*	318
Average number of clinical services per individual*	16 5,199 / 318
Average number of support services per individual*	13 4,150 / 318
How Well?	
% of annual target of individuals served*	111% 318 / 285
Average length of FSP Service -- days*	230 72,983 / 318
% of discharged individuals met goals or transitioned to a lower level of care*	76% 75 / 99
% of surveyed individuals were satisfied with services**	87% 34 / 39
% of surveyed individuals said that "staff believed I could change"**	87% 34 / 39
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	89% 34 / 38
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	78% 28 / 36
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	83% 192 / 230

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

FY 21/22 Residential Outcomes for Partners After One Year in Turning Point # Completed at Least 1 Year = 240						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	-28.8%	52	37	-68.0%	9,341	2,991
Incarcerations	-65.4%	26	9	-69.3%	1,746	536
Acute Medical Hospitalizations	14.8%	27	31	-1.0%	690	683
Acute Psych Hospitalizations	-7.6%	119	110	51.8%	3,686	5,594
State Psychiatric	-42.9%	7	4	-86.3%	1,735	238

Data source:
- State DCR Application with Enhanced Partnership Level Data program ran 11/03/2022 for FY 21/22.

How to read this table:

From left to right, reviewing Full-Service Partnership Residential data:
The first column provides residential categories reported.
- The second column provides the percentage of individuals increase or decrease in residential status when comparing one year prior to enrollment and one-year post enrollment as well as the number of individuals reported in each category.
- The third column indicates the percentage of increase or decrease in the number of days the individuals reported to be in a residential status when comparing one year prior to enrollment and one-year post enrollment, as well as the number of days reported in each category.
- When the percentage is green or there is a minus symbol before the percentage, that indicates there was a decrease, which is a positive outcome.
- When the percentage is red it indicates a negative outcome for the partner.

MHSA Outcomes for FSP – BHST Turlock	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	300
Average number of clinical services per individual*	7 2,140 / 300
Average number of support services per individual*	10 3,004 / 300
How Well?	
% of annual target of individuals served*	111% 300 / 270
Average length of FSP Service -- days*	162 48,665 / 300
% of discharged individuals met goals or transitioned to a lower level of care**	36% 52 / 146
% of surveyed individuals were satisfied with services**	91% 30 / 33
% of surveyed individuals said that "staff believed I could change"**	87% 27 / 31
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	70% 19 / 27
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	52% 14 / 27
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	88% 174 / 197

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

FY 21/22 Residential Outcomes for Partners After One Year in BHST Turlock # Completed at Least 1 Year = 15						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	100.0%	1	2	-29.4%	360	254
Incarcerations	-50.0%	2	1	-91.5%	352	30
Acute Medical Hospitalizations	100.0%	1	2	360.0%	5	23
Acute Psych Hospitalizations	-20.0%	10	8	71.8%	294	505
State Psychiatric	0	0	0	0	0	0

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 11/03/2022 for FY 21/22.

How to read this table:

From left to right, reviewing Full-Service Partnership Residential data:
The first column provides residential categories reported.

- The second column provides the percentage of individuals increase or decrease in residential status when comparing one year prior to enrollment and one-year post enrollment as well as the number of individuals reported in each category.
- The third column indicates the percentage of increase or decrease in the number of days the individuals reported to be in a residential status when comparing one year prior to enrollment and one-year post enrollment, as well as the number of days reported in each category.
- When the percentage is green or there is a minus symbol before the percentage, that indicates there was a decrease, which is a positive outcome.
- When the percentage is red it indicates a negative outcome for the partner.

FSP-02 Adult Medication Clinic

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Medication Clinics

PROGRAM DESCRIPTION
The Adult Medication Clinic supports Behavioral Health Services Teams (BHSTs) by providing psychiatric consultation, evaluation, and treatment of BHRS clients. Interventions provided include prescribing, administering, dispensing, and monitoring of psychotropic medications. Prescribers (psychiatrists and/or nurse practitioners) and nurses are part of the patient's interdisciplinary treatment team and help guide the course of a patient's treatment. Adult Medication Clinics are located in Modesto and Turlock.

TARGET POPULATIONS
- Transitional Age Young Adults – age range 18-25. In FY 2021-2022 the estimated number of TAY to be served is 130.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 560.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 110.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 800.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,417,779	837	1,694

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts – FSP Adult Medication Clinic		
Individuals Served	**FY 21/22**	
Ethnicity	**Number**	**Percentage**
Amerasian	*	0.24%
Asian Indian	10	1.19%
Assyrian-Iran	10	1.19%
Assyrian-Iraq	*	0.36%
Black or African American	50	5.97%
Cambodian	12	1.43%
Filipino	*	0.36%
Hawaiian Native	*	0.24%
Hispanic	311	37.16%
Hmong	*	0.12%
Laotian	*	0.60%
Multiple	*	0.12%
Native American	11	1.31%
Non-White-Other	10	1.19%
Other Asian	*	0.48%
Other Pacific Islander	*	0.96%
Other South Asian	*	0.24%
Samoan		0.00%
Unknown	*	0.24%
Vietnamese	*	0.36%
White	387	46.24%
	837	100.00%

(*) Due to privacy any value <10 has been removed

Data source: Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

Unique Client Counts – FSP Adult Medication Clinic		
Individuals Served	**FY 21/22**	
Age Group	**Number**	**Percentage**
Adult	**566**	**67.62%**
Older Adult	**149**	**17.80%**
TAY	**136**	**16.25%**
	837	**100.00%**

Unique Client Counts – FSP Adult Medication Clinic		
Individuals Served	**FY 21/22**	
Language	**Number**	**Percentage**
Arabic	*	**0.36%**
Assyrian	*	**0.60%**
Cambodian	*	**0.36%**
English	**769**	**91.88%**
Farsi	*	**0.24%**
Hindi		**0.00%**
Lao	*	**0.12%**
Other Non-English	*	**0.24%**
Portuguese	*	**0.12%**
Punjabi	*	**0.48%**
Russian		**0.00%**
Spanish	**44**	**5.26%**
Thai	*	**0.12%**
Vietnamese	*	**0.24%**
	837	**100.00%**

(*) Due to privacy any value <10 has been removed

Data source: Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

FSP-03 Children and Transition Age Youth Behavioral Health Services Team

Operated By: Central Star
System of Care: Children's System of Care

PROGRAM DESCRIPTION

The Children and Transition Age Youth Behavioral Health Service Team (BHST) provides core treatment services for children and youth who are at risk for out of home placement in publicly funded care, such as resource families, Short Term Residential Therapeutic Programs (STRTPs), correctional institutions or psychiatric facilities due to emotional, social and/or behavioral problems. The goal of these services is to improve the child's overall functioning within their family, school, peer group and community; reduce risk and incidence of mental health disability; and improve family well-being and functioning. Children and youth who are at acute risk for disruption in home or school placement, or for incarceration or psychiatric hospitalization, will receive a team based, "full service partnership" (FSP) approach, that includes a Child and Family Team (CFT) made up of the child or youth, family members, professional, peer, and natural supports. Peer support is integrated into the team to support caregivers or youth. Services and supports are available 24 hours a day, 7 days a week. Within the FSP team structure is an Assertive Community Treatment (ACT) level and an Intensive Community Support (ICS) level to ensure that the child or youth receives services based on the intensity and frequency determined through the CFT process.

TARGET POPULATION

- Children and Youth – age range 0 to 16. In FY 2021-2022 the estimated number of Children to be served is 70.
- Transitional Age Young Adults – age range is 16-25. In FY 2021-2022 the estimated number of TAY to be served is 50.

SERVICES AND ACTIVITIES

The BHSTs provide covered Specialty Mental Health Services (SMHS) for beneficiaries who have experienced crisis, psychiatric hospitalization, incarceration, homelessness, or symptoms and behaviors that may increase the risk for out of home placement. Services include the following mental health services: individual and group therapy, targeted case management, medication support, collateral and individual and group rehabilitation, intensive care coordination (ICC), intensive home-based services (IHBS), and crisis intervention. Services are individualized and services are available 24 hours a day, 7 days a week. Services are provided in the location needed for the individual and are provided from a "whatever it takes" approach, in partnership with the individual and family.

GSD FUNDED SERVICES

Not applicable.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs

implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 120.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,168,578	132	$8,853

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts FSP Central Star		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	*	7%
Asian	*	5%
Hispanic	68	52%
Native American	*	1%
Other	*	3%
Pacific Islander	0	0%
Unknown	*	2%
White	42	32%
Total:	**132**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts FSP Central Star		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	77	58%
TAY (16-25)	55	42%
Adult (26-59)	0	0%
Older Adult (60+)	0	0%
Unknown	0	0%
Total	**132**	**100%**

Unique Client Counts FSP Central Star		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**121**	**92%**
Spanish	*	**8%**
Other	*	**1%**
Unknown	**0**	**0%**
Total	**132**	**100%**

(*) Due to privacy any value <10 has been removed

Data source:

- Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for FSP Central Star	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	132
Average number of clinical services per individual*	26 3,440 / 132
Average number of support services per individual*	30 3,974 / 132
How Well?	
% of annual target of individuals served*	66% 132 / 200
Average length of FSP Service -- days*	191 25,155 / 132
% of discharged individuals met goals or transitioned to a lower level of care**	67% 60 / 89
% of surveyed individuals were satisfied with services**	100% 24 / 24
% of surveyed individuals said that "staff believed I could change"**	100% 24 / 24
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	83% 20 / 24
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	96% 23 / 24
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	98% 47 / 48

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

FY 21/22 Residential Outcomes for Partners After One Year in Central Star # Completed at Least 1 Year = 45						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	0	0	0	0	0	0
Incarcerations	0	1	1	26.7%	30	38
Acute Medical Hospitalizations	0	0	0	0	0	0
Acute Psych Hospitalizations	22.2%	9	11	122.0%	118	262
State Psychiatric	0	0	0	0	0	0

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 11/03/2022 for FY 21/22.

How to read this table:

From left to right, reviewing Full-Service Partnership Residential data:
The first column provides residential categories reported.

- The second column provides the percentage of individuals increase or decrease in residential status when comparing one year prior to enrollment and one-year post enrollment as well as the number of individuals reported in each category.
- The third column indicates the percentage of increase or decrease in the number of days the individuals reported to be in a residential status when comparing one year prior to enrollment and one-year post enrollment, as well as the number of days reported in each category.
- When the percentage is green or there is a minus symbol before the percentage, that indicates there was a decrease, which is a positive outcome.
- When the percentage is red it indicates a negative outcome for the partner.

GSD-01 Adult Residential Facilities

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Office of the Public Guardian

PROGRAM DESCRIPTION

An Adult Residential Facility (ARF) is licensed by the state to provide enhanced mental health services with a higher staffing ratio than a regular board and care. This is an unlocked setting that provides care and supervision of clients on conservatorship, and those who agree to stay at the facility and do not present a risk of leaving the facility. The ARF level of care can be used to avoid placement in an Institution for Mental Disease, and as a step down from the locked setting prior to progressing to the community.

The Department contracts with the following ARFs:

- Davis Guest Home
- Ever Well Health Systems
- Mar-Ric
- Turner Residential
- Woods Board and Care Home
- Hope's Care Home

TARGET POPULATION

- BHRS Behavioral Health Service Teams (BHST) provide an adult with SMI or a co-occurring disorder access to a full range of services provided by multiple agencies, programs, and funding sources in a comprehensive and coordinated manner.
- The target populations identified for the BHST are adults, age 18 and older, who have been identified as having a Serious Mental Illness (SMI), with or without a co-occurring substance use disorder.
- These services can include psychosocial, rehabilitation, and recovery-oriented services. BHRS ultimately strives to provide mental health services to enhance the quality of life by empowering individuals to take charge of their own lives by promoting self-care and independence.
- BHSTs interact seamlessly with acute psychiatric inpatient facilities and, as well as with peer recovery services and housing programs. This includes but is not limited to, access to community residential care and/or treatment facilities, supported transitional and independent housing units, emergency and respite shelter and independent living skills services. The BHST also works in close collaboration with the County's Office of Public Guardian. The BHST works in collaboration with IMD providers and clients to monitor treatment responses and identify clients that are ready to be transitioned out of locked facilities and to facilitate stable re-entry into the community.

SERVICES AND ACTIVITIES

Transitional Board and Care programs will provide a broad range of services in an enriched, structured environment focused on each resident's specific needs and interest. Services shall be designed to enhance basic living skills, improve social functioning, allow for training opportunities within the community, and for participation in out-of-home activities, in an effort to normalize each resident's lifestyle. Such services are intended to help each resident reach and maintain his/her highest level of functioning resulting in a reintegration into the community. A schedule of these services will be developed each month outlining daily routines and opportunities. In addition, an Individual Program Plan (appraisal/needs & services plan) will be developed for each resident to target specific independent living skills and treatment goals. The Individual Program Plan will be focused on measurable goals and specific activities to be provided by the Transitional Board and Care. The BHSTs will work with the Transitional Board and Care to assist each resident in reaching the goals in the plan.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 150.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$7,485,069	173	$43,266

GSD-02 Residential Substance Use Disorder Board and Care

Operated By: Stanislaus Recovery Center, Nirvana, Redwood Treatment Center
System of Care: Substance Use Disorder (SUD)

PROGRAM DESCRIPTION

Residential services are provided for clients when medically necessary within a short-term residential program. A client receiving Residential services pursuant to Drug Medi-Cal Organized Delivery System (DMC-ODS), regardless of the length of stay, is a "short-term resident" of the residential program in which they are receiving the services. These services are intended to be individualized to treat the functional deficits identified during a comprehensive assessment based on the American Society of Addiction Medicine (ASAM) criteria. Each client "lives" on the premises and is supported in their efforts to restore, maintain, and apply interpersonal and independent living skills and access community support systems. Residential treatment includes 24-hour structure with available trained personnel, seven days a week, including a minimum of five (5) hours of clinical service a week to prepare clients to participate in outpatient treatment. SUD treatment services such as assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, recovery services, collateral services, crisis intervention services, and discharge planning and coordination and transportation are provided. Treatment services are covered under the Drug Medi-Cal Organized Delivery System (DMC-ODS), however, the cost of room and board is not an allowable reimbursement. MHSA funds will be accessed for clients with co-occurring mental health and substance use disorders since the availability of other funding for room and board is limited.

TARGET POPULATION

- Transitional Age Young Adults – age range 18-25
- Adults – age range 26-59
- Older Adults – age 60+
- SUD Treatment services are provided to persons meeting medical necessity for services, meaning services are reasonable and necessary to protect life, prevent significant illness/disability, or to alleviate severe pain. The need for residential treatment services is based upon a comprehensive assessment of ASAM criteria in six domains. Individuals who have a diagnosed substance use disorder (SUD) and significant impairment in multiple domains, whose treatment needs cannot be met in a less restrictive level of care, are placed in residential treatment services.
- MHSA funding for Board and Care expenses is targeted towards individuals with a SUD that are being concurrently treated by BHRS programs for a mental health condition.

SERVICES AND ACTIVITIES

Residential services encompass multiple levels of care, including Clinically Managed Withdrawal Management, Clinically Managed Low-Intensity, Clinically Managed Population Specific High Intensity, and Clinically Managed High Intensity services, and include multiple components:

- **Assessment**-evaluation/monitoring of behavioral health, determination of appropriate level of care and course of treatment (collection of information, diagnosis, intake/admission to programs, treatment planning)
- **Care Coordination**-activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level
- **Counseling** (individual and group)-
- **Family Therapy**-provided by a Licensed Practitioner of the Healing Arts and include a beneficiary's family members and loved ones in the treatment process, providing education about factors that are important to the beneficiary's recovery as well as their own recovery. Family members may provide social support to beneficiaries, help motivate their loved one to remain in treatment, and receive help and support for their own family recovery as well. There may be times when, based on clinical judgment, the beneficiary is not present during the delivery of this service, but the service is for the direct benefit of the beneficiary.
- **Medication Services**- provided by Physicians, PA/NP, Pharmacist, and RN, and include the prescription or administration of medication related to substance use treatment services, or the assessment of the side effects or results of that medication conducted by LPHA staff lawfully authorized
- **MAT for Opioid Use Disorders**-providers are required to either offer medications for addiction treatment (MAT, also known as medication-assisted treatment) directly, or have effective referral mechanisms in place to the most clinically appropriate MAT services (defined as facilitating access to MAT off-site for beneficiaries while they are receiving outpatient (or residential) treatment services if not provided on-site
- **MAT for Alcohol Use Disorders and other non-opioid Substance Use Disorders**-providers are required to either offer medications for addiction treatment (MAT, also known as medication-assisted treatment) directly, or have effective referral mechanisms in place to the most clinically appropriate MAT services (defined as facilitating access to MAT off-site for beneficiaries while they are receiving outpatient (or residential) treatment services if not provided on-site
- **Patient Education**- Includes providing research-based education on addiction, treatment, recovery and associated health risks
- **Recovery Services**-emphasize the beneficiary's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support
- **SUD Crisis Intervention Services**-"Crisis" means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation
- **Observation**: The process of monitoring the beneficiary's course of withdrawal. It is to be conducted as frequently as deemed appropriate for the beneficiary and the level of care the beneficiary is receiving. This may include, but is not limited to, observation of the beneficiary's health status (Withdrawal Management and MAT only)

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 5.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$55,434	8	$6,929

GSD-03 Housing Placement Assistance

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Supportive Services Division

PROGRAM DESCRIPTION

BHRS has partnerships with affordable housing developers/property managers to obtain and utilize properties to house BHRS clients. These housing properties are spread across Stanislaus County and include:

- Transitional Housing (TH): TH refers to a supportive, yet temporary, type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, behavioral health treatment support, housing supports such as; life skills, and in some cases, education and training.
- Permanent Supportive Housing (PSH): PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically and at high risk homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

Provide on and off-site supports to individuals and their families residing in independent living housing situations. Support services are done one to one and in group settings and can include; independent living skills such as budgeting, shopping, cooking, cleaning, socialization, etc., Housing retention is the main goal for housing supports.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 250.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$631,245	275	$2,295

GSD-04 Employment Support Services

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Supportive Services Division

PROGRAM DESCRIPTION

Employment Support Services (ESS) provides supported employment to individuals with psychiatric disabilities who are working towards employment and housing independence. The program provides an opportunity for individuals with severe mental health disabilities to work in the community. Individuals may require ongoing support on or off the job to obtain and retain competitive employment within the community. The goal of ESS is to provide individuals with job skills and/or those who have been out of the job market for an extended period with extensive support to maintain competitive employment.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

Pre-Employment skill building such as: interview skills, resume writing, maintaining healthy relationships in the workplace, etc., Job Development: building relationships with companies/agencies for hiring purposes, Job Coaching: providing support either off or on-site to learn and maintain employment.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 100.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$129,343	109	$1,187

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD Employment Support Services		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	12	11%
Asian	4	4%
Hispanic	29	27%
Native American	5	5%
Other	4	4%
Pacific Islander	1	1%
Unknown	2	2%
White	52	48%
Total:	**109**	**100%**

Unique Client Counts GSD Employment Support Services		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	0	0%
TAY (16-25)	15	14%
Adult (26-59)	89	82%
Older Adult (60+)	5	5%
Unknown	0	0%
Total	**109**	**100%**

Unique Client Counts GSD Employment Support Services		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	102	94%
Spanish	5	5%
Other	2	2%
Unknown	0	0%
Total	**109**	**100%**

OUTCOMES:

MHSA Outcomes for GSD-12 / Employment Support Services	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	109
Average number of clinical services per Individual*	1 62 / 109
Average number of support services per Individual*	4 423 / 109
How Well?	
% of annual target of individuals served*	109% 109 / 100
Average length of GSD Service -- days*	500 54,446 / 109

GSD-05 Behavioral Health Wellness Center

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Supportive Services Division

PROGRAM DESCRIPTION

The Behavioral Health Wellness Center (BHWC) provides a safe and welcoming community location for BHRS clients to access peer support and to support other clients in their recovery. The BHWC Peer Support Specialist Staff and Peers support each other in strengthening peer and community networks, while participating in wellness and rehabilitative activities and groups. The BHWC is also a place where clients will be able to gather to relax and hang out with other peers, creating a supportive environment for any client who walks through the door looking for support, someone to talk to, or just to hang out with a few friends. Each Treatment Team has an embedded Peer Support Specialist that ensures the BHWC services compliment and align with treatment services provided by a BHRS treatment team.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

The BH Wellness Center provides the community with groups and activities for individuals who have a serious mental illness. These groups and activities consist of; self-help groups such as self-esteem, life skills, men's-women's groups, co-occurring group, LGBT group, sewing group, music group, Spanish peer group, movie group, etc. Staff also provide one to one peer supports on an individual basis.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 6,200.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,013,044	6,281	$161

PARTICIPANT DEMOGRAPHICS:

Not Available

OUTCOMES:

Not Available

GSD-06 Behavioral Health Crisis and Support Line

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Crisis and Assessment

PROGRAM DESCRIPTION

The Behavioral Health Crisis and Support Line (BHCSL) connects community members experiencing a behavioral health crisis with staff from the Community Emergency Response Team (CERT), who will assess the caller's behavioral health needs. In the event of a psychiatric emergency, CERT staff will facilitate access to immediate emergency psychiatric care. For non-emergent situations, the BHCSL staff can assist new clients in scheduling an assessment, and for current BHRS clients, assist them following-up with outpatient treatment services. BHCSL staff can also provide immediate supportive services over the phone. Specially trained BHCSL staff may also provide a supportive conversation over the phone, providing real-time and essential support to deal with a crisis. The BHCSL facilitates a connection to peer support and to the Behavioral Health Wellness Center. The BHCSL may also answer after hours calls to the Medi-Cal Access Line, which is available to community members seeking general information about an assessment or needing to obtain a referral to an outpatient program.

TARGET POPULATION

- Children and Youth – age range 0 to 16
- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

- Receiving all incoming referrals and calls from community members to schedule assessments
- Triage referrals to CERT for higher level of care
- Provide crisis intervention support and community referral information
- Compile date collection for State requirements

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1460.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$527,165	1,627	$324

PARTICIPANT DEMOGRAPHICS:

Initial Request Through Access Line		
Race / Ethnicity	Individuals Served FY 21/22	
	Count	Percentage
White	642	39%
Hispanic	610	37%
Black/African American	107	7%
Multiple	76	5%
Amerasian	50	3%
Native American	21	1%
Non-White Other	20	1%
Asian Indian	10	1%
Assyrian	13	1%
Cambodian	5	<1%
Eskimo / Alaskan Native	1	<1%
Filipino	6	<1%
Guamanian	2	<1%
Hawaiian Native	2	<1%
Hmong	2	<1%
Laotian	5	<1%
Other Asian	4	<1%
Other South Asian	2	<1%
Other Pacific Islander	7	<1%
Vietnamese	2	<1%
Unknown/ Not Reported	40	2%
Total	1,627	100%

Initial Request Through Access Line		
Age Group	Individuals Served FY 21/22	
	Count	Percentage
Child (0-15)	222	14%
TAY (16-25)	309	19%
Adult (26-59)	983	60%
Older Adult (60+)	113	7%
Total	1,627	100%

Initial Request Through Access Line		
Language	Individuals Served FY 21/22	
	Count	Percentage
English	1,499	92%
Spanish	55	3%
ASL	46	3%
Arabic	2	<1%
Assyrian	1	<1%
Cambodian	2	<1%
Farsi	1	<1%
Filipino Dialect	1	<1%
Hindi	3	<1%
Laotian	3	<1%
Mandarin	1	<1%
Mien	1	<1%
Punjabi	4	<1%
Samoan	1	<1%
Turkish	1	<1%
Unknown	6	<1%
Total	1,627	100%

OUTCOMES:

Program initiated August 2022 and outcome information not available at this time. Staff currently on-boarding and training for program requirements.

GSD-07 Short Term Residential Therapeutic Programs

Operated By: Aspiranet, Creative Alternatives and Sierra Vista
System of Care: Children's System of Care

PROGRAM DESCRIPTION

Short-Term Residential Therapeutic Program (STRTP) formerly known as group home, STRTP was established effective January 1, 2017 by Assembly Bill 403 (Chapter 773, Statutes of 2015). STRTP is a residential facility operated by a public agency or private organization and is licensed by California Department of Social Services (CDSS) pursuant to California Health and Safety Code Section 1562.01 which requires an integrated program of specialize and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to Wards and Dependent of the Court and/or Non Minor Dependents (NMDs) with the aim of moving the youth to a less restrictive environment within six months. The key to STRTPs is the provision of short-term, specialized and intensive behavioral health treatment to Wards and Dependents of the Court and NMDs whose needs cannot be safely met initially in a family setting. These core behavioral health services will be provided by STRTP staff through a required Medi-Cal agreement with BHRS. Behavioral health services will include, at minimum, medication support services, case management, crisis intervention, and mental health services.

Stanislaus County has a total of three STRTPs:

- Aspiranet STRTP: 4 Homes, 46 Beds Capacity
- Creative Alternative STRTP: 8 Homes, 57 Beds Capacity
- Sierra Vista STRTP: 2 Homes, 16 Beds Capacity

TARGET POPULATION

- Children and Youth – age range 0 to 16
- Transitional Age Young Adults – age range is 16-25

SERVICES AND ACTIVITIES

STRTPs provide covered Specialty Mental Health Services (SMHS) for Medi-Cal beneficiaries who meet criteria for placement in an STRTP. Services include the following mental health services: individual and group therapy, targeted case management, medication support, collateral and individual and group rehabilitation, intensive care coordination (ICC), intensive home-based services (IHBS), crisis intervention and medication support.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For

comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 80.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,978,600	93	$21,275

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD STRTP		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	21	23%
Asian	0	0%
Hispanic	20	22%
Native American	*	2%
Other	*	4%
Pacific Islander	*	1%
Unknown	17	18%
White	28	30%
Total:	93	100%

(*) Due to privacy any value <10 has been removed

Unique Client Counts GSD STRTP		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	61	66%
TAY (16-25)	32	34%
Adult (26-59)	0	0%
Older Adult (60+)	0	0%
Unknown	0	0%
Total	93	100%

Unique Client Counts GSD STRTP		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**93**	**100%**
Spanish	**0**	**0%**
Other	**0**	**0%**
Unknown	**0**	**0%**
Total	**93**	**100%**

Data source:
Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD STRTP	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	93
Average number of clinical services per individual*	134 12,501 / 93
Average number of support services per individual*	22 2,077 / 93
How Well?	
% of annual target of individuals served*	116% 93 / 80
Average length of GSD Service -- days*	450 41,825 / 93

Data sources:
- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

GSD-08 Crisis Residential Unit

Operated By: Central Star
System of Care: Crisis and Assessment

PROGRAM DESCRIPTION

The Crisis Residential Unit (CRU) is a 30-Day residential program. Clients may apply after the first 30 days with a 90-day maximum stay. Clients MUST be at risk of experiencing a crisis (but not in need of psychiatric hospitalization.

TARGET POPULATION

- Transitional Age Young Adults – age range from 18-25
- Adults – age range 26-59

SERVICES AND ACTIVITIES

The CRU helps consumers practice real world recovery by participating in the day to day activities of running a household including basic living skills and social/interpersonal skills. Services are available 24 hours a day including assessment, physical and psychological evaluation and services. Assistance locating permanent housing by helping clients learn how to access community services for housing. Therapeutic and mental health services are provided including rehabilitation/recovery services for substance use. Medication evaluation and support services (physician, nurse, and psychiatrist) are also available. Crisis intervention: Assistance to deescalate/calm clients and the ability to refer out to Merced if a 5150 evaluation is needed.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 48.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$285,763	25	$11,431

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD Crisis Residential Unit		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	*	12%
Asian	*	8%
Hispanic	*	28%
Native American	0	0%
Other	*	4%
Pacific Islander	*	4%
Unknown	0	0%
White	11	44%
Total:	25	100%

(*) Due to privacy any value <10 has been removed

Unique Client Counts GSD Crisis Residential Unit		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	0	0%
TAY (16-25)	*	28%
Adult (26-59)	18	72%
Older Adult (60+)	0	0%
Unknown	0	0%
Total	25	100%

(*) Due to privacy any value <10 has been removed

Unique Client Counts GSD Crisis Residential Unit		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	25	100%
Spanish	0	0%
Other	0	0%
Unknown	0	0%
Total	25	100%

Data source:
Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD Crisis Residential Unit	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	25
Average number of clinical services per individual*	33 821 / 25
Average number of support services per individual*	0 0 / 25
How Well?	
% of annual target of individuals served*	52% 25 / 48
Average length of GSD Service -- days*	34 852 / 25

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

GSD-09 Therapeutic Foster Care Services

Operated By: N/A
System of Care: CSOC

PROGRAM DESCRIPTION

Therapeutic Foster Care (TFC) is a short-term, intensive, highly coordinated, trauma- informed, and individualized intervention, provide by a TFC parent to a child or youth who has complex emotional and behavioral needs.

TARGET POPULATION

- Transitional Age Young Adults – age range 18-21
- TFC is intended for children and youth who require intensive and frequent mental health support in a family environment.
- TFC is available to children and youth, under the age of 21, who are Medi-Cal eligible and meet medical necessity criteria.

SERVICES AND ACTIVITIES

TFC consists of one or more of the following: plan development, rehabilitation, and collateral and it is to be provided by a TFC Parent, who has received specialized training. TFC is an adjunct service that is provided alongside other Specialty Mental Health Services (SMHS) for the individual, as planned through the Child and Family Team (CFT). The TFC parent assists the child, youth, or young adult to achieve individualized goals and objectives that are part of a service plan, to improve functioning and well-being, and remain in a family-like home, in a community setting. TFC will be provided daily, up to 7 days a week, including weekends, at any time of day, as medically necessary.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
N/A	N/A	N/A

ADDITIONAL PROGRAM INFORMATION:

TFC is in the planning phase with a goal of implementing during Fiscal Year 2022-2023.

GSD-10 Portion of Adult Medication Clinic

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Medication Clinics

PROGRAM DESCRIPTION

Medication support for non-Full-Service Partnership Behavioral Health Services Teams (BHSTs). Adult Medication Clinics are located in Modesto and Turlock.

TARGET POPULATIONS

- Transitional Age Young Adults – age range 18-25
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

The Adult Medication Clinic provides psychiatric consultation, evaluation, and treatment of clients of BHRS and our community partners. Interventions include prescribing, administering, dispensing, and monitoring of psychotropic medications. The Clinic also provides consultation on non-medication related issues (e.g., medical-legal such as conservatorship) or other issues of concern to the treatment team. Clinic prescribers (psychiatrists and/or nurse practitioners) and nurses are part of the patient's interdisciplinary treatment team and help guide the course of a patient's treatment.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 400.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$307,621	455	$676

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts - GSD Adult Medication Clinic		
Individuals Served	FY 21/22	
Ethnicity	Number	Percentage
Amerasian		0.00%
Asian Indian	*	0.22%
Assyrian-Iran	*	0.88%
Assyrian-Iraq	*	0.88%
Black or African American	36	0.0791
Cambodian	*	0.44%
Filipino	*	0.66%
Hawaiian Native	*	0.22%
Hispanic	168	36.92%
Hmong		0
Laotian	*	0.22%
Multiple	*	0.44%
Native American	*	1.98%
Non-White-Other	*	0.88%
Other Asian	*	0.0066
Other Pacific Islander	*	0.88%
Other South Asian		0.00%
Samoan	*	0.44%
Unknown	*	0.66%
Vietnamese	*	0.0022
White	207	45.49%
	455	100.00%

(*) Due to privacy any value <10 has been removed

Data source: Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

Unique Client Counts - GSD Adult Medication Clinic		
Individuals Served	FY 21/22	
Age Group	Number	Percentage
Adult	366	80.44%
Older Adult	41	9.01%
TAY	48	10.55%
	455	100.00%

Unique Client Counts - GSD Adult Medication Clinic		
Individuals Served	FY 21/22	
Language	Number	Percentage
Arabic	*	0.22%
Assyrian	*	0.22%
Cambodian		0.00%
English	428	94.07%
Farsi	*	0.44%
Hindi	*	0.22%
Lao		0.00%
Other Non-English		0.00%
Portuguese		0.00%
Punjabi		0.00%
Russian	*	0.22%
Spanish	21	4.62%
Thai		0.00%
Vietnamese		0.00%
	455	100.00%

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD Adult Med Clinic	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	455
Average number of clinical services per individual*	16 7,172 / 455
Average number of support services per individual*	1 503 / 455
How Well?	
% of annual target of individuals served*	113% 455 / 400
Average length of GSD Service -- days*	902 410,409 / 455
% of surveyed individuals were satisfied with services**	90% 9 / 10
% of surveyed individuals said that "staff believed I could change"**	80% 8 / 10
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	50% 5 / 10
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	43% 3 / 7
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	78% 47 / 60

Data sources:

- *Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
- **State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022."

GSD-11 Outpatient Specialty Mental Health Services for Conservatees

Operated By: N/A
System of Care: N/A

PROGRAM DESCRIPTION
Outpatient Specialty Mental Health Services for Conservatees was not implemented in Fiscal Year 2021-2022 and will be recommended for removal in Fiscal Year 2023-2024.

TARGET POPULATION
TBD

SERVICES AND ACTIVITIES
TBD

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
N/A	N/A	N/A

PARTICIPANT DEMOGRAPHICS:
N/A

OUTCOMES:
N/A

O&E-01 Behavioral Health Outreach and Engagement

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Adult System of Care

PROGRAM DESCRIPTION

The Behavioral Health Outreach and Engagement (BHOE) provides outreach and engagement to unserved/underserved individuals who may need specialty mental health services and are identified as not currently receiving needed care or only receiving episodic or crisis mental health services. This team also provided hospital liaison services for individuals who have been psychiatrically hospitalized within our county and are not yet opened to outpatient services. They facilitate care coordination following clients' inpatient admission.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

BHOE services include proactive outreach services in community and inpatient psychiatric hospitals with the aim of building trusting relationships, implementing coordinated individualized intervention plans, and connecting individuals directly to treatment and supportive services. BHOE has services providers that provide outreach and engagement, case management, behavioral health screening/assessment, psychoeducation, behavioral health services navigation and referrals, and transportation to help with access to services and/or community supports.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1300.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$762,498	1417	$538

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts O&E BHOE		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	112	8%
Asian	34	2%
Hispanic	418	29%
Native American	24	2%
Other	24	2%
Pacific Islander	*	1%
Unknown	206	15%
White	591	42%
Total:	**1417**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts O&E BHOE		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	*	0%
TAY (16-25)	232	16%
Adult (26-59)	1052	74%
Older Adult (60+)	132	9%
Unknown	0	0%
Total	**1417**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts O&E BHOE		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	1214	86%
Spanish	47	3%
Other	19	1%
Unknown	137	10%
Total	**1417**	**100%**

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for O&E Behavioral Health Outreach and Engagement (BHOE)	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	1,417
% of annual target of individuals served*	109% 1417 / 1300
Average number of clinical services per individual*	0 210 / 1,417
Average number of support services per individual*	2 2,365 / 1,417
How Well?	
Average length of O&E Service -- days*	85 119,918 / 1,417

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

O&E-02 Assisted Outpatient Treatment

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Adult System of Care

PROGRAM DESCRIPTION

Assisted Outpatient Treatment (AOT) – is a Civil court-ordered treatment for individuals with severe and persistent mental illness who meet strict legal criteria. Often, these individuals experience severe mental health symptoms which impact their ability to recognize the need for treatment. AOT allows for a Qualified Referring Party (QRP) to refer an individual for mental health treatment without the consent of the individual. The AOT Team connects with the QRP and the individual to assess for SMI, their level of engagement, and their risk. Individuals are referred to an appropriate BHRS team while the AOT team continues to assist with engagement and assess for appropriateness for the court-ordered treatment.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

The AOT Outreach and Engagement program provides intensive outreach services that seek to engage, assess, and refer individuals with serious mental illness to BHRS services and community supports. Outreach services include: family advocacy services, behavioral health screening/assessment, psychoeducation, behavioral health services navigation and referrals, and transportation to help with access to services and/or community supports. The AOT program utilizes the Assertive Community Treatment (ACT) approach including, but not limited to, 24 hour, 7 days per week access to a known service provider, intensive community-based services, low client to staff caseload ratio, access to supportive service funds to assist with housing and basic needs, and a 'housing first' approach.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 50.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$109,701	62	$1,769

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts O&E AOT		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	*	5%
Asian	*	2%
Hispanic	25	40%
Native American	*	2%
Other	*	2%
Pacific Islander	0	0%
Unknown	*	2%
White	30	48%
Total:	62	100%

(*) Due to privacy any value <10 has been removed

Unique Client Counts O&E AOT		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	0	0%
TAY (16-25)	14	23%
Adult (26-59)	42	68%
Older Adult (60+)	*	10%
Unknown	0	0%
Total	62	100%

(*) Due to privacy any value <10 has been removed

Unique Client Counts O&E AOT		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**60**	**97%**
Spanish	*	**3%**
Other	**0**	**0%**
Unknown	**0**	**0%**
Total	**62**	**100%**

(*) Due to privacy any value <10 has been removed

Data sources:

- Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for O&E Assisted Outpatient Treatment (AOT)	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	62
Average number of clinical services per individual*	0 14 / 62
Average number of support services per individual*	2 106 / 62
How Well?	
% of annual target of individuals served*	124% 62 / 50
Average length of O&E Service -- days*	138 8,576 / 62

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

O&E-03 Housing Support Services

Operated By: Turning Point Community Programs
System of Care: Supportive Services Division

PROGRAM DESCRIPTION

Housing Support Services provides an array of support services for individuals facing barriers that include low income, severe mental illness, substance abuse, and other disabling conditions. The program offers a combination of affordable housing and support services designed to help individuals and families use housing as a platform for wellness and recovery following a period of homelessness, hospitalization or incarceration. The goal of Housing Support Services is to assist individuals in obtaining employment, independent living skills, recovery and increased self-sufficiency.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

Need description

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 400.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,093,573	413	$2648

PARTICIPANT DEMOGRAPHICS:

Unique Client Count: Housing Support Services		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**44**	**11%**
Asian	**7**	**2%**
Hispanic	**95**	**23%**
Native American	**16**	**4%**
Other	**10**	**2%**
Pacific Islander	**6**	**1%**
Unknown	**3**	**1%**
White	**232**	**56%**
Total:	**413**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Count: Housing Support Services		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**25**	**6%**
Adult (26-59)	**328**	**79%**
Older Adult (60+)	**60**	**15%**
Total	**413**	**100%**

Unique Client Count: Housing Support Services		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**400**	**97%**
Spanish	**10**	**2%**
Other	**3**	**1%**
Unknown	**0**	**0%**
Total	**413**	**100%**

(*) Due to privacy any value <10 has been removed

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for OE-2 / Housing Support Services	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	413
Average number of clinical services per Individual*	8 3,495 / 413
Average number of support services per Individual*	5 2,242 / 413
How Well?	
% of annual target of individuals served*	103% 413 / 400
Average length of O & E Service -- days*	612 252,691 / 413
% of surveyed individuals were satisfied with services**	Less then 10 surveys received
% of surveyed individuals said that "staff believed I could change"**	Less then 10 surveys received
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	Less then 10 surveys received
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	Less then 10 surveys received
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	Less then 10 surveys received

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
**State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022.

O&E-04 Garden Gate Respite

Operated By: Turning Point Community Programs
System of Care: Supportive Services Division

PROGRAM DESCRIPTION
Garden Gate Respite (GGR) is an 11-bed facility open 24-hours a day, seven days a week, 365 days a year. It is a short-term residential program based on a "Harm Reduction" model for individuals who may be in crisis and in need of immediate shelter intervention and support services. Resources and linkages are provided such as mental health and SUD assessments, MH/SUD treatment, housing, case management, etc. Stanislaus County Behavioral Health & Recovery Services (BHRS), their contractors, and all local law enforcement agencies are the primary referral source. All individuals referred should have a perceived serious mental illness.

TARGET POPULATION
- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES
Garden Gate Respite (GGR) provides food, clothing, and shelter in a safe home-like environment to engage SMI homeless individuals into services through a need's assessment. GGR provides on-site peer support, case management, linkage services and coordinates access to mental health, SUD and community resources. Peer support, and groups are offered to individuals staying at the facility.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 270.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,094,440	279	$3,923

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Garden Gate Respite		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**33**	**12%**
Asian	**3**	**1%**
Hispanic	**58**	**21%**
Native American	**7**	**3%**
Other	**4**	**1%**
Pacific Islander	**6**	**2%**
Unknown	**8**	**3%**
White	**160**	**57%**
Total:	**279**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts: Garden Gate Respite		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**35**	**13%**
Adult (26-59)	**213**	**76%**
Older Adult (60+)	**31**	**11%**
Total	**279**	**100%**

Unique Client Counts: Garden Gate Respite		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**270**	**97%**
Spanish	**3**	**1%**
Other	**2**	**1%**
Unknown	**4**	**1%**
Total	**279**	**100%**

(*) Due to privacy any value <10 has been removed

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for OE-2 / Garden Gate Respite	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	279
Average number of clinical services per Individual*	0 0 / 279
Average number of support services per Individual*	0 0 / 279
How Well?	
% of annual target of individuals served*	103% 279 / 270
Average length of O & E Service -- days*	11 3,184 / 279
% of surveyed individuals were satisfied with services**	No Surveys Received
% of surveyed individuals said that “staff believed I could change”**	No Surveys Received
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	No Surveys Received
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	No Surveys Received
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	No Surveys Received

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.
**State Satisfaction survey results from May 2022 survey period May 16, 2022 - May 20, 2022.

O&E-05 Short-Term Shelter and Housing

Operated By: Community Housing & Shelter Services
System of Care: Supportive Services Division

PROGRAM DESCRIPTION
Short-Term Shelter and Housing is a Partnership with community shelters to provide overnight sleeping accommodations with the primary purpose of providing temporary shelter for BHRS clients experiencing a housing crisis or as part of a treatment plan.

TARGET POPULATION
- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES
Services include temporary shelter nights for individuals and/or families experiencing homelessness. Information and referrals to community resources are provided.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 150.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$42,707	*166	$257

*This represents number of individuals served in which the Program also had a total of 435 sheltered nights. Please note, the total number of participants does not reflect unique participants served.

PARTICIPANT DEMOGRAPHICS:
N/A

OUTCOMES:
N/A

O&E-06 Homelessness Access Center Integration

Operated By: Community Services Agency / Turning Point Community Programs
System of Care: Supportive Services Division

PROGRAM DESCRIPTION

The Homelessness Access Center Integration is an Agreement with other Stanislaus County departments for operational support of the Homeless Access Center. The Access Center is a “one stop” shop where coordinated services are provided along with critical housing interventions to help reduce homelessness.

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25.
- Adults – age range 26-59
- Older Adults – age 60+

SERVICES AND ACTIVITIES

Community coordination and supports for housing assessments, referrals. public benefits, ID Vouchers/vital documents, SSI/SSDI services, etc.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 26,000.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$113,831	37,941	$3

O&E-07 Community Assessment, Response, and Engagement

Operated By: Stanislaus County Behavioral Health & Recovery Services
System of Care: Adult System of Care

PROGRAM DESCRIPTION

CARE is a multidisciplinary team of mental health, criminal justice, and other service providers who facilitate, provide, and share responsibilities of assessment coordination and treatment services to appropriately meet the complex mental, physical, and social needs of the targeted population. The target population includes individuals who may have severe and persistent mental illness, exhibit high-risk health and safety behaviors, engage in vagrancy-related criminal behavior, and experience severe SUDs; and for a variety of reasons, they are not accessing or accepting services.

TARGET POPULATION

- Transition Age Youth 18-25
- Adults 26-59
- Older Adults 60+

SERVICES AND ACTIVITIES

BHRS mental health services providers are embedded on the team to provide outreach and engagement services to the target population and support clients with SMI by facilitating direct access to treatment services. The overarching goal is to see an increase in the target population transition from saying "no" to help to saying "yes" to help. Services provided include case management, outreach and engagement, behavioral health screening/assessment, psychoeducation, behavioral health services navigation and referrals, and transportation to help with access to services and/or community supports.

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 260.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$317,495	330	$962

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts OE CARE		
Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
African American	**18**	**5%**
Asian	*	**1%**
Hispanic	**35**	**11%**
Native American	*	**1%**
Other	*	**1%**
Pacific Islander	*	**1%**
Unknown	**131**	**40%**
White	**135**	**41%**
Total:	**330**	**100%**

(*) Due to privacy any value <10 has been removed

Unique Client Counts OE CARE		
Ages	Individuals Served FY 21/22	
	Number	Percentage
Child (0-15)	**0**	**0%**
TAY (16-25)	**15**	**5%**
Adult (26-59)	**271**	**82%**
Older Adult (60+)	**44**	**13%**
Unknown	**0**	**0%**
Total	**330**	**100%**

Unique Client Counts OE CARE		
Language	Individuals Served FY 21/22	
	Number	Percentage
English	**230**	**70%**
Spanish	*	**1%**
Other	*	**1%**
Unknown	**96**	**29%**
Total	**330**	**100%**

(*) Due to privacy any value <10 has been removed

Data sources:

*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for OE Community Assessment Response and Engagement (CARE)	
Outcomes	Number/Percentage FY 21/22
How Much?	
Individuals Served*	330
Average number of clinical services per individual*	0 56 / 330
Average number of support services per individual*	2 795 / 330
How Well?	
% of annual target of individuals served*	127% 330 / 260
Average length of O&E Service -- days*	225 74,169 / 330

Data sources:
*Anasazi Data Warehouse 09/14/2022 for FY 21/22 MHSA Results Access database.

Prevention and Early Intervention (PEI)

PROGRAM DESCRIPTION

Prevention and Early Intervention is the second-largest component of MHSA and represents 20% of MHSA funding. Per MHSA regulations, at least 51% of PEI funding must be dedicated to serving individuals 25 years or younger (California Code of Regulations, Title 9, § 3706 (b)). The programs are designed to prevent mental illness from becoming severe and disabling by recognizing the early signs and symptoms and improving access to services and programs. PEI's work is guided by MHSA values, the PEI regulations and the community planning process which includes stakeholder input. Each PEI program has a unique approach that incorporates community-based, promising practices or evidence-based strategies and the MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family-driven services, and integrated service experience.

Prevention and Early Intervention programs provide a full spectrum of services for children/youth, adults and older adults who are either at-risk for or experiencing mental illness early in its emergence. These services collectively work to prevent mental illness from becoming severe and disabling through early recognition, and access and linkage to appropriate levels of services within the mental health system.
As noted in previous MHSA Annual Updates and Three-Year Program and Expenditure Plans, BHRS has continuously worked towards ensuring that required state policy and process changes, specifically affecting PEI, are aligned within PEI programs. As such, PEI structured and redesigned programs to be focused on coordinated and consistent program results and outcomes to strengthen all MHSA PEI programs. The restructuring plan also included changes on how programs report data. These processes and structures are continuous and driven by required state policy and process changes along with community need.

Recent change in state law by Senate Bill 1004 (Chapter 843, Statutes of 2018) established priorities and a statewide strategy for prevention and early intervention services. The goal of this effort was to create a more focused approach to delivering effective prevention and early intervention services and increasing coordination and collaboration across communities and mental healthcare systems. The following priorities were established:

- Childhood trauma prevention and early intervention at the origins of mental health needs
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention across the lifespan
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnerships with college mental health programs
- Culturally competent and linguistically appropriate prevention and intervention services and strategies
- Strategies targeting the mental health needs of older adults

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

described within this section. However, all PEI programs incorporate access and linkage activities and strategies.

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

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

In Stanislaus County, the majority of PEI funded services are contracted out to our local community-based service providers, and many providers have more than one contracted PEI program to implement in communities across Stanislaus County.

The following illustrates how PEI programs are structured and categorized based on PEI regulations, in addition to what strategies and methods are required:

Prevention Programs are a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. Universal prevention may be used in prevention programs if there is evidence to suggest that universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.

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

- Services shall not exceed 18 months (with exception of first onset of SMI/SED with psychotic features – 4 years)
- Early Intervention services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness
- An Early Intervention program may be combined with a Prevention program
- All strategies listed in “required strategies” must be included

Outreach for Increasing Recognition of Early Signs of Mental Illness Program(s) is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.” Outreach may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms. It may also be a stand-alone program, a strategy

within a prevention program, a strategy within an early intervention program, or a strategy within another program funded by PEI funds, or a combination thereof potential responders such as families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel**,** emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

Stigma and Discrimination Reduction Programs means the County's direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. This must include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended. Some examples of stigma and discrimination reduction programs include, social marketing campaigns, speakers' bureaus and other direct-contact approaches, targeted education and training, anti-stigma advocacy, web-based campaigns, efforts to combat multiple stigmas that have been shown to discouraged individuals from seeking mental health services, efforts to encourage self-acceptance for individuals with a mental illness.

Suicide Prevention Programs (optional per regulations) means organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness. Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention or an Early Intervention program. Examples of suicide prevention programs include, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines, web-based suicide prevention resources, and training and education.

Access and Linkage to Treatment means connecting children with severe mental illness, and adults and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs. Examples of access and linkage to treatment programs include, programs with a focus on screening, assessment, and referrals, telephone help lines, or with a focus on mobile response.

Required Strategies and Methods for PEI Programs:

Required Strategies in prevention, early intervention, outreach for increasing recognition of early signs of mental illness, stigma and discrimination reduction, access and linkage to treatment, and suicide prevention (optional) programs include designing and implementing programs to help create access and linkage to treatment. Programs must also be promoted in ways that improve timely access to mental health services for individuals and/or families from underserved/unserved populations. Additionally, programs must be implemented and promoted using strategies that are non-stigmatizing and nondiscriminatory. Services shall be provided in convenient, accessible, acceptable, culturally

appropriate settings (public settings) unless a mental health setting enhances access to quality services and outcomes for underserved/unserved populations.

Required methods must be likely to bring about intended outcomes, based on one or more of the following standards: evidence-based practice, promising practice, and community and/or practice-based evidence.

PEI BUDGET:
FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 4500.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$8,407,367	5,028	$1,672

PREVENTION

PREVENTION PROGRAM DESCRIPTION

Prevention programs provide services to children/youth, adults and older adults who are either at-risk for or experiencing mental illness early in its emergence or who are at-risk for developing a serious mental illness. Prevention programs provide a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of prevention programs is to provide mental health resources, support, and services.

Prevention programs focus on the following:

- Implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness
- Pursue policy and community change that supports positive cognitive, social and emotional development and encourages a state of well-being
- Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health
- Foster communities free of stigma in which persons affected by mental illness are able and willing to seek services

Prevention outcomes include reducing the applicable adverse effects as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly greater than average and, as applicable, their parents, caregivers, and other family members.

TARGET POPULATION

- Children and Youth – age range 0 to 15. In FY 2021-2022 the estimated number of Children to be served is 650.
- Transitional Age Young Adults – age range 16-25. In FY 2021-2022 the estimated number of TAY to be served is 130.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 740.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 110.
- Individuals at-risk for serious mental illness or exhibiting onset of serious mental illness or displaying mental illness early in its emergence and/or;
- Families of individuals in the underserved/unserved, at-risk population;
- Additional target populations include: Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals.

SERVICES AND ACTIVITIES

Prevention programs provide services that reduce risk factors and increase protective factors. These services include one-to-one support, screenings, referrals and behavioral health navigation assistance,

presentations, training, and other engagement and outreach activities. Similar to early intervention programs, all prevention programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory.

PREVENTION PROGRAMS FY 2021-22

- Promotores/Community Behavioral Health Outreach Workers Operated By:
  - AspiraNet – serving Turlock
  - Center for Human Services – serving Modesto Airport Neighborhood, Ceres, Keyes, Newman, Crows Landing, Riverdale Park Tract, Monterey Park Tract, Patterson, and Grayson/Westley
  - Sierra Vista – serving South Modesto, Denair, Hickman, Waterford, Empire, Hughson, Salida, and North Modesto
  - Oak Valley Hospital - Family Support Network – serving Oakdale and Riverbank
  - Parent Resource Center – serving West Modesto
- Child and Youth Resiliency Prevention Operated By:
  - El Concilio - Youth Behavioral Health Outreach Worker (YBHOW)
  - Sierra Vista - Youth Assessment Center (YAC)

PREVENTION PROGRAMS DESCRIPTIONS:

PRE-10 Promotores/Community Behavioral Health Outreach Workers (CBHOW) Program

The Promotores/CBHOW focus on various strategies to work particularly closely with the Latino communities throughout Stanislaus County. The program also has a strong focus on promoting prevention-focused and community-based behavioral health education and activities, particularly in communities historically underserved/unserved for individuals and families of individuals at risk of exhibiting onset of serious mental illness or displaying mental illness early in its emergence. The Promotores/CHBOW promote behavioral health and well-being, build protective factors to reduce the risk of developing a potentially serious mental health condition, and link those experiencing early onset of serious mental illness to appropriate services. A Promotor/CBHOW represents a rich spectrum of characteristics that facilitate natural communities of support as leaders in their communities and non-clinical providers. Promotores/CBHOW are the bridge between behavioral health care institutions, professional providers, and community residents.

PRE-11 Child and Youth Resiliency Programs

The Youth Assessment Center (YAC) program serves youth ranging from ages 12-25 from culturally and geographically underserved/unserved and at-risk populations throughout Stanislaus County. The program targets youth who are at risk of school failure, substance abuse, mental illness, social inequality, exposed to violence and/or involvement with the juvenile justice system. The program creates opportunities that promote bonding, foster resilience, strengthen social and emotional competence and develops relationships/partnerships with the larger community.

The Youth Behavioral Health Outreach (YBHOW) program focuses on enhancing emotional health, mental health & wellbeing, promotes prevention-focused and community-based behavioral health education and activities, particularly in communities and populations historically underserved/unserved. The program serves youth and young adults ranging from ages 12-25 years of age who are at risk of school failure, substance abuse, mental illness, social inequality, exposure to violence and/or involvement with the juvenile justice system. The initiative creates opportunities for profound relational practice and learning experiences that promote bonding, foster resilience, strengthens social and emotional competence, familial involvement, and development of relationships/partnerships with the larger community.

PREVENTION PROGRAMS BUDGET:
FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1600.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$925,775	1,871	$495

PREVENTION PROGRAM PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 21/22	
	Number	Percentage
American Indian/Alaska Native	0	0
Asian	*	<1%
Black/African American	*	<1%
Native Hawaiian/Pacific Islander	*	<1%
White	981	52
More than one race	*	<1%
Other	621	33
Unknown	256	13.6
Total:	**1,871**	**100%**
****Due to privacy any value <10 has been removed***		

Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
Hispanic or Latino	1805	97%
Non-Hispanic or Latino	27	1%
Declined/Unknown	39	2%
Total:	**1,871**	**100%**

Ages	Individuals Served FY 21/22	
	Number	Percentage
Child/Youth (0-15)	653	35%
TAYA (16-25)	139	7%
Adult (26-59)	744	40%
Older Adult (60+)	113	6%
Unknown	222	12%
Total:	**1,871**	**100%**

Language	Individuals Served FY 21/22	
	Number	Percentage
English	170	9%
Spanish	1673	89%
Other	0	0%
Unknown	28	2%
Total:	**1,871**	**100%**

Gender	Individuals Served FY 21/22	
	Number	Percentage
Male	415	22%
Female	1334	71%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	0	0%
Unknown	122	7%
Total:	**1,871**	**100%**
***Due to privacy any value <10 has been removed**		
***Data source: PEI Database**		

Additional Program Information:

FY 21/22

Resiliency and Prevention Program (RaPP) was not renewed for Fiscal Year 2021-2022.

The Youth Behavioral Health Outreach Worker (YBHOW) program was added this year as a result from a child and youth resiliency request for proposal (RFP).

OUTCOMES:

Outcomes	Number FY 21/22
How Much?	
# Promotores Program Participants	1,776
# Services Provided	29,502
# Services Dedicated to Promotores Development	699
# Services Focused on Leadership	627
# One-on-one Support Sessions	3,205
# Information & Referral Services	3,334
How Well?	
# Presentations Covering the Topic of Accessing Behavioral Health Services	516
Better Off?	
As a result of participating in these programs, individuals have reported: • Having created meaningful relationships • Improvement in their wellbeing • Knowing how to access mental health services	

*Data Source: PEI Database

EARLY INTERVENTION

EARLY INTERVENTION PROGRAM DESCRIPTION

Early Intervention (EI) programs provide treatment and other services and interventions to address and promote recovery and related functional outcomes for a mental illness early in its emergence. The services can include relapse prevention and outcomes encompass the decrease of applicable negative outcomes that may result from untreated mental illness such as suicide, incarcerations, school failure or dropout, unemployment, homelessness, and removal of children from their homes.
Treatment services are designed for adolescents that are accessing mental health services for the first time or have had an undertreated severe emotional disturbance episode. The program provides intensive treatment services for up to 18 months, with the aim of supporting program participants move to a lower level of care and access community supports. For clients that need treatment services beyond the 18 months, they are referred to and continue services through an appropriate level of care. Early Intervention Programs include the following:

TARGET POPULATION

- Children and Youth – age range 0 to 15. In FY 2021-2022 the estimated number of Children to be served is 550.
- Transitional Age Young Adults – age range 16-25. In FY 2021-2022 the estimated number of TAY to be served is 100.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 245.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 40
- Individuals at-risk for serious mental illness or exhibiting onset of serious mental illness or displaying mental illness early in its emergence and/or;
- Families of individuals in the underserved/unserved, at-risk population;
- Additional target populations include: Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

Early Intervention (EI) The Early Intervention program provides assessment, treatment and supportive services to children and youth age 0 through 17 years of age, with a focus on children or youth new to the behavioral health system with a first-time diagnosis. Referrals may come from a variety of sources, including other programs, schools, parents/caregivers, and other community partners. The services are intended to be short-term, up to 18 months, and include mental health treatment and other interventions that address and promote recovery.

EARLY INTERVENTION PROGRAMS FY 2021-2022

- Early Psychosis Intervention –
    - LIFE Path, Early Psychosis Operated by Sierra Vista Child and Family Services
- School Behavioral Health Integration

- School-Based Consultation Services operated by Stanislaus County Behavioral Health and Recovery Services
- School Consultation Behavioral Health Integration (SCBHI) Operated by Center for Human Services

EARLY INTERVENTION PROGRAMS DESCRIPTIONS:

EI-03 Early Psychosis Intervention
The LIFE Path EPI program) serves youth ages 14 to25 experiencing early symptoms of psychosis. The program focuses on empowering and creating hope for culturally diverse youth and young adults to continue on their path through effective treatment, support and connection.

EI-04 School Behavioral Health Integration (SBHI)
SBHI school consultation is a comprehensive approach to school based mental health services. Services include consultation for TK-12 grade students, their parents, and other family members, teachers, student support individuals, and other school-based staff; brief intervention counseling, individual and small groups with students; community and engagement with the surrounding school/district community. Integrated access and linkage strategies include connecting students, parents, caregivers, guardians and other family members to appropriate mental health agencies, community support, and resources.

EI-05 Children's Early Intervention
The Early Intervention program provides assessment, treatment and supportive services to children and youth age 0 through 17 years of age, with a focus on children or youth new to the behavioral health system with a first-time diagnosis. Referrals may come from a variety of sources, including other programs, schools, parents/caregivers, and other community partners. The services are intended to be short-term, up to 18 months, and include mental health treatment and other interventions that address and promote recovery.

EARLY INTERVENTION PROGRAMS BUDGET:

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

<u>DATA DISCLAIMER</u>
Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1000.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$3,515,489	1,161	$3,027

EARLY INTERVENTION PROGRAM PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 21/22	
	Number	Percentage
American Indian / Alaska Native	29	2%
Asian	14	1%
Black/African American	32	3%
Native Hawaiian / Pacific Islander	*	<1%
White	453	39%
More than one race	*	<1%
Other	140	12%
Unknown	489	42%
Total:	**1,161**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
Hispanic or Latino	578	50%
Non-Hispanic or Latino	153	13%
Declined/Unknown	430	37%
Total:	**1,161**	**100%**

Ages	Individuals Served FY 21/22	
	Number	Percentage
Child/Youth (0-15)	562	48%
TAYA (16-25)	105	9%
Adult (26-59)	253	22%
Older Adult (60+)	50	4%
Unknown	191	17%
Total:	**1,161**	**100%**

Language	Individuals Served FY 21/22	
	Number	Percentage
English	593	51%
Spanish	299	26%
Other	*	<1%
Unknown	261	22%
Total:	**1,161**	**100%**

Gender	Individuals Served FY 21/22	
	Number	Percentage
Male	231	20%
Female	441	38%
Genderqueer	0	0%
Questioning/Unsure	*	<1%
Transgender	*	<1%
Another	*	<1%
Unknown	479	41%
Total:	**1,161**	**100%**

Due to privacy any value <10 has been removed

*Data source: PEI Database

Additional Program Information:

FY 21/22:

The Golden Valley Health Centers contract for Integrated Behavioral Health/Corner of Hope brief intervention counseling including the homeless population reached its maximum number of years contracted and was not renewed for Fiscal Year 2021-2022.

The Parents United – Child Sexual Abuse Treatment Services contract with Dr. Debra Johnson reached its maximum number of years contracted and was not renewed for Fiscal Year 2021-2022.

As part of the BHRS agency wide restructure and Strategic Plan, the Brief Intervention Counseling (BIC) programs operated by Sierra Vista Child and Family Services and El Concilio ended on June 30, 2021.

OUTCOMES:

Outcomes	Number FY 21/22
How Much?	
# Unique Individuals Served	1,161
# Services Provided	5,720
# Brief Intervention Counseling Services Provided	1,677
How Well?	
# Services Provided to Family Members	699
Better Off?	
#/% Individuals that Indicated a Decrease in Depression Severity using PHQ-9 After Receiving Brief Intervention Counseling	35/81%

*Data Source: PEI Database

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS, STIGMA AND DISCRIMINATION REDUCTION, AND SUICIDE PREVENTION

The PEI programs in the categories below, overlap and are embedded and addressed by multiple programs across the PEI system of care. However, there are specific programs dedicated to each of these categories.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS PROGRAM DESCRIPTION

Programs and strategies focused on outreach for increasing recognition of early signs of mental illness utilize outreach, which is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

STIGMA AND DISCRIMINATION REDUCTION PROGRAM DESCRIPTION

Stigma and discrimination reduction programs encompass the direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

SUICIDE PREVENTION PROGRAM DESCRIPTION

Suicide prevention programs are those that organize activities to prevent suicide as a result of mental illness. This category of programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

TARGET POPULATION

- Children and Youth – age range 0 to 15. .In FY 2021-2022 the estimated number of Children to be served is 50.
- Transitional Age Young Adults – age range is 16-25. In FY 2021-2022 the estimated number of TAY to be served is 170.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 190.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 60.
- Individuals at-risk for serious mental illness or exhibiting onset of serious mental illness or displaying mental illness early in its emergence and/or;
- Families of individuals in the underserved/unserved, at-risk population;
- Additional target populations include: Latino/Hispanic, Asian Pacific Islander, African American, Assyrian, Middle Eastern, the refugee community, and Lesbian, Gay, Bi-Sexual, Transgender, and Questioning (LGBTQ) individuals

SERVICES AND ACTIVITIES

PEI alongside Community Cultural Collaboratives that are comprised of diverse community partners implement PEI strategies within the category of Outreach for Increasing Recognition of Early Signs of Mental Illness. These activities are designed to encourage, educate, and train individuals and potential responders about ways to recognize and respond effectively to early signs of mental illness. The strategies utilized have a focus on mental health awareness, stigma reduction, and access and linkage to appropriate mental health services. Outreach services are provided throughout all PEI programs at varying degrees.

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

Additionally, in the area of suicide prevention, a service offered through PEI is the suicide hotline contribution provided by the Central Valley Suicide Prevention Hotline (CVSPH). CVSPH is nationally accredited by the American Association of Suicidology and operates the hotline 24 hours a day, 7 days a week, ensuring that our county residents have access to suicide prevention support and emergency services when appropriate. CalMHSA provides support in the areas of suicide prevention and stigma and discrimination reduction and is the fiscal agent for CVSPH. Other suicide prevention activities include campaigns, training, and education focused on suicide information and prevention.

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
FY 2021-2022 Programs

- OIRESMI-06, 07, 08 Outreach for Increasing Recognition of Early Signs of Mental Illness Programs:
  - Community Based Cultural and Ethnic Engagement (Community Cultural Collaboratives)
  - Community Trainings are operated by Stanislaus County Behavioral Health and Recovery Services
  - Mental health education and trainings operated by NAMI (National Alliance on Mental Illness)
  - Friends are Good Medicine

STIGMA AND DISCRIMINATION REDUCTION
FY 2021-2022 PROGRAMS

- SDR-09 Stigma and Discrimination Reduction Programs Operated By:
  - Each Mind Matters Campaign/Know the Signs
  - CalMHSA

SUICIDE PREVENTION
FY 2021-2022 PROGRAMS

- SP-10 Suicide Prevention Programs Operated By:
  - Kingsview – Central Valley Suicide Prevention Hotline (individuals with suicidal ideation or at-risk).

PROGRAM DESCIPTIONS:

Community Based Cultural and Ethnic Engagement (Community Cultural Collaboratives)
Community Cultural Collaborative partners are cultural community-based groups who, in conjunction with Stanislaus County BHRS efforts, empower the community and individuals who struggle with mental illness and/or substance use disorders. Community Cultural Collaboratives are comprised of members form different cultural backgrounds and are part of PEI strategies for Outreach for Increasing Recognition of Early Signs of Mental Illness and Access & Linkage to appropriate mental health services that target MHSA priority populations.

Community Trainings
Community trainings are comprised of PEI staff, other Stanislaus County BHRS staff, contracted partners and community collaboratives. They serve as trainers for the following trainings that are provided free of cost to the community to targeted PEI populations across the county:

- Mental Health First Aid (MHFA)
- Youth Mental Health First Aid
- Applied Suicide Intervention Skills Trainings (ASIST)
- NAMI Provider Education Course
- Toward Effective Self-Help Group Facilitator training

Friends are Good Medicine
A county-wide directory to publicize support groups and encourage emotional health. The directory's focus is to provide updated peer support information and promote the concept of self-help in both the general and professional community. Friends are Good Medicine provides a wide range of support groups including, Spanish-speaking well-being groups and mental and emotional health groups. Resources are continuously changing, given it is a peer-led network. The directory is offered as an online resource. It is printed and distributed throughout Stanislaus County. Stanislaus County BHRS supports the printing in both English and Spanish as the reproduction of this valuable guide.

National Alliance on Mental Illness (NAMI)
NAMI provides mental health education and trainings throughout the County primarily in the school classroom setting to reduce stigma related to mental illness. NAMI has five primary areas of focus including outreach, engagement, access and linkage, improve timely access to mental health services, and promoting, designing, and implementing programs related to mental illness. NAMI provides presentations to diverse communities, potential responders, and individuals at-risk by utilizing individuals with lived experience to present and better connect with community. The ultimate goal of providing education and training, is to strengthen individual and community wide mental health protective factors and provide access to mental health services.

Each Mind Matters Campaign and Know the Signs
Each Mind Matters Campaign and Know the Signs are statewide social marketing campaigns built on three key messages: Know the signs. Find the words. Reach out. This campaign is intended to educate

Californians on how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis and where to find professional help and resources. Each Mind Matters is a mental health awareness campaign focused on creating a platform to reduce stigma and discrimination related to mental health. These campaigns are funded through counties by the voter approved Mental Health Services Act (MHSA) (Prop. 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities.

CalMHSA

The CalMHSA (California Mental Health Services Authority) program disseminates and directs statewide PEI project campaigns, programs, resources, and materials; provides subject matter in suicide prevention and stigma and discrimination reduction (SDR) to support local PEI efforts; develops local and statewide capacity building support and new outreach materials for counties, and community stakeholders. The primary focus of these programs is to promote mental health and wellness, suicide prevention, and health equity to reduce the likelihood of mental illness, substance use, and suicide among Californians, particularly among diverse and underserved/unserved communities. In addition, the program also supports a portion of the Central Valley Suicide Prevention hotline, an immediate and consistent support for individuals in crisis or experiencing a suicidal crisis. The hotline is available 24 hours a day, 365 days a year, and is confidential and free.

Central Valley Suicide Prevention Hotline (CVSHP)

CVSHP provides 24/7 hotline assistance to individuals who are looking for resources and education regarding a loved one or a friend, provides support for those in crisis and keeps people safe who have suicidal ideation or that are in the process of harming themselves. CVSPH serves California's Central Valley which is a culturally diverse group of seven counties. The hotline is also a member of the National Suicide Prevention Lifeline which provides interpreters for 150 different languages.

OUTREACH PROGRAMS FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS, STIGMA AND DISCRIMINATION REDUCTION, AND SUICIDE PREVENTION PROGRAMS BUDGET:

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 1500.

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

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$947,113	1,723	$550

OUTREACH PROGRAMS FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS, STIGMA AND DISCRIMINATION REDUCTION, AND SUICIDE PREVENTION PROGRAM PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 21/22	
	Number	Percentage
American Indian / Alaska Native	0	0%
Asian	0	0%
Black / African American	0	0%
Native Hawaiian / Pacific Islander	0	0%
White	97	5%
More than one race	0	0%
Other	*	1%
Unknown	1617	94%
Total:	**1,723**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 21/22	
	Number	Percentage
Hispanic or Latino	43	3%
Non-Hispanic or Latino	23	1%
Declined/Unknown	1,657	96%
Total:	**1,723**	**100%**

Ages	Individuals Served FY 21/22	
	Number	Percentage
Child/Youth (0-15)	59	3%
TAYA (16-25)	179	10%
Adult (26-59)	201	12%
Older Adult (60+)	65	4%
Unknown	1219	71%
Total:	**1,723**	**100%**

Language	Individuals Served

	FY 21/22	
	Number	Percentage
English	1720	99%
Spanish	0	0%
Other	0	0%
Unknown	*	<1%
Total:	**1,723**	**100%**

Due to privacy any value <10 has been removed

Gender	Individuals Served FY 20/21	
	Number	Percentage
Male	405	24%
Female	610	35%
Genderqueer	*	<1%
Questioning/Unsure	0	0
Transgender	0	0
Another	0	0
Unknown	706	41%
Total:	**1,723**	**100%**

Due to privacy any value <10 has been removed

**Data source: PEI Database/Suicide Hotline Data*

Additional Program Information:

FY 21/22:

National Alliance on Mental Illness (NAMI) was moved from Prevention to Outreach for Fiscal Year 2021-2022.

OUTCOMES:

Outcomes	Number FY 21/22
How Much?	
# Calls Responded to Through the Central Valley Suicide Prevention Hot Line	1,714
# Crisis Calls to Central Valley Suicide Prevention Hotline	743
How Well?	
# Calls Concerned with Mental Health, Social Issues, or Suicide	1,084
# "Active Rescues" When Emergency Services were Contacted for the Caller's Safety	8
Better Off?	
# Talk Downs During which a High-Risk Caller was Deterred from Completing Suicide	7
Estimated Cost Savings to Stanislaus County for Crisis Calls	1,199,722

*Data Source: Suicide Hotline Data

AL-11 Access and Linkage

ACCESS AND LINKAGE PROGRAM DESCRIPTION

Access and Linkage to treatment means connecting individuals with severe mental illness, adults, and seniors with severe mental illness as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to care provided by county mental health programs. Examples include focusing on screening, assessment, referral, and/or mobile response. This Access and Linkage program provides confidential peer-staffed outreach, education, referral, and support services to the veteran and aging community, their families, and the service providers. The program increases awareness of the prevalence of mental illness in Stanislaus County, reduces mental health risk factors or stressors, and improves access to mental health and PEI services, information, and support.

TARGET POPULATION:

Aging and Veteran Services program primarily serves the geographic community of Modesto and the underserved/unserved populations within it. The program serves mostly adults and adults older than 60 years of age, including all races and ethnicities, and veterans and their family members. The primary target population includes older adults with mild depression, at risk of depression or worsening depression.

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

- Children and Youth – age range 0 to 15. .In FY 2021-2022 the estimated number of Children to be served is 5.
- Transitional Age Young Adults – age range is 16-25. In FY 2021-2022 the estimated number of TAY to be served is 5.
- Adults – age range 26-59. In FY 2021-2022 the estimated number of Adults to be served is 10.
- Older Adults – age 60+. In FY 2021-2022 the estimated number of Older Adults to be served is 220.
- Individuals at-risk or exhibiting onset of serious mental illness
- Individuals displaying mental illness early in its emergence
- Families of individuals in the above populations

This Access and Linkage program specifically targets adults and older adults who are also at high risk for having or developing mental illness due to risk factors:

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

SERVICES AND ACTIVITIES:

Aging and Veteran Services (AVS) provides specific home and community-based services. Efforts are made via a network of older adult service providers, including home health agencies, adult protective

services, and community service organizations (home-delivered meals, in-home service providers, and transportation programs.

This program primarily serves adults and older adults with an emphasis on MHSA underserved and unserved populations. The program provides individual and group engagement activities and services, identifies at-risk individuals and potential responders, and provides referrals, navigation, and other support through the Friendly Visitor program. All PEI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate, but this program has a strong focus in this area.

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

ACCESS AND LINKAGE PROGRAM BUDGET:

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

DATA DISCLAIMER

Due to the need to comply with labor and oversight requirements, many of the new programs implemented in Fiscal Year 2021-2022 as part of the BHRS Strategic Plan restructuring experienced staffing challenges and services did not begin on July 1, 2021 as anticipated. As a result, the data presented for Fiscal Year 2021-2022 may not represent an entire fiscal year of program operations. For comparison purposes, Fiscal Year 2021-2022 data will be considered a bridge year to the new structure.

In FY 2021-2022, the estimated number of individuals to be served is 240.

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

Actual Cost	**Total Number of Participants**	**Estimated Cost Per Participant**
$278,716	273	$1,020

ACCESS AND LINKAGE PROGRAM PARTICIPANT DEMOGRAPHICS:

Race	Individuals Served FY 21/22	
	Number	Percentage
American Indian / Alaska Native	*	<1%
Asian	*	1%
Black / African American	10	4%
Native Hawaiian / Pacific Islander	0	0%
White	180	66%
More than one race	*	1%
Other	15	5%
Unknown	62	23%
Total:	**273**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 20/21	
	Number	Percentage
Hispanic or Latino	48	18%
Non-Hispanic or Latino	148	54%
Declined/Unknown	77	28%
Total:	**273**	**100%**

Ages	Individuals Served FY 20/21	
	Number	Percentage
Child/Youth (0-15)	*	2%
TAYA (16-25)	*	1%
Adult (26-59)	12	4%
Older Adult (60+)	251	92%
Unknown	*	1%
Total:	**273**	**100%**

Due to privacy any value <10 has been removed

Language	Individuals Served FY 21/22

	Number	Percentage
English	221	81%
Spanish	22	8%
Other	*	1%
Unknown	27	10%
Total:	**273**	**100%**

Due to privacy any value <10 has been removed

Gender	Individuals Served FY 21/22	
	Number	Percentage
Male	62	23%
Female	167	61%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	0	0%
Unknown	44	16%
Total:	**273**	**100%**

Data source: PEI Database

Additional Program Information:

FY 21/22:

MHSA regulations require that one program be appointed as the designated Access and Linkage program. Aging and Veteran Services is the program that has been appointed under this category. It is important to note that all PEI programs are designed and implemented to help create access and linkage to treatment and improve timely access to mental health services for individuals and families from underserved/unserved populations when appropriate. Services are provided in convenient, accessible, and culturally appropriate settings using strategies that are non-stigmatizing and non-discriminatory. Access and linkage activities are also integrated into all programs to increase the effectiveness of the services.

OUTCOMES:

Outcomes	Number / FY 21/22
# Community Members Reached Through Dedicated Access and Linkage Program	896
# Services Provided Outside of the Office	302
# Referrals with a Successful Engagement	107
# Individuals Connected to Counseling Services	50

Innovations

In Fiscal Year 2021-2022, the programs outlined below were in operation. Actual program results for the individual programs are found on the following pages.

- INN-01 NAMI on Campus High School Model (NAMI on Campus)
- INN-02 Full-Service Partnership (FSP) Multi-County Collaborative
- INN-03 Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative
- INN-04 Planning

INN-01 NAMI on Campus High School Model (NAMI on Campus)

Operated by Stanislaus County Office of Education

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$175,193	N/A	N/A

PRIMARY PURPOSE:

Increases access to mental health services.

CONTRIBUTION TO LEARNING:

This project introduces 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.

PROJECT DESCRIPTION:

NAMI on Campus High School Innovation Project seeks to increase access to mental health services by applying a proven effective model for youth leadership, development and organization to advance the mental health outreach efforts in high schools throughout Stanislaus County.

The project will integrate the framework of Protecting Health and Slamming Tobacco (PHAST), a program incorporating a strong county-wide coordination of student clubs in Stanislaus County, with NAMI on Campus High School (NCHS) to raise mental health awareness and reduce stigma. This collaboration is expected to propel and sustain the local growth of student organizations in high schools, creating a culture shift to train and equip students to improve mental health awareness, conduct outreach, increase advocacy and destigmatize mental illness.

STRATEGY:

To introduce NAMI on Campus High School through this innovative framework of county-wide collaboration to high schools in Stanislaus County.

- Develop and sustain dedicated leadership of administrators and faculty club advisors which recruit student members and leaders, provide support and guidance for youth-led operations of club activities, meetings and events.
- Cultivate student leaders to communicate and educate peers on how to access available mental health services in the County, increase knowledge of the signs and symptoms of mental health challenges and end the stigma preventing many individuals from seeking help.
- Embrace a culture of youth who are hungry to lead, passionate about building up and improving their community, and genuinely care about helping their peers by providing opportunities for researching, communicating and advocating for others.
- Conduct annual outreach campaigns addressing topics such as suicide prevention, mental

health awareness and advocacy.
- Through monthly NCHS Club advisor meetings, build a county-wide collaborative to help strengthen the combined efforts and leverage resources for up to 15 high schools in Stanislaus County.
- Strengthen the collaboration between NAMI Stanislaus, NAMI California and Stanislaus County School Districts by providing a centralized hub for communication, resources and training.

This work will improve access to mental health services, reduce stigma related to mental health challenges and increase knowledge on the signs and symptoms of mental health challenges.

LEARNING PROPOSED:

- Can adopting new and expanded outreach strategies improve overall access for people in need of services?
- Can adopting new and expanded outreach strategies decrease the stigma of mental health problems among high school students?
- Will coordinated cross-collaboration among SCOE, NAMI and school districts increase and sustain mental health outreach and education at high school campuses?
- Will student participation in mental health outreach increase protective factors and improve well-being among high school students?

Through coordinated peer outreach strategies, we anticipate youth will have increased knowledge of the signs and symptoms of mental health problems and how to seek services. We also anticipate a positive change in attitudes towards seeking mental health services and encouraging others who may need services to seek support.

PROJECT UPDATES:

- Provided county-coordination and support for previously established NAMI on Campus High School Clubs at ten Stanislaus County High Schools, including Ceres High School, Central Valley High School, Hughson High School, Modesto High School, Gregori High School, Oakdale High School, Patterson High School, Turlock High School, Pitman High School, and Valley Charter High School.
- Launched five new NCHS Clubs at Central Catholic High School, Grace M. Davis High School, Thomas Downey High School, Orestimba High School, and Riverbank High School. Supported NCHS Club fidelity by assisting club development, connection to resources, sharing local assets, providing technical assistance.
- Launched middle school mental health clubs at Ross Middle School in Hughson Unified School District and La Loma Middle School in Modesto City School District. Middle school clubs, called "Minds Matter" follow the same mental health topics as the high school clubs, and work with NCHS members at nearby high schools to provide student mentors and leadership opportunities.
- NAMI on Campus High School Clubs have had an impact on campus culture by connecting students with mental health resources and developing a strong network for student connectedness and belonging. Clubs have made marked improvements by raising mental health awareness and reducing stigma on campus through peer-led mental health outreach and education events. Students are empowered to learn about mental health and how to be wellness advocates on campus and in the community.

- Students at Turlock High and Modesto High were featured in an August 2021 Modesto Bee article. Finn Ceja, NCHS Club president told the Bee, "At the Turlock High School chapter, students have created presentations on topics such as the difference between mental health and mental illness and how to recognize when a friend is struggling… I genuinely think that it could save someone's life." Additionally, "Modesto High School senior Melanie Gonzalez said she joined her school's NAMI club because she knows many students on campus struggle with mental health and she wants to learn how to help others. She hopes to be able to empathize more with her classmates who have mental illnesses."
- NAMI on Campus Clubs hosted numerous events in May 2022 to celebrate Mental Health Awareness:
    - Ceres High School created self-care kits in which students were able to create their own kit and pick from a variety of self-care items.
    - More than 60 students joined the Pitman High School club members to make stress balls and Glitter Globes in a lunch-time activity. Members distributed mental health awareness stickers, buttons and flyers across campus.
    - Modesto High NCHS Club members hosted a Mental Health Fair and students flocked to the booth to participate in their "Mental Health Fact or Fiction" game. Student participants received fidget spinners, stress balls and other merchandise with a mental health theme.
    - Club members at the Oakdale High NCHS created a lunch-time display of positive messages. Students could write a message to add to the display or take a message that was meaningful to them.
    - Orestimba High School NAMI on Campus Club members successfully petitioned the Newman-Crowslanding School District Board to declare May to be Mental Health Awareness month. The club celebrated their success by hosting a "Day on the Green" where about 50 students joined in the outdoor activities. Students distributed community resources, promoted self-care activities and emphasized mental health resources for the summer break.
    - Valley College High School Club members hosted a carnival themed movie night with team building activities and goodie bags that included community resource cards with free-to-low-cost mental health services in the community. During the event the club's Vice President and President made a short speech emphasizing the importance of support systems in mental health.
- Stanislaus county-wide NCHS club membership is 436 students.
- Provided NCHS Clubs with resources, training opportunities and support through a strong cooperative relationship with club advisors, school and district leadership, and connections to local community mental health organizations. Continued established communication to increase resource awareness with local clubs through monthly Advisor Newsletter and NCHS Website. Advisors meet monthly in a virtual setting to review the mental health topic from the NAMI California curriculum.
- Maintained the NCHS Club website, providing a robust assortment of resources for student-led club meetings, activities and events for each of the NCHS curriculum of monthly topics:
    - September: Suicide Prevention
    - October: Ending Stigma

- November: Supporting Friends Living with Mental Illness
    - December: Families and Mental Health
    - January: Mental Health Advocacy
    - February: Mental Health Across Cultures (including LGBTQ+)
    - March: Mental Health Myths and Facts
    - April: Careers in Mental Health.
    - May: Mental Illnesses: Recognize the signs
- Collaborated with community-based organizations to support local county-wide events, providing students and families with opportunities to connect with community members and decision makers.
    - Stanislaus Cradle to Career - Students came together with local agency leaders to learn advanced strategies for addressing difficult issues (ie homelessness, college access, improving graduation rates) through an efficient and judicious design concept.
    - One Degree of Separation - High school students and their families were invited to attend a comedy show aiming to end the stigma associated with mental illness. Local partnering agencies supported the event and provided free mental health resources.
    - NAMI Stanislaus BBQ and Picnic - The event brought together NAMI Stanislaus supporters and clients for a fun afternoon with food and games. NAMI on Campus Club members provided support for the local agency by assisting with setup, meal preparation and monitoring games.
    - Out of the Darkness Suicide Prevention Walk - Students participated in the annual event, held at Graceda Park, to acknowledge the ways in which suicide and mental health conditions have affected the lives of those in our community.
- Continued the established cooperative relationships with NAMI California and NAMI Stanislaus by working with leadership to share resources, connecting school administrators with NAMI's "Ending the Silence" presentation, and inviting student participation at agency events and trainings.

INN-02 Full-Service Partnership (FSP) Multi-County Collaborative

Operated by Third Sector

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$309,279	N/A	N/A

PRIMARY PURPOSE:

Introduces a new practice or approach to the overall mental health system.

CONTRIBUTION TO LEARNING:

This Project increases the quality of mental health services, including measured outcomes, and promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

PROJECT DESCRIPTION

Stanislaus County Behavioral Health Recovery Services (Stanislaus County) is participating in a 4.5-year Multi-County FSP Innovation Project that will leverage counties' collective resources and experiences to implement improvements to Full-Service Partnership (FSP) services across California. This work builds on the work of six initial counties that began the project in 2020 and is in partnership with Third Sector, a national nonprofit technical assistance organization, the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Mental Health Services Authority (CalMHSA), and the Rand Corporation.

Through participation in this Multi-County FSP Innovation Project, Stanislaus County is implementing new data-informed strategies to program design and continuous improvement for their FSP programs, supported by county-specific implementation and evaluation technical assistance. The overall purpose and goals of the Multi-County FSP Innovation Project are to:

1. Improve how counties define and track priority outcomes and related performance measures, as well as counties' ability to apply these measures consistently across FSP programs
2. Develop new and/or strengthen existing processes for continuous improvement with the goals of improving outcomes, fostering shared learning and accountability, supporting meaningful program comparison, and effectively using qualitative and quantitative data to inform potential FSP program modifications
3. Develop a clear strategy for how outcomes and performance measures can best be tracked and streamlined through various state-level and county-specific reporting tools

4. Develop a shared understanding and more consistent interpretation of the core FSP components across counties, creating a common FSP framework that both reflects service design best practices and is adaptive to local context
5. Increase the clarity and consistency of enrollment criteria, referral, and graduation processes through the development and dissemination of clear tools and guidelines intended for county, providers, and referral partners

STRATEGY

In the first 22-month technical assistance period that began in the Fall of 2021, Stanislaus County has been working with Third Sector as they assess local FSP context and provide targeted, county-specific assistance in implementing outcomes-focused improvements. This technical assistance period is divided into three discrete phases (Landscape Assessment; Implementation; Sustainability Planning):

- **Phase 1 - Landscape Assessment:** The goal of the Landscape Assessment phase is to ensure Stanislaus County has an aligned understanding of the current state of its FSP programs, customized recommendations to create a more data-driven, outcomes-oriented FSP program, and a realistic work plan for piloting new improvements during Phase 2, the Implementation Phase.
- **Phase 2 - Implementation:** During this phase, Stanislaus County designs and pilots new strategies that were developed during Phase 1, with individualized guidance and support from Third Sector. As a result of this phase, Stanislaus County will pilot and begin implementing new outcomes-oriented, data-driven strategies.
- **Phase 3 - Sustainability Planning:** Throughout Phases 1 and 2, Stanislaus County is working closely with Third Sector to ensure sustainability and that county staff have the capacity to continue any new strategies and practices piloted through this project. Phase 3 provides additional time and dedicated focus for sustainability planning, whereby Stanislaus County works with Third Sector to understand the success of the changes to-date and finalizes strategies to sustain and build on these new data-driven approaches. Stanislaus County may also partner with other counties to elevate project implementation successes in order to champion broad understanding, support, and continued resources for outcomes-focused, data-driven mental health and social services. As a result of Phase 3, Stanislaus county will have a clear path forward to continue building on the accomplishments of the project.

LEARNING PROPOSED

At the end of this project, Stanislaus County will have clearly defined FSP outcome goals that relate to program and beneficiary priorities, well-defined performance measures to track progress towards these outcome goals, and a clarified strategy for tracking and sharing data to support meaningful comparison, learning, and evaluation.

In addition, counties participating in this Innovation Project have co-developed and will participate in concurrent FSP learning communities. County MHSA and FSP staff will engage in an interactive learning process that includes hearing and sharing best practices and developing tools to improve services and outcomes for FSP participants. Third Sector will synthesize and disseminate learnings between counties participating in this Innovation Plan, helping each county to build upon the work of the others and develop a set of recommendations for any state-level changes to FSP requirements and/or data collection practices that are supported by a broad coalition of participating California counties.

PROJECT UPDATES

During Fiscal Year 2021-2022, Stanislaus County worked with Third Sector to conduct and complete an extensive landscape assessment. Stanislaus County BHRS administrative staff attended regular workgroup conversations with Third Sector, while completing detailed worksheet inventories on FSP programs across the county. These worksheet inventories, combined with stakeholder engagement that included focus groups with over a dozen FSP provider staff and twenty one-on-one interviews with FSP clients, helped to identify both strengths and opportunities for growth within FSP services. Learnings are summarized in a report that details key learnings and insights and prioritizes recommendations for the implementation of new strategies locally in Stanislaus County and across the project cohort.

NEXT STEPS

In July 2022, based on learnings throughout the Landscape Assessment phase, Stanislaus county identified two county-specific implementation activities and one cohort activity to focus on:

- **Stanislaus Implementation Activity: Graduation Processes & Guidelines**
- Stanislaus County will visualize both the current and ideal state FSP graduation process, including key staff, touchpoints, tools, and resources involved throughout a client's journey. In addition, the county will develop standardized guidance for providers to help guide graduation conversations with clients, including how graduation should be discussed throughout FSP service provision, along with weighting criteria alongside other indicators of graduation readiness.
- **Stanislaus Implementation Activity: Workforce Recruitment & Retention**
- Third Sector, with support from Stanislaus County, will conduct research and interviews with subject matter experts in workforce recruitment and retention strategies in the field of behavioral health and provide trends and innovative practices. Once complete, Stanislaus County will use findings, best practices, and recommendations to inform present and future Stanislaus County BHRS workforce initiatives, including FSP-targeted workforce efforts.
- **Cohort Implementation Activity: Outcomes and Process Measures**
- Stanislaus County will adopt the outcomes and process measures identified and defined during Wave 1 of the Multi-County FSP Innovation Project.

INN-03 Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative

Operated by University of California Davis

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$249,277	N/A	N/A

PRIMARY PURPOSE:
Increase the quality of mental health services, including measurable outcomes.

CONTRIBUTION TO LEARNING
This Project introduces a mental health practice or approach that is new to the overall mental health system.

PROJECT DESCRIPTION
The Early Psychosis Learning Health Care Network (LHCN) is a multi-year, multi-county innovation project that aims to connects early psychosis (EP) programs across California to improve early identification, diagnosis, clinical assessment, intervention effectiveness, service delivery, and health outcomes in clinics offering evidence-based specialty care to persons in the early stages of psychotic illness. Another major goal of the EP LHCN is to develop a sustainable network of California EP programs via a collaborative statewide evaluation to clarify the effect of the network and these programs on the consumers and communities that they serve. The EP LHCN is led by UC Davis in collaboration with UCSF, UCSD, and multiple California Counties. The initial infrastructure for the LHCN was developed using MHSA Innovation funds and thus the project complies with the regulatory and funding guidelines for evaluation as stipulated by the applicable MHSA funding regulations, contract deliverables, and best practices.

The EP LHCN links multiple early psychosis clinical service programs and create a network using a core assessment battery of valid, low-burden measures and an mHealth technology platform to collect client-level information as part of standard care, visualize such information via clinician dashboard for treatment planning, and integrate across clinics to provide de-identified data for evaluating statewide outcomes data. The core assessment battery includes standard measures of early psychosis clinical features, services, and treatment outcomes.

The EP LHCN network of California (termed “EPI-CAL”) contributes these systematically collected clinical outcomes from participating community and university EP clinics to a national EP network, supported by the NIMH EPINET program. The Early Psychosis Intervention Network (EPINET) is a 5-year project that connects regional hubs to a national network of EP programs. EPI-CAL is California’s regional hub. Data collected within the LHCN requires individuals to make choices about sharing their data outside the clinic, including with UC Davis for the statewide evaluation as part of the Innovation project and to the EPINET National Data Coordinating Center for research. This is optional and data is only be shared if users opt

in. The project also includes development and validation of a measure of the Duration of Untreated Psychosis (DUP) that is feasible for use in community settings.

An additional component of the LHCN project is to identify, describe, and analyze the costs incurred by providing early psychosis clinical services, the outcomes associated with such a program, and the costs associated with those outcomes for individuals served by each program in each county. We will also examine services and costs associated with similar individuals served elsewhere in the county. This includes past and current clients in the EP program, as well as individuals with similar diagnoses who utilized other behavioral health services in Stanislaus County.

This Statewide EP Evaluation, LHCN, and NIMH EPINET all primarily aim to 1) increase the quality of mental health services, including measurable outcomes, and 2) introduce a mental health practice or approach that is new to the overall mental health system.

STRATEGY

To assess core outcomes in early psychosis programs and improve measurement-based care, the EP LHCN administers a core assessment battery of valid, low-burden measures via a mHealth technology platform (Beehive). The core assessment battery includes standard measures of early psychosis such as measures about symptoms, functioning, quality of life, adverse childhood experiences and traumatic life events, detailed demographic features, and others (please see our core assessment battery on our resource guide: https://sites.google.com/view/beehiveguide/core-assessment-battery).

The core assessment battery is administered via a custom-built application called Beehive (beehiveremote.com) at enrollment and every 6 months and includes consumer self-report measures, as well as support person- and clinic-completed measures. Clients can complete surveys about their experiences via personalized weblinks sent to them by their clinical team or on a tablet in the clinic. Providers can also directly input information, such as symptom ratings and treatment progress. This information is designed to be reviewed on the client's dashboard. The visualization of the clients' scores can include clinical thresholds, where applicable, and comparative data across all clients in the LHCN. Beehive also allows the clinical team to see the breakdown of individual responses and summaries of the services the client has used over time. Beehive provides high level summaries of key clinic data, such as client demographics and service utilization. Beehive also supports data downloads and clinic staff can export data from specific surveys between specific dates and use it as part of county reporting requirements or quality assurance efforts.

The design and approach of the different components of the EP LHCN has been shaped by the input of community partners, including mental health consumers and family members. This was accomplished in part by collecting qualitative data from focus groups, community partner meetings, and qualitative interviews with consumers, families, county staff and EP program staff to inform implementation of LHCN and the evaluation, present findings, and assess satisfaction. We are continuing to collect qualitative data via focus groups and interviews, after which we will complete a report summarizing consumer and provider skills, beliefs and attitudes around measurement-based care and use of LHCN in service delivery.

Each LHCN program also participates in a fidelity assessment. Fidelity is the degree of implementation of an evidence-based practice and a fidelity assessment provides a list of objective criteria by which a program or intervention is evaluated to assess the degree to which they adhere to a reference standard for the intervention. For the purpose of the LHCN, our fidelity assessments assess fidelity to the Coordinated Specialty Care Model for Early Psychosis.

For the county-level data component of the LHCN, wherein we identify, describe, and analyze costs incurred by providing early psychosis clinical services, the outcomes associated with such a program, and the costs associated with those outcomes for individuals served by each program in each county, we collect cost and service utilization data from each participating county. This cost and utilization data is harmonized across counties and compared to services and costs associated with similar individuals served outside of the EP program in the counties.

LEARNING PROPOSED

Through the development of the LHCN and the associated evaluation, we propose to answer the following questions:

1. Do consumer and/or provider skills, beliefs, and attitudes about technology or measurement-based care impact completion of LHCN outcome measures or use of data in care?
2. Does engagement in the LHCN impact consumer satisfaction with care, insight into treatment needs, and alliance with the treatment team?
3. Are there differences in utilization and costs between EP programs and standard care?
4. How does utilization and cost relate to consumer-level outcomes within EP programs?
5. What are the EP program components associated with consumer-level short- and long-term outcomes in particular domains?
6. Within EP programs, what program components lead to more or less utilization (e.g., hospitalization)?
7. To what extent to California EP programs deliver high fidelity evidence-based care, and is fidelity related to consumer-level outcomes?
8. What are the barriers and facilitators to implementing and LHCN application across EP services?
9. What are the consumer, family, and provider experiences of submitting and utilizing data obtained through the LHCN during routine clinical care?
10. Does a technology-based LHCN increase use of consumer-level data in care planning relative to a program's prior practice?
11. What is a viable strategy to implement a statewide LHCN for EP programs?

PROJECT UPDATES

Stanislaus County's LIFE Path program have been active participants in all components of the LHCN described above. They have actively been engaged with enrolling clients into Beehive to assess key clinical outcomes. To date, the LIFE Path program has enrolled 16 clients into Beehive. Of those, several have completed outcomes measures offered through the core assessment battery. Program staff have also attended several LHCN meetings that promote learning across the network, including our bi-annual

LHCN Advisory Committee meeting. The program also recently completed their fidelity assessment.

During the last project period, we held a series of meetings with he EP program staff and county staff to address collection of the county-level utilization and cost data for the prior three year timeframe for Stanislaus County. We identified EP program information, including description of clients served, billing codes for each service, funding sources and staffing personnel during the retrospective period. Meetings were also held with the county data analysis team to discuss details about the data extraction. The discussion included the time period for which the LHCN team will formally request data. We reviewed data elements that will be needed to define the EP and comparator group (CG) sample, including historical diagnostic and utilization data for both groups. We reviewed data categories, elements, and sources for utilization and cost to determine a) which services are provided in the county and b) which are available to be shared for the analysis. Follow-up meetings with county data analysts have been scheduled.

INN-04 Planning

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$41,587	110	$378

Funding for Innovations Community Planning Process and Stakeholder Input

In February 2022, BHRS was approved by the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) to earmark use of INN funds for community planning activities involving stakeholders, most directly, individuals in the unserved and underserved communities of Stanislaus County. These planning funds are to specifically support the design, development and implementation of new INN ideas brought forth through the CPP.

Stanislaus County BHRS received authorization to use 5% of the Innovations funding over the next five years to direct towards community planning. In Fiscal Year 2021-2022, the amount estimated to be dedicated to planning was $83,211 and for Fiscal Year 2022-2023, it is estimated to be $69,838.

In FY 2021-2022, BHRS initiated CPP partnerships with several diverse community partners including the LGBTQ Collaborative, the NAACP, and several Promotores who conducted focus groups throughout the community to help facilitate conversations around mental health need and services and provide those insights to the Department.

In FY 2022-2023, BHRS is pursuing opportunities to expand its community partnerships as part of its efforts to develop a robust community planning process.

Workforce Education and Training (WE&T)

PROGRAM DESCRIPTION

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

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

Stanislaus County has four WE&T Programs

- Workforce Staffing
- Training/Technical Assistance
- Mental Health Career Pathways
- WET Central Region Partnership

WET BUDGET:

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$48,394	N/A	N/A

WET-01 Workforce Staffing

Operated by Stanislaus County Behavioral Health and Recovery Services

The Workforce Development and Training Division is responsible for the training plan and supporting activities for all department and contracted programs; clinical supervision; continuing education and provider association enrollment and management; internship programs; volunteer programs; and workforce development activities, including but not limited to, career development, undergraduate and graduate educational partnerships, scholarship, loan repayment, stipend programs, and workforce retention activities.

SERVICES AND ACTIVITIES

Stanislaus County Behavioral Health and Recovery Services is committed to the training and development of all its employees in order to ensure the consistent delivery of quality services to all customers, clients, peers and community partners. The aim of the Workforce Development and Training Department is to embrace best practice and is demonstrating this commitment by striving to develop its continuous learning and professional development. The four main responsibilities are training, workforce development, workforce education and the volunteer program.

WET WORKFORCE STAFFING PROGRAM PARTICIPANT DEMOGRAPHICS:

Staffing Structure: Training Plan & Activities	Positions
Manager	1 (need to fill)
Mental Health Coordinator	1
Behavioral Health Specialist	1
Staffing Structure: Workforce Development	**Positions**
Mental Health Clinician III	3 (need to fill)
Staffing Structure: Volunteer Program	**Positions**
Director of Volunteer Services	1
Staffing Structure: Support	**Positions**
Administrative Clerk III	1

WET-02 Training/Technical Assistance

Operated by Stanislaus County Behavioral Health and Recovery Services

PROGRAM DESCRIPTION

Training focuses on core competency, general clinical skills and knowledge, and core treatment model services. Workforce development focuses on partnerships with learning institutes/presenters and providing program-level technical skill enhancement.

SERVICES AND ACTIVITIES

Workforce Development and Training Department can develop and deliver customized training courses that meets the goals of Stanislaus County Behavioral Health and Recovery Services. The department ensures all instructors are knowledgeable and qualified, that course content criteria and diversity, equity and inclusion values are met, and if applicable that continuing educational credits are offered.

Trainings Provided 2021-2022	Training Hours for Participants	BHRS Staff	Contractor Staff
40	**8530.5**	**991**	**356**

# of Trainings	Trainings:
9	CANS Training
4	Law & Ethics Provider Training
4	5150 Certification Training
3	LOCUS
3	T-ASI Training
3	Presumptive Transfer 101 Training
2	Information Privacy & Security
2	DMC-ODS Training
1	Crisis Intervention Training
1	LEAP Training
1	Recovery & Resiliency
1	Strength Model Case Management
1	Interventions working with Trauma
1	Motivational Interviewing
1	A Multi-Disciplinary Approach to the Treatment of Eating Disorders
1	CFT Facilitation Training
1	General Compliance
1	HIPAA

WET-03 Mental Health Career Pathways

Operated by Stanislaus County Behavioral Health and Recovery Services

PROGRAM DESCRIPTION

The Workforce Development and Training Division specifically is designed to meet the goal of developing multicultural, diverse and recovery-oriented mental health workforce. The goal is to provide core training in the values and principles of psychosocial rehabilitation and the skills necessary to provide hope-filled, values-driven services.

SERVICES AND ACTIVITIES

Workforce Education focuses on cultural competency trainings, internships/practicums and continuing education opportunities. The Volunteer Program focuses on community engagement, skill building/job opportunities and California Association of Social Rehabilitation Agencies (CASRA).

Psychosocial Rehabilitation

MJC's California Association of Social Rehabilitation Agencies (CASRA) based program provides a structure to integrate academic learning into real life field experience in the adult public mental health system. Before the partnership was established with BHRS, MJC did not have a Psychosocial Rehabilitation (PSR) curriculum. The initiative taken by SCBHRS to purchase the CASRA curriculum signifies an effort to fill the gaps for employment of consumers and family members. Students who have received a Psychosocial Rehabilitation Skills Recognition Certificate are eligible for the State Psychosocial Rehabilitation certification after completing a minimum of 2,500 field experience hours.

The Psychosocial Rehabilitation Program at MJC is a twelve (12) unit curriculum with two (2) additional courses recommended for success, totaling fifteen (15) unit. Courses provide individuals with the knowledge and skills to apply goals, values, and principles of recovery-oriented practices to effectively serve consumers and family members. The certificated units also count towards an Associate of Arts (AA) Degree in Human Services at MJC. Participants of the CASRA program can receive a stipend from BHRS to assist with school fees, parking passes, and school supply vouchers, as needed. The program also offers a textbook loan program. CASRA program participants receive ongoing peer support and academic assistance to maximize their opportunities for success.

OUTCOMES:

CASRA/ Volunteers	Participants:
Modesto Junior College	No Data
Volunteers	1

Due to ongoing impacts from the COVID-19 pandemic, the Modesto Junior College CASRA program did not have any participants in Fiscal Year 2021-2022.

WET-04 WET Central Region Partnership

Operated by Stanislaus County Behavioral Health and Recovery Services

PROGRAM DESCRIPTION

The Central Regional Partnership through the Mental Health Services Act Workforce Education and Training (WET) Program has developed a Loan Repayment Program (LRP) opportunity. Stanislaus County, in collaboration with other counties in the region, has partnered with the California Mental Health Services Authority (CalMHSA) and the California Department of Health Care Access and Information (HCAI) to make this funding available to educational students in exchange for service obligations to the Public Mental Health System (PMHS). It will award up to $20,000[1] to qualified mental health service staff, also referenced as providers, within the Region's Mental Health provider network that commit to a 24-month full-time service obligation in a recognized hard-to-fill or hard-to-retain position. Through this program, the Central Regional Partnership seeks to support its qualified mental health service providers that serve the most underserved populations within the county and work in the most hard-to-retain positions. The Loan Repayment Program will be implemented in the fall of 2022.

SERVICES AND ACTIVITIES

The Loan Repayment Program is a financial incentive strategy that is included in the Statewide MHSA WET Plan. It is designed to retain mental health professionals who reflect the population's served and share the same ethnic, cultural, and linguistic backgrounds of the communities served. Through this program Stanislaus Behavioral Health and Recovery Services seek to support qualified employees who meet eligibility requirements and commit to a 24-month service obligation.

WET WORKFORCE STAFFING PROGRAM PARTICIPANT DEMOGRAPHICS:

Eligible provider roles for the program are:

Licensed Clinical Social Worker	Licensed Medical Doctor
Associate Clinical Social Worker	Psychologist, either doctoral degree or doctoral degree pre-licensed
Licensed Marriage and Family Therapist	Licensed Clinical Pharmacist
Associate Marriage and Family Therapist	Psychiatric Mental Health Nurse Practitioner
Licensed Professional Clinical Counselor	Nursing Personnel including LVN, Psych Techs, RN and related job titles
Associate Professional Clinical Counselor	Phlebotomist
Behavioral Health Worker	Case Manager, Rehabilitation Specialist, or related job titles

Capital Facilities (CF)

PROGRAM DESCRIPTION

Capital Facilities/Technological Needs (CF/TN) funding and guidelines were made available to Counties in 2008. Initial CF/TN funding was very limited. By statute, annually, based on an average of the past five years allocation, up to 20% of CSS funds may be used for any one or a combination of Workforce, Education and Training; Capital Facilities/Technological Needs or Prudent Reserve (W&I 5892(b)).

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

SERVICES AND ACTIVITIES

No Capital Facilities Projects were in operation during Fiscal Year 2021-2022.

Technological Needs (TN)

PROGRAM DESCRIPTION

Technological Needs (TN) Projects focus on providing the necessary technological tools and processes to modernize how our Behavioral Health system securely accesses, uses, and stores information. The projects support the empowerment of behavioral health staff, clients, and families by providing them with greater appropriate access to technology in order to use information to make critical decisions. By keeping information systems updated, technology serves to improve the quality and coordination of care, operational efficiency, and cost effectiveness.

BHRS has four TN projects in various stages of implementation, modification, and updates.
1) Electronic Health Record
2) Consumer Family Access to Computing Resources
3) Electronic Health Data Warehouse
4) Document Imaging

SERVICES AND ACTIVITIES

TN-06 Electronic Health Record (EHR System)

- Support of the Electronic Health Record trainings by coordinating the use of the computer training room, scheduling assistors, and facilitating access
- Technological maintenance of system that supports access to and functionality of EHR
- Maintenance of EHR accounts
- Facilitation of troubleshooting technical issues and connection with Cerner

TN-07 Consumer Family Access

- Training and support of technicians hired to provide technology assistance to consumers and families
- 1:1 and group sessions to provide computer assistance to resources and information

TN-08 Electronic Data Warehouse

- Continuous development and use of EHR data to create views for data and reports
- Creation of interactive Sequel Server Reporting Services reports to assist in making decisions

TN-09 Document Imaging

- Daily scanning of mental health plan referrals to client charts
- Daily scanning of lab results to client charts

FISCAL YEAR 2021-2022 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$418,699	N/A	N/A

Fiscal Year 2021-2022 Revenue and Expenditure Report

The Fiscal Year 2021-2022 Revenue and Expenditure Report (RER) was completed and submitted to DHCS as required by MHSA regulation. The complete RER can be found here: https://www.stanislausmhsa.com/pdf/public/Annualreport/Annual_MHSA_FY_2021-22.pdf.

A printed copy of the RER can also be requested by calling the MHSA Policy and Planning Office at (209) 525-6247.

Community Program Planning Process

Welfare and Institutions Code (W&IC) Sections 5813.5(d), 5892(c), and 5848 define the Community Program Planning (CPP) Process and is the process to be used by the County to develop the Three-Year Program and Expenditure Plans ("Plan"), Annual Updates, and Plan Updates ("Update") 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 MHSA 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, 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 MHSA community planning in 2005 developed core guiding principles that serve to inform all subsequent planning processes. Whenever feasible, MHSA 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 MHSA funds organizationally or fiscally.

MHSA Advisory Committee

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

Consumer and Family Members

- Consumer Partners: Adult
- Family Member Partners: Children
- 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
- Southeast 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)

Committee 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.

Fiscal Year 2022-2023 CPP Activities

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.

January 25, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on January 25, 2023 and was open to the public and had 49 attendees. Attendees received a detailed presentation BHRS Fiscal Year 2023-2024 Strategic Initiatives. Committee members also received presentations on the various behavioral health services and supports provided to the community by BHRS and contract partners.

February 22, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on February 22, 2023 and was open to the public and had 30 attendees. Committee members were provided an MHSA Annual update 2023-2024 for the Fiscal Year 2021-2022. Committee members were also provided with an overview of BHRS Fiscal Year 2023-2024 Strategic Initiatives.

Local Review of Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026

April 26, 2023 – MHSA Advisory Committee Meeting
An MHSA Advisory Committee meeting was held on April 26, 2023 and was open to the public and had 34 attendees. Committee members were provided an update on BHRS Strategic Initiatives, the MHSA Three- Year PEP, the Fiscal Year 2023-2024 Program and Expenditure Plan and the Community Planning Process. Comments to the draft Three-Year PEP 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 draft Three-Year PEP was posted for 30-day Public Review on April 25, 2023. Notification of the public review dates and access to copies of the draft Three-Year PEP were made available through the following methods:

- An electronic copy of the Three-Year PEP was posted on the County's MHSA website: www.stanislausmhsa.com
- Paper copies of the Three-Year PEP 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 Three-Year PEP
- MHSA Advisory Committee members, Behavioral Health Board members, and 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 Three-Year PEP
- Public Notices were posted in newspapers throughout Stanislaus County. The Public Notice included access to the Three-Year PEP on-line at www.stanislausmhsa.com and a phone number to request a copy of the document

The public comment period was concluded with a public hearing conducted by the Stanislaus County Behavioral Health Board on May 25, 2023 at 5:00 p.m. which was held at the Stanislaus Veteran's Center, 3500 Coffee Road, Suite 15, Modesto, CA 95357. All community stakeholders were invited to participate.

Public Comments Received During the Public Hearing Conducted on May 25, 2023

Public Comment #1 – A concern was expressed on how difficult it is to search for mental health services on the internet. When searching for mental health services on google not many results come up. Furthermore, the County website does not clearly state all of the services they offer. It was recommended that items should be easy for the public to find, all services should be itemized on website, and County should include community agencies as additional references.

BHRS Response to Public Comment #1 – Thank you for your comments. BHRS will see what improvements can be made.

Public Comment #2 – I would like for the County to network with our agency and consider us when making decisions in order to include all facets of the community.

BHRS Response to Public Comment #2 – Thank you for your comment. BHRS welcomes partnership and encourage input through the MHSA stakeholder processes and advisory committee.

Public Comment #3 – Will CalAIM information will be captured for the year due to the late tax deadline?

BHRS Response to Public Comment #3 – Thank you for your question. Yes, it will.

Public Comment #4 – How can students apply for internships with the County?

BHRS Response to Public Comment #4 – Thank you for your question. College Student Intern opportunities can be found on the Stanislaus County Human Resources website under job opportunities.

Public Comment #5 – Will the new EHR also be accessible to contractors?

BHRS Response to Public Comment #5 – Thank you for the question. Yes, the new EHR will have semi-statewide access which includes County contractors.

Conclusion

To finalize the recommendations in accordance with MHSA requirements, the Three-Year PEP will be presented to the BOS on Tuesday, June 20, 2022. The BOS meeting will be held at 6:30 p.m. in the Chambers – Basement Level, 1010 10th Street, Modesto, CA 95354.

BHRS Changes to Public Document Log

After posting the MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026 for public review, BHRS made the following changes to the document which are notated in the table below. The revisions made during public comment and review were made to ensure greater accuracy as additional program detail became available.

Comment/ Feedback Provided By	Date Comment/ Feedback Received	Page Number(s)	Added/Revised	Date Comment/ Feedback Resolved
SCBHRS Staff	May 10, 2023	100 & 103	O&E-03 Housing Support Services and O&E-04 Garden Gate Respite data was separated since they are two separate programs.	May 10, 2023
SCBHRS Staff	May 16, 2023	76-77	GSD-05 Behavioral Health Wellness Center program data was updated. Previously included demographic and outcomes tables were removed due to lack of complete data available.	May 16, 2023
SCBHRS Staff	May 23, 2023	74-75	GSD-04 Employment Support Services program demographic and outcome data was added.	May 23, 2023
SCBHRS Staff	May 23, 2023	19-20	Prevention and Early Intervention Overview was revised to include new PEI regulations from MHSOAC Information Notice #23-001 which called for additional PEI program information to be included.	May 23, 2023
SCBHRS Staff	May 23, 2023	169	Local Review section was updated to include	May 23, 2023

			an overview of the April 26, 2023 MHSA Advisory Committee Meeting.	
SCBHRS Staff	May 30, 2023	169-170	Local review section was updated to include public comment received during the May 25, 2023 public hearing and BHRS' response to the comments.	May 30, 2023
SCBHRS Staff	May 30, 2023	46-48, 58, 61	FSP estimated number of clients served targets were added.	May 30, 2023
SCBHRS Staff	May 30, 2023	172-173	BHRS Changes to Public Document Log was added	May 30, 2023
SCBHRS Staff	May 31, 2023	N/A	Public Comment Forms were removed	May 31, 2023
SCBHRS Staff	May 30, 2023	171	Conclusion section was separated	May 31, 2023
SCBHRS Staff	May 31, 2023	6	Fiscal Accountability Certification dates were updated to reflect Fiscal Year 2021-2022.	May 31, 2023
SCBHRS Staff	May 31, 2023	2-4	Table of Contents was updated.	May 31, 2023