



BEHAVIORAL HEALTH AND RECOVERY SERVICES
A Mental Health, Alcohol and Drug Service Organization

Denise C. Hunt, RN, MFT
Director

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Phone: 209.525.6225 Fax: 209.558.8233

February 27, 2009

County Operations
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, Ca 95814

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
Attn: Sheri Whitt

This letter is to request approval of the attached MHSA Annual Update for fiscal year 2009-10. The update was developed in accordance with DMH Information Notice 08-28. The update was posted for additional input during a 30-day public review and comment period and the subject of public hearing on February 26, 2009.

If you have any questions, please do not hesitate to contact me, or Karen Hurley, MHSA Coordinator, at (209) 525-6225

Sincerely,

Denise C. Hunt, RN, MFT
Behavioral Health Director

Enclosure

Cc: Karen Hurley, MFT



Stanislaus County

Mental Health Services Act

Three-Year Program and Expenditure Plan

**Annual Update
FY2009/2010**

February 2009

Introduction and Overview:

Stanislaus County Behavioral Health and Recovery Services (BHRS) received Information Notice No. 08-28 from the California State Department of Mental Health (DMH) stating that in order for BHRS to receive MHSAs funding for FY2009-2010, the County should submit the FY Annual Update 2009-2010 consistent with the guidelines in the Information Notice 08-28. Continuously working from the BHRS Vision and Mission, MHSAs Essential Elements, input from stakeholders, and guidance from DMH regulations, the following Annual Update FY2009-2010 was developed. The following plan was offered for 30-day public review and comment from January 28, 2009 – February 26, 2009. During the 30-day review and comment period an informational meeting was held on February 18, 2009, 4:30 p.m. to 5:30 p.m., at Behavioral Health & Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, California, 95350.

The public comment period concluded with a public hearing held at the Mental Health Advisory Board Meeting on February 26, 2009, 5:00 p.m., at Behavioral Health & Recovery Services, 800 Scenic Drive, Redwood Room, Modesto, California, 95350. All community stakeholders were invited to participate in the public review, information meeting, and public hearing. All public comments were considered and substantial comments included, as appropriate, to achieve a complete Annual Update. Comments were solicited through a Comment Form attached to the document, at the information meeting and public hearing, via the Stanislaus County MHSAs website, and via e-mail to the MHSAs Coordinator.

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 - Exhibit G – Community Services and Supports Prudent Reserve Plan
- **Stanislaus County is not making a request for funding of these components. Planning for these components is underway (Exhibit 3), pending release of state guideline (Exhibit 5), or no New Work Plans are being proposed at this time. (Exhibit F – all)**

EXHIBIT A

**COUNTY CERTIFICATION
MHSA FY 2009/10 ANNUAL UPDATE**

County Name: ___Stanislaus___

County Mental Health Director	Project Lead
Name: Denise C. Hunt, M.F.T., R.N.	Name: Karen Hurley, M.F.T.
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I hereby certify that I am the official responsible for the administration of public community 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. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Annual Update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315(a). The draft FY 09/10 Annual Update was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate.

All documents in the attached FY 2009/10 Annual Update are true and correct.
To be signed following 30 day review and comment

Signature

2/27/09
Date

Behavioral Health Director
Title
Local Mental Health Director/Designee

EXHIBIT B

Description of Community Program Planning and Local Review Processes MHSA FY 2009/10 ANNUAL UPDATE

County Name: Stanislaus

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the FY 2009/10 Annual Update. It shall include the methods for obtaining stakeholder input. (Suggested length – one-half page)

An overview of CSS activities year-by-year since 2005 (a brief services update featuring success stories) was given to the Representative Stakeholder Steering Committee, Mental Health Board members and other key stakeholders on January 14, 2009. The agenda included an overview of CSS from 2005 to the present time, report on WET Plan implementation, and status report on planning for remaining components (CSS Housing, PEI, CAPFAC/IT, INN). The primary focus of the meeting was the critical changes in CSS funding amounts and availability over the past four years.

The Behavioral Health Director spoke extensively to provide her first-hand explanation for why BHRS would recommend a continuation of CSS programs with no new programs, program expansions or reductions. She described an additional possibility, in light of state and local budget constraints, in which program reductions could occur due to decreasing CSS funding and increasing costs. A description of Prudent Reserve, which is to be addressed in the Annual Update FY2009/10, was included with an explanation of why BHRS' is unable to comply with the requirement (Exhibit G).

After addressing questions and lengthy discussion of concerns, members of the Representative Stakeholder Steering Committee achieved consensus on BHRS' recommendation, with one person abstaining, that the CSS Plan should continue "as-is" through FY 2009/10. It was additionally agreed upon that planning for program reductions, should they become a reality in FY2010/11, would involve stakeholders.

2. Identify the stakeholder entities involved in the Community Program Planning Process.

On January 14, 2009 the MHSA Representative Stakeholder Steering Committee was convened for the purpose of considering the purpose and content of the FY2009/10 Annual Update within the broader context of the current economic

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realities in public mental health funding. Members of the BHRS Leadership team and others also attended the meeting.

The Representative Stakeholder Steering Committee is comprised of the following agencies/communities: consumer partners, family member partners, contract providers of public mental health services, representatives from diverse communities, law enforcement, Courts, education, health care, faith-based community, Disability Resource Agency for Independent Living (DRAIL), labor organizations, probation, social services, Stanislaus County Chief Executive Office, BHRS staff, Senior Services and regional geographical areas of Stanislaus County including South and Westside of the county.

3. Describe how the information provided by DMH and any additional information provided by the County regarding the implementation of the Community Services and Supports (CSS) component was shared with stakeholders.

Throughout the entire four years of MHSAs planning and implementation local efforts have consistently informed stakeholders of planning and implementation activities including, but not limited to, the following methods:

- Information from two Implementation Progress Reports (2006 and 2007) has been distributed to stakeholders including Representative Stakeholder Steering Committee and Mental Health Board members.
- In August 2008 the Behavioral Health Director incorporated MHSAs-CSS services data in a presentation to Board of Supervisors, with other Department Heads, in the Second Annual Report on the Healthy Communities goals and performance measures
- All CSS Additional Planning Estimates, Augmentation Plans and Plan Updates have been widely circulated using a consistent and methodical process (see Exhibit B.5 in this document), with the intent to provide predictable, easy and transparent access to information.
- MHSAs CSS Exhibit 6 Three-Year Plan – Quarterly Progress Goals and Report with information regarding Estimated/Actual Population Served by CSS Programs has been used to develop reports to stakeholders, Quality Management Team, Mental Health Board and Board of Supervisors
- MHSAs Newsletter has been published monthly since May 2007 and includes updates, success stories and planning information. The newsletter is emailed to hundreds of stakeholders and posted on the local MHSAs website and the BHRS intranet/extranet.

Initially, in 2005, Stanislaus County made the decision to collect MHSAs data to create a local database for reporting purposes. Rather than enter data directly into the State's web-based system, BHRS chose to transfer data via Extensible Markup Language (.xml) format. BHRS has collaborated with the State DMH Performance Outcomes and Quality Improvement (POQI) division to test the

EXHIBIT B

Data Collection and Reporting System (DCR) being developed. The development process has been lengthy and has resulted in slow implementation of data transfer. BHRS conducted multiple tests and recently became the third county to be certified to transfer MHSA data to the State via .xml format. As a result, Full Service Partnership (FSP) data has not been provided to Stanislaus County by DMH and, to date, only locally collected demographic and INSYST (billing and client service) data is available for local reports.

Our first .xml transfer to DMH was October 31, 2008. Subsequently, we have made successful regular transfers of data. Data is available for download through the DCR system but Stanislaus County has not received any MHSA-specific data reports from DMH Performance Outcomes and Quality Improvement (POQI) to date.

4. Attach substantive comments received about the CSS implementation information and responses to those comments. Indicate if none received.

In the Representative Stakeholder Steering Committee meeting on January 14th, 2009, it was suggested that information related to outcomes, including success stories of consumers/families served, should be more prominently and completely presented. It was further recommended that doing so is an effective way of informing stakeholders as well as inspiring confidence.

Response: The MHSA Planning Coordinator and BHRS Director responded by stating that the presentation had included a number of anecdotal success stories and accomplishments shared during the Introduction and because of the length of the meeting and the depth of information being presented about complex MHSA funding issues, a choice was made about what to present. It was also acknowledged that due to issues with data transfer to State DMH, full report of outcomes data has been problematic and that this is an area of development for BHRS for the MHSA Information Technology Needs Component Plan.

Mental Health Board members in attendance offered the Annual Mental Health Board Report 2008 and requested that staff send the report to stakeholders present – which was completed the next day.

5. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

A 30-day public review and comment period was conducted from January 28, 2009 – February 26, 2009. Public Hearing was conducted on Thursday, February 26, 2009, at the Stanislaus County Mental Health Board meeting @ 800 Scenic Drive, Modesto, CA.

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The MHSA FY2009/10 ANNUAL UPDATE was circulated using the following methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this report
- ✓ Representative Stakeholder Steering Committee and Mental Health Board members were sent notice informing them of the start of the 30-day review and how to obtain a copy of the proposal.

The public was notified by:

- ✓ Public notice posted in seven newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the proposal.

No additional comments were received during the 30-day review and comment period or during the public hearing.

EXHIBIT C

Report on FY 2007/08 Community Services and Supports Activities MHSA FY 2009/10 ANNUAL UPDATE

County Name: Stanislaus

Provide a brief narrative description of progress in providing services through the MHSA Community Services and Supports (CSS) component to unserved and underserved populations, with emphasis on reducing racial/ethnic service disparities. (suggested length – one-half page)

When initial CSS planning was underway the Mental Health Service Need Prevalence for Stanislaus County was 7.09%, with a total estimated County population of 492,233. This would predict that 34,899 people are in need of services. Currently, the Mental Health Service Need Prevalence for Stanislaus County remains 7.09% with an increase in total estimated population of 511,263. This would predict that 36,248 people are in need of services. (Prevalence data developed by Holzer, 2004 State of California Department of Finance race/ethnic population data, and 2000 federal census data for Stanislaus County, and BHRS databases sources of data for this section.)

In FY2003/04, BHRS served 12,851 people, leaving about 22,048 with unmet needs. Currently, BHRS databases indicate that in FY2007/08 BHRS served 9,697 people, leaving about 26,552 with unmet needs. These numbers reflect what has occurred in a shrinking service system as a result of budget issues in Realignment since the MHSA CSS Plan was approved in 2006. Despite this overall downward trend, efforts to address disparities in service to diverse racial/ethnic/cultural groups have remained a priority.

In addressing service disparities **Full Service Partnership** (FSPs) have provided services for children/youth, transition age youth, adults and older adults. They have successfully met service targets for FY2007/08 and addressed service disparities in the following ways (examples):

- Westside Stanislaus Homeless Outreach Program (FSP-01) operated by Telecare Corporation has served twelve monolingual Spanish-speaking clients. These service recipients are entirely Spanish speaking, an unprecedented trend in local FSP service to Hispanic community members and a significant increase in service levels for the program.
- In Juvenile Justice-TPS (FSP-02) the Program Coordinator and her team keep awareness of the MHSA Essential Elements present in their collaborations with “core” Juvenile Justice programs. So much so that it has become an accepted way to do business throughout Juvenile Justice Mental Health Programs. Cultural diversity and celebration of differences has brought the team together to enhance effectiveness with the diverse families they serve.

EXHIBIT C

- Senior Access and Resource Team (FSP-03) has, through partnership with an Outreach and Engagement Program community-based contractor, increased services to African American consumers from zero to 5% of the total caseload of the program. Anecdotally, the significance of this increase is reflected in the community collaboration that provided advocacy and increased access to people who would not normally seek agency-based services.
- Health/Mental Health Team (FSP-04) has since its inception served a diverse client population. Over 58% of the consumers served are from diverse racial/ethnic groups; primarily Hispanic and African American.
- Integrated Forensic Team (FSP-05) has focused on service to adults and transition age youth with co-occurring issues of mental illness and substance abuse. Through their carefully nurtured, long-time partnership with the criminal justice system (law enforcement, District Attorney, Public Defender, judges, Probation, Drug Court, and Restorative Policing), IFT has been successful in serving a large proportion of ethnically and racially diverse clients. These clients are predominantly Hispanic and African American, and are over-represented in the jail population as compared to the county population.

General System Development Programs (GSD) have strengthened the behavioral health system by increasing capacity to serve individuals and families, including those from underserved populations. In FY2007/08, four GSD programs served a total of 4,230 individuals.

- Josie's Place: TAY Drop-in Center (GSD-01) has a diverse group of staff and volunteers represented by the following cultures, races and ethnicities: East Indian, Laotian, African American, Hispanic, Caucasian, LGBTQ, consumers, and family members which has contributed to a multi-cultural approach to this membership-driven center for transition age youth with serious mental illness.
- A very successful partnership between Community Emergency Response Team/Warm Line Peer Support (GSD-02) and Modesto Police Department is established. Every day this team works together to provide increased mobile emergency and non-emergency services on the phone and in the community to residents throughout Stanislaus County.
- Family Partnership Center/Families Together (FPC/FT)(GSD-04) has worked to fill needs identified during initial planning for CSS that indicated outreach into racially and ethnically diverse communities was needed. Many families are unaware of services for families with youth who have serious emotional disturbance (SED) or how to access the services. The outreach by FPC/FT has resulted in an increase in Hispanic women (Spanish-speaking and bi-lingual) participating in events and groups. A few of the women's husbands or extended family members noticed the benefit of new support to their families and have also begun to participate in FPC events. This type of networking is one of the intended outcomes in

EXHIBIT C

expanding system capacity and building service connections with diverse communities.

- Consumer/Family Member Employment and Empowerment Center (GSD-05) is one of two consumer and family member staffed CSS programs operated by Turning Point Community Programs. Establishment of this Center has strengthened BHRS growth toward a client/family member driven behavioral health system. In FY2007/08, a group of consumers and family members emerged out of the Mental Health Board Impact Committee and began to address several areas of concern about the Center. This emergence is an important developmental process toward a fully consumer/family member run center.

Outreach and Engagement Programs (O&E) have strengthened the behavioral health system by increasing outreach to individuals in racially and ethnically diverse communities who are reluctant to seek services in traditional mental health service settings. Additionally, with a focus on reducing stigma, they offer outreach and advocacy services to assist some individuals who need agency-based services. They also have worked to develop community capacity to support individuals and families in their neighborhoods, churches and other communities of support. In FY2007/08 three O&E programs contacted a total of 1646 individuals.

- Outreach and Engagement (O&E 01): BHRS contracts with two community-based organizations: West Modesto King Kennedy Neighborhood Collaborative and El Concilio. In collaboration with Family Resource Centers and Healthy Start programs, outreach and engagement services are available in Modesto and the outlying areas of Stanislaus County's Westside.
- Garden Gate Respite (O&E 02) has provided outreach and engagement through crisis and respite housing of short-term and intermediate term stay. The individuals served often use respite housing as a way to avoid hospitalization or incarceration and as a step into Full Service Partnership programs or to other appropriate treatment linkages.



County Name

Stanislaus

Work Plan Title

WESTSIDE STANISLAUS HOMELESS OUTREACH PROGRAM (SHOP), FSP-01

Population to Be Served

The population to be served includes seriously mentally ill Transition Age Youth, Adults and Older Adults who are high risk, have been unserved or underserved by other mental health programs, with emphasis on those who are discharged from a psychiatric hospital and are homeless or at risk for homelessness and/or have been high users of crisis-based services including hospital, mobile crisis, emergency rooms and incarceration, have co-occurring alcohol and other drug problems, physical health problems, and are in the western and southern regions of Modesto including those whose race or ethnicity is Latino, African American, Native American, and Southeast Asian (Asian/Pacific Islander).

Work Plan Description

Operated under contract to Telecare Corporation, Westside Stanislaus Homeless Outreach Program (SHOP) began as an AB-2034 program and was expanded in 2006 with MHSA-CSS funding. A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provide step-down levels of care to a total of 225 individuals. Culturally and linguistically appropriate services are provided to locally unserved and underserved racially and ethnically diverse consumers. The three levels of care (Full Service Partnership, Intensive Support Services and Wellness/Recovery) allow clients to enter individually appropriate levels of service. At all levels, community services and supports to consumers “start where they are” and consumers and family members participate as team members in multidisciplinary teams. Westside SHOP staff is part of the larger BHRS Adult/Older Adult System of Care, which provides additional housing resources (transitional housing, temporary and permanent supportive housing), respite care and wellness recovery services. The FSP level provides integrated, intensive community services and supports, with 24-hour-a-day, 7-day-a-week availability, utilizing the “housing and employment first” approach, with a recovery and client- and family-centered focus. Collaboration with and outreach to local underserved communities are critical parts of this program and its ability to reduce disparities and achieve an integrated service experience for consumers and family members. Collaboration occurs with agencies including, but not limited to, the Salvation Army, Golden Valley Health Clinics (a Federally Qualified Health Clinic), and the Modesto Police Department. The Intensive Support Services level of care, funded by GSD, serves individuals who may not require an FSP level of care, yet are in need of time-limited intensive services and who can benefit from wellness level of care. Other services include vocational services, integrated substance abuse, mental health and physical health services, and use of flexible funds to outreach to homeless individuals. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the Westside SHOP program are reductions in homelessness, incarceration, hospitalization, emergency room visits and institutionalization, and increases in employment and social community supports.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served	
225	Total
Number of Clients By Funding Category	
120	Full Service Partnerships
105	System Development
0	Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served	
_____	Total
Number of Clients By Type of Prevention	
_____	Early Intervention
_____	Indicated/Selected
_____	Universal



County Name

Stanislaus

Work Plan Title

JUVENILE JUSTICE, FSP-02

Population to Be Served

The population to be served is high-risk children and Transition Age Youth (primarily ages 13-19) diagnosed with serious emotional disturbance, on formal or informal probation, and their families.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

25 Total

Number of Clients By Funding Category

25 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal

Work Plan Description

Stanislaus County Behavioral Health and Recovery Services (BHRS) has successfully collaborated with the Stanislaus County Probation Department since the early 1990's. This MHSA Juvenile Justice Full Service Partnership Program (FSP) added a new component and significantly expanded the already successful Juvenile Justice Mental Health Program.

This FSP provides 24-hour-a-day, 7-day-a-week crisis response services and on-site intensive mental health services in the Juvenile Justice Mental Health Program to a group of 25 high-risk youth (primarily ages 13 to 19) and their families. All of the targeted youth have a diagnosis of a serious emotional disturbance and are on formal or informal probation. These high-risk youth have historically been "hard to engage" and have not responded to traditional levels of mental health services. As a result, they tend to become more seriously ill, have more aggressive behavior and higher rates of incarceration and institutionalization. This FSP is designed to do "whatever it takes" to engage these seriously emotionally disturbed youth. The Teaching Pro-Social Skills model of aggression replacement therapy is employed to address aggression, immaturity, withdrawal, and other problem behaviors.

Goals of the Juvenile Justice FSP program are to reduce recidivism, out-of-home placement, homelessness, involuntary hospitalization and institutionalization.



County Name

Stanislaus

Work Plan Title

SENIOR ACCESS RESOURCE TEAM (SART), FSP-03

Population to Be Served

The population to be served includes seriously mentally ill older adults (60+ years of age) and transition age adults (ages 55-59), when appropriate. This includes adults with functional impairments, co-occurring substance abuse disorders and/or other physical health conditions. These are individuals not currently being fully served who are experiencing a reduction in functioning level. They may be individuals who are homeless or at risk of homelessness, at risk of institutionalization, hospitalization, and nursing home care, or frequent users of emergency room services. If older adults are so underserved that they may be at risk of any of the above-mentioned categories, they also qualify for this FSP.

Work Plan Description

The Senior Access Resource Team (SART) is a Full Service Partnership program based on the successful implementation and outcomes of the three-year Substance Abuse and Mental Health Services Administration (SAMHSA) Older Adult Demonstration Project, 2001-2004. The SART program employs the “whatever it takes” approach to enable individuals to attain their goals. SART clients have a variety of service choices, including group therapy, individual therapy, peer counseling, medication services and linkage services. A special focus is on assessment, service planning and the identification and treatment of consumers with co-occurring disorders. SART provides a comprehensive assessment utilizing the Geriatric Field Screening Protocol (GFSP). This tool allows for a standardized full bio-psychosocial assessment, including identification of co-occurring disorders (both substance abuse and physical health problems). Family members may be involved in the assessment process so the consumer and family can be given sufficient information to allow for informed choices regarding available services. An individualized services and support plan is developed for each SART client. All FSP consumers are assigned a service coordinator from the team to ensure continuity, as well as to allow for a development of a relationship. Staff members are readily available to clients and family members routinely, as well as on a 24-hour-a-day, 7-day-a-week basis. All staff is culturally competent and aware of community resources within a client’s cultural, racial, or ethnic community. As the SAMHSA Demonstration Project identified, seniors often benefit from focused interventions and may return to other existing support services in the community. SART staff perform community outreach and provide referrals to community resources. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the SART program are reduced homelessness, reduced hospitalizations, reduced emergency room visits, reduced institutionalization and social isolation, as well as increased community functioning and social community supports.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

50 Total

Number of Clients By Funding Category

50 Full Service Partnerships

0 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

Stanislaus

Work Plan Title

HEALTH/MENTAL HEALTH TEAM, FSP-04

Population to Be Served

The population to be served is adults and older adults with significant, ongoing, possibly chronic, health conditions and a co-occurring serious mental illness. The priority population is individuals who are primarily uninsured as well as individuals from racial and ethnic communities who do not have access to well-coordinated health services.

Work Plan Description

The Health/Mental Health Team provides intensive, integrated services to 50 individuals who have both a serious mental illness and significant co-occurring health conditions, e.g., diabetes mellitus (DM), hypertension (HTN), that require ongoing, and often frequent and costly, treatment from primary care providers as well as cooperation from the individual to remain stable. Health conditions that are prevalent among individuals from racial and ethnic populations as well as those conditions that may be worsened by the psychotropic medications prescribed to consumers are the focus of this collaborative team approach. Whenever possible, evidence-based, disease management “protocols” are used to support education with consumers and family members. This program incorporates close collaboration with community public and private health entities. Focusing on the primary care settings as referral sources allows outreach to individuals from racially and ethnically diverse populations that are reluctant to seek services in traditional mental health settings. Consumers are linked to existing community support groups and assisted in developing peer support and recovery groups for individuals with co-occurring health and mental health disorders. Both consumers and family members receive education regarding the management of both health and mental health issues, with a focus on reducing stigma, instilling hope, and reducing symptoms in both health and mental health areas to allow optimal functioning. Service to consumers being served in this program includes 24-hour-a day, 7-day-a-week support, and a “what ever it takes” approach to service delivery. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the Health/Mental Health Team are reduced hospitalization, reduced emergency room visits, reduced institutionalization, decreased isolation, increased ability to manage well-being and independence. The following additional goals are also impacted: decreased homelessness, decreased incarceration, increased employment and social community supports.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served
 50 Total
 Number of Clients By Funding Category
 50 Full Service Partnerships
 0 System Development
 0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served
 _____ Total
 Number of Clients By Type of Prevention
 _____ Early Intervention
 _____ Indicated/Selected
 _____ Universal



County Name

Stanislaus

Work Plan Title

INTEGRATED FORENSIC TEAM (IFT), FSP-05

Population to Be Served

The population to be served is adult and Transition Age Young Adults with serious mental illness, including those individuals with co-occurring substance abuse disorder, who are homeless or at risk for homelessness and/or who have historically been high users of crisis-based services including hospital, mobile crisis, emergency rooms, probation and incarceration.

Work Plan Description

The Integrated Forensic Team partners with the Stanislaus County Criminal Justice System to serve 80 adult and transition age young adult consumers, 10 who have co-occurring disorders. An integrated, multidisciplinary program, IFT staff is available 24-hours-a-day, 7-days-a-week. IFT partners with the Drug Court Program to make court-accountable case management services available to consumers with co-occurring disorders. IFT provides crisis response, peer support, alternatives to jail, re-entry support from State Hospital and/or State Prison, and housing and employment supports using engagement and “what ever it takes” treatment strategies learned from AB-2034 programs and the Mentally Ill Offender Crime Reduction Program. Culturally and linguistically appropriate services are provided to locally unserved and underserved racially and ethnically diverse consumers. A combination of Full Service Partnership (FSP) and General System Development (GSD) funds provides step-down levels of care. The three levels of care (Full Service Partnership, Intensive Support Services and Wellness/Recovery) allow clients to enter the individually appropriate level of service. The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by community psychiatrists for determining appropriate level of care in outpatient services, is utilized to help select the level of care an individual needs. This level of care model permits IFT clients to move through service, intensive supports, and graduation into wellness/recovery. A Peer Advocacy Team, central to transformation to a culture of resiliency and recovery, as well as to peer and family support, provides education for clients and family members, peer recovery support, benefits advocacy support, and housing support. Goals of the IFT program are reduced homelessness, reduced incarceration and institutionalization, reduced use of emergency room care, reduced inability to work, reduced inability to manage independence, reduced isolation and reduced involuntary care.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

80 Total

Number of Clients By Funding Category

40 Full Service Partnerships

40 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Stanislaus

Work Plan Title

TRANSITION AGE YOUNG ADULT DROP-IN CENTER, GSD-01

Population to Be Served

The population to be served is high use, at-risk transition age young adults with a co-occurring substance abuse disorder who live in an impoverished, underserved, racially and ethnically diverse community. Individuals who receive supports, services and referrals must be receiving mental health services from an existing BHRS program and are in need of social activities, referrals for housing, employment, alcohol and drug services and other supports. The age group served by this program ranges from 16 to 25 years of age. (16- and 17-year-olds must be receiving services within the Children’s System of Care.)

Work Plan Description

“Josie’s Place” Drop-In Center for Transition Age Young Adults (TAYA) expanded an existing AB-2034 Transition Age Young Adult program, improved services and infrastructure and made additional supports and services available to underserved consumers. Josie’s Place is a membership-driven, “clubhouse” type model, with a Young Adult Advisory Council that takes an active role in recovery-oriented activity planning and service development. Outreach to young adults of color is done through existing community agencies and organizations as partners to coordinate services. Josie’s Place provides an array of community and agency resources (both on site and in the community) with self-help and peer support geared to assist young adults in the four transition domains of employment, educational opportunities, living situation (housing), and community life. A level of care model permits movement through service, intensive supports, and graduation into wellness/recovery, all within one location. When the Full Service Partnership level of care is needed, referral and linkage are made to the appropriate FSP program. Co-located at Josie’s Place Drop-In Center is Josie’s TRAC, a program operated under contract with Telecare Corporation. Josie’s TRAC is a Full Service Partnership program serving twenty Transition Age Youth using an Assertive Community Treatment model with 24/7 access and a “whatever it takes” approach. To welcome and encourage community-wide TAY-serving agency representatives to take advantage of the Drop-In Center, workstations with computers and telephones are available for short-term use. Agencies such as Stanislaus Pride Center (resources to strengthen and support LGBT), Health Services Agency (free, confidential STD testing), Community Services Agency (housing for foster youth), Turning Point Community Programs (employment services), Center for Human Services Pathways Program (housing), and staff from other Children’s System of Care programs make site visits and are available for information and referral purposes. Goals of Josie’s Place Drop-In Center are to provide a diverse cultural environment where transition age young adults can seek peer support and recovery-minded input from staff as well as peers in recovery; to reduce isolation; increase the ability to manage independence, and increase linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, housing and employment opportunities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

250 Total

Number of Clients By Funding Category

0 Full Service Partnerships

250 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Stanislaus

Work Plan Title

COMMUNITY EMERGENCY RESPONSE TEAM, GSD-02

Population to Be Served

The population to be served includes all ages: Children, Transition Age Youth, Adults and Older Adults. Primary focus is on acute and subacute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI). Emphasis is placed on provision of outreach, engagement in the recovery process, and crisis intervention.

Work Plan Description

This General System Development program combines consumer and/or family volunteers and employees and peer self-help with professional Emergency Services interventions needed in crisis situations. The consumer-operated "Warm Line" is administered under contract with Turning Point Community Programs. Warm Line staff is the first point of contact for all incoming calls and provides non-crisis support, referrals and follow-up contacts. An on-site "Peer Support Area" is available for consumers who do not meet acute psychiatric admit criteria but could benefit from a supportive environment offering peer support and resources. The Community Emergency Response Team (CERT) and its Mobile component provide site-based as well as mobile crisis response in the community. Clients may see a mental health provider in a location outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and patrol officers from the Modesto Police Department. Emphasis is placed on peer support, recovery and resiliency. Alternative temporary housing may be used, when appropriate, as alternative to hospitalization. Goals of this GSD program are reduced hospitalization, reduced involuntary care, reduced incarceration and institutionalization, decreased isolation, increased ability to manage independence, reduced frequency of emergency medical care, reduced out-of-home placement, and increased social supports and community functioning.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

3000 Total

Number of Clients By Funding Category

0 Full Service Partnerships

3000 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

_____ Total

Number of Clients By Type of Prevention

_____ Early Intervention

_____ Indicated/Selected

_____ Universal



County Name

Stanislaus

Work Plan Title

FAMILIES TOGETHER, GSD-04

Population to Be Served

The population to be served includes children and youth with serious emotional disturbances (from birth to 18 years of age) and their families, including kincare providers (family other than natural parents). Youth and families served may be underserved and/or unserved relative to the need for outreach into underrepresented racially and ethnically diverse communities or are families who are unaware of available services. Although Josie’s Place Drop-In Center for Transition Age Young Adults (TAYA) (GSD-01) specifically targets the TAYA population, the Family Partnership Center (FPC) and its Families Together program also serve some individuals in the TAYA age group and their families.

Work Plan Description

Families Together enhanced and expanded the Family Partnership Center (FPC) utilizing General Systems Development funds. It improved and expanded supports and services for youth with serious emotionally disturbance (SED) and their families and kincare providers. Services provided include: advocacy, service coordination, family and individual respite, transportation, and wraparound services to a diverse population. Families Together is consumer-driven with both adult and youth advisory bodies (the Family Partnership Center Advisory Board and the Youth Advisory Council) that govern service development and provision and provide leadership opportunities. Family members are involved in service provision, policy development, program leadership and collaboration with other child-serving agencies throughout the community. Parents of youth with SED and kinship family members (families other than natural parents) are employed as Parent Mentors to provide a variety of services. Goals of the Families Together program are to ensure increased consumer and family participation and involvement by expanding family partnership services and consumer and family involvement and governance through use of the FPC Advisory Board and Youth Advisory Council.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

80 Total

Number of Clients By Funding Category

0 Full Service Partnerships

80 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Stanislaus

Work Plan Title

CONSUMER EMPLOYMENT AND EMPOWERMENT CENTER, GSD-05

Population to Be Served

The population to be served includes transition age young adults, adults and older adults with serious mental illness, their families, and consumer and family organizations. Persons of all genders, sexual orientations, races and ethnicities are served. Threshold language capability (Spanish) is emphasized as well as increased access to traditionally underserved populations and racially and ethnically diverse communities. Consumers residing in board and care homes are eligible and encouraged to participate fully in the Center.

Work Plan Description

Funded with General System Development funds and operated under contract with Turning Point Community Programs, the Consumer and Family Member Employment and Empowerment Center is a consumer-and family member-driven resource center in an easily accessible location on a main bus line. Staff of the Center is comprised of consumers and family members who relate to members from a place of hope and empowerment. Contract agency staff, the Consumer and Family Affairs Manager, and the Consumer and Family Steering Committee provide oversight and guidance. The Consumer and Family Member Employment and Empowerment Center provides many opportunities for socialization, advocacy and recovery-based peer and family support. The Center and its meeting space are for use by all consumer and family organizations as well as self-help groups. Employment services, targeted to adults and older adults with serious mental illness, assists individuals with personal development goals related to volunteerism, supported employment settings, BHRS-supported positions, and competitive employment options with equal pay and benefits. Two employment and training opportunities are currently available on-site. A fully furnished kitchen facility, called "The Garden of Eat'n", caters food for meetings and prepares take-out meals for staff and others to purchase. Menus and food are prepared by consumers and family members in career development and paid employment. Transportation services support all aspects of consumer and family member participation in community and organizational activities and provide employment opportunities through the Center's Career Exploration Program. A strong recovery and strength-based approach is used consistently in all Center activities. Staff (paid and volunteer) is trained in cultural competency, including client culture, gender, and sexual orientation issues. Goals of the program are to provide a center where consumers can develop a diverse cultural environment and can seek peer support and recovery-minded input from peers in recovery. Goals also include reduced isolation, increased ability to manage independence, increased linkages to services related to treatment of serious mental illness and co-occurring substance abuse problems, and increased housing and opportunities for employment and other meaningful activities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

500 Total

Number of Clients By Funding Category

0 Full Service Partnerships

500 System Development

0 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Stanislaus

Work Plan Title

OUTREACH AND ENGAGEMENT, O/E-01

Population to Be Served

The population to be served includes children, transition age youth, adults and older adults with serious emotional disturbance or serious mental illness, and their families, throughout Stanislaus County. The target population is unserved, underserved or inappropriately served individuals in racially and ethnically diverse communities who are reluctant or unable to access mental health services as these services have been traditionally provided. Emphasis is placed on diverse consumers including but not limited to Hispanic, African American, Southeast Asian (Pacific Islander), Native American, and Lesbian, Gay, Bisexual and Transgender (LGBT). Services focus on reducing the stigma of traditional services.

Work Plan Description

Through contractual agreements with BHRS, two local community-based organizations, El Concilio and West Modesto King Kennedy Neighborhood Collaborative, provide outreach and engagement to individuals. An initial needs assessment identified needs and barriers to service experienced by individuals in racially and ethnically diverse communities. Thereafter the two O/E contractors developed service strategies, made referrals, and began to develop capacity to provide community-based, culturally, racially and ethnically appropriate mental health services to individuals with serious emotional disturbance or serious mental illness. Through a Promotores program by one contractor and continuation of the Neighborhood Outreach Worker program by the other, the two contractors build on strengths, natural supports and leadership already existing within the community. They both make educational presentations in non-traditional locations, provide peer support groups and transportation. The focus of service is on education, support, stigma reduction and decreasing/eliminating service disparities. Services are culturally competent and client- and family-focused. Services promote recovery and resilience, while maintaining respect for the beliefs and cultural practices of the individuals served. Goals of the Outreach and Engagement program are to reduce ethnic and racial disparities in services, reduce homelessness, reduce hospitalization and incarceration, reduce out-of-home placement, reduce emergency room visits, reduce stigma, increase collaboration and significantly increase the level of engagement within racially and ethnically diverse communities.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

1200 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

1200 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal



County Name

Stanislaus

Work Plan Title

GARDEN GATE RESPITE, O/E-02

Population to Be Served

The population to be served includes transition age young adults, adults and older adults with serious mental illness who are homeless or at risk of becoming homeless, at risk of psychiatric hospitalization or institutionalization, medically ill high risk, law enforcement involved, hard to engage, racially and ethnically underserved, and/or individuals with co-occurring disorders. The target population includes men and women as well as members of racially, ethnically and culturally diverse communities.

Work Plan Description

This General System Development program is a collaborative effort between STANCO (Stanislaus County Affordable Housing Corporation, a housing developer), Turning Point Community Programs (which has an excellent history of hiring consumers) and Stanislaus County Behavioral Health and Recovery Services. Originally developed as an AB-2034 program, this GSD program serves at least 150 unique individuals each year, providing short-term respite stays for individuals with serious mental illness who are homeless or at risk of homelessness. In addition to providing respite, Garden Gate Respite Center serves as a point of contact for MHSA and other programs to outreach to consumers who are homeless and not yet engaged and provides access to a variety of housing resources. Services include supportive housing, temporary and permanent supportive housing, integrated services with law enforcement, culturally appropriate services, outreach services to homeless individuals, independent living skills and supportive education, client advocacy on criminal justice issues, housing options, safe haven, temporary housing, respite housing, and transportation. Garden Gate Respite Center is located at the same site as a 6-unit transitional supportive housing complex, enabling Behavioral Health and Recovery Services (BHRS) to provide three levels of temporary housing (3 to 5 day respite housing; 5 to 20 day extended respite housing; and 6 months to 2 years of temporary supportive housing). BHRS housing specialists are co-located at the Center. Referrals are made to Garden Gate by law enforcement, homeless outreach programs and other programs that serve individuals with serious mental illness. Crisis intervention and services for medically at-risk individuals are linked to the Center. Garden Gate is located in an underserved area of Stanislaus County with a high proportion of racially and ethnically diverse individuals who are underserved. Goals of the project include reduced homelessness, reduced hospitalizations, reduced emergency room visits, reduced isolation and institutionalization, and promotion of recovery and wellness.

COMMUNITY SERVICES AND SUPPORTS

Annual Number of Clients to Be Served

150 Total

Number of Clients By Funding Category

0 Full Service Partnerships

0 System Development

150 Outreach & Engagement

PREVENTION AND EARLY INTERVENTION

Annual Number to Be Served

Total

Number of Clients By Type of Prevention

Early Intervention

Indicated/Selected

Universal

**FY 2009/10 Mental Health Services Act
Summary Funding Request**

County: STANISLAUS

Date: 2/27/2009

	MHS Component				
	CSS	CFTN	WET	PEI	Inn
A. FY 2009/10 Planning Estimates					
1. Published Planning Estimate ^{a/}	\$11,684,900	\$5,686,800		\$4,131,700	\$914,400
2. Transfers ^{b/}	\$0				
3. Adjusted Planning Estimates	\$11,684,900	\$5,686,800	\$0	\$4,131,700	\$914,400
B. FY 2009/10 Funding Request					
1. Required Funding in FY 2009/10 ^{c/}	\$12,748,058		\$451,880		
2. Net Available Unspent Funds					
a. Unspent FY 2007/08 Funds ^{d/}	\$2,724,588		\$79,781		
b. Adjustment for FY 2008/09 ^{e/}	\$1,661,430		\$79,781		
c. Total Net Available Unspent Funds	\$1,063,158	\$0	\$0	\$0	\$0
3. Total FY 2009/10 Funding Request	\$11,684,900	\$0	\$451,880	\$0	\$0
C. Funding					
1. Unapproved FY 06/07 Planning Estimates					
2. Unapproved FY 07/08 Planning Estimates			\$451,880		
3. Unapproved FY 08/09 Planning Estimates					
4. Unapproved FY 09/10 Planning Estimates	\$11,684,900			\$0	\$0
5. Total Funding^{f/}	\$11,684,900	\$0	\$451,880	\$0	\$0

a/ Published in DMH Information Notices

b/ CSS funds may be transferred to CFTN, WET and Prudent Reserve up to the limits specified in WIC 5892b.

c/ From Total Required Funding line of Exhibit E for each component

d/ From FY 2007/08 MHS Revenue and Expenditure Report

e/ Adjustments for FY 2008/09 additional expenditures and/or lower revenues than budgeted

f/ Must equal line B.3., Total FY 2009/10 Funding Request, for each component

**FY 2009/10 Mental Health Services Act
Community Services and Supports Funding Request**

County: STANISLAUS

Date: 1/23/2009

CSS Work Plans				FY 09/10 Required MHPA Funding	Estimated MHPA Funds by Service Category				Estimated MHPA Funds by Age Group			
No.	Name	New (N)/ Approved Existing (E)			Full Service Partnerships (FSP)	System Development	Outreach and Engagement	MHPA Housing Program	Children, Youth, and Their Families	Transition Age Youth	Adult	Older Adult
1.	FSP-01	Westside Stanislaus Homeless Outreach Program	E	\$2,410,427	\$1,807,820	\$602,607		\$0	\$482,085	\$1,687,299	\$241,043	
2.	FSP-02	Juvenile Justice	E	\$290,708	\$290,708			\$145,354	\$145,354	\$0	\$0	
3.	FSP-03	Senior Access and Resource Team	E	\$1,038,521	\$858,014	\$180,507		\$0	\$0	\$103,852	\$934,669	
4.	FSP-04	Health/Mental Health Team	E	\$1,005,069	\$824,562	\$180,507		\$0	\$0	\$854,309	\$150,760	
5.	FSP-05	Integrated Forensic Team	E	\$1,367,432	\$1,078,250	\$289,182		\$0	\$273,486	\$1,093,946	\$0	
6.	GSD-01	Transition Age Young Adult Drop-In Center	E	\$997,900		\$997,900		\$0	\$997,900	\$0	\$0	
7.	GSD-02	Community Response Team	E	\$385,505		\$385,505		\$100,231	\$57,826	\$169,622	\$57,826	
8.	GSD-04	Families Together	E	\$217,149		\$217,149		\$195,434	\$21,715	\$0	\$0	
9.	GSD-05	Consumer Employment & Empowerment Center	E	\$324,989		\$324,989		\$0	\$64,998	\$162,495	\$97,496	
10.	OE-01	Community Outreach & Engagement	E	\$349,020			\$349,020	\$139,608	\$69,804	\$87,255	\$52,353	
11.	OE-02	Garden Gate Respite	E	\$1,034,618				\$0	\$206,924	\$620,770	\$206,924	
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
21.												
22.												
23.												
24.												
25.												
26.	Subtotal: Work Plans ^{a/}			\$9,421,338	\$4,859,354	\$3,178,346	\$349,020	\$0	\$580,627	\$2,320,092	\$4,779,548	\$1,741,071
27.	Plus County Administration			\$2,167,806								
28.	Plus Optional 10% Operating Reserve			\$1,158,914								
29.	Plus CSS Prudent Reserve ^{b/}			\$0								
30.	Total MHPA Funds Required for CSS			\$12,748,058								

a/ Majority of funds must be directed towards FSPs (Title 9, California Code of Regulations Section 3620(c)). Percent of Funds directed towards FSPs=
b/Transfers to Capital Facilities and Technological Needs, Workforce Education and Training, and Prudent Reserve are subject to limitations of WIC 5892b.

51.58%

EXHIBIT E2-WET Funding Request

**FY 2009/10 Mental Health Services Act
Workforce Education and Training Funding Request**

County: STANISLAUS

Date: 1/23/2009

Workforce Training and Education Work Plans				FY 09/10 Required MHSA Funding	Estimated Funds Requested by Funding Category				
No.	Name	New (N)/ Approved Existing (E)	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
1.	WET-01	WET Coordination and Implementation	E	\$211,300	\$211,300				
2.	WET-02	WET Plan Consultation	E	\$0	\$0				
3.	WET-03	Consumer and Family Member Training and Support	E	\$94,475		\$94,475			
4.	WET-04	Workforce Development	E	\$10,000		\$10,000			
5.	WET-05	Consumer and Family Member Volunteer Program	E	\$47,950		\$47,950			
6.	WET-06	Outreach and Career Academies	E	\$8,000		\$8,000			
7.	WET-07	Expanded Internship and Supervision Program	E	\$10,000			\$10,000		
8.	WET-08	Targeted Financial Incentives to Increase Workforce Diversity	E	\$29,075				\$29,075	
9.									
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25.									
26.	Subtotal: Work Plans			\$410,800	\$211,300	\$104,475	\$55,950	\$10,000	\$29,075
27.	Plus County Administration								
28.	Plus Optional 10% Operating Reserve			\$41,080					
29.	Total MHSA Funds Required for Workforce Education and Training			\$451,880					

EXHIBIT G

Community Services and Supports Prudent Reserve Plan FY 2009/10 ANNUAL UPDATE MENTAL HEALTH SERVICES ACT

County Stanislaus

Date 1/23/09

Instructions: Utilizing the following format please provide a plan for achieving and maintaining a prudent reserve.

1. Requested FY 2009/10 CSS Services Funding	\$9,421,338
Enter the total funds requested from Exhibit E1 – CSS line 26.	
2. Less: Non-Recurring Expenditures	- -0-
Subtract any identified CSS non-recurring expenditures included in #1 above.	
3. Plus: CSS Administration	+ 2,167,806
Enter the total administration funds requested for CSS from Exhibit E1 – CSS line 27.	
4. Sub-total	11,589,144
5. Maximum Prudent Reserve (50%)	5,794,572
Enter 50%, or one-half, of the line item 4 sub-total. This is the estimated amount the County must achieve and maintain as a prudent reserve by July 1, 2010. If the funding level for CSS services and county administration changes for FY 10/11, the amount of the prudent reserve would also change.	
6. Prudent Reserve Balance from Prior Approvals	-0-
Enter the total amounts previously approved through Plan Updates for the local prudent reserve.	
7. Plus: Amount requested to dedicate to Prudent Reserve through this Plan Update	+ -0-
Enter the amount of funding requested through this Plan update for the local prudent reserve from Exhibit E1 – CSS line 29.	
8. Prudent Reserve Balance	-0-
Add lines 6 and 7.	
9. Prudent Reserve Shortfall to Achieving 50%	5,794,572
Subtract line 8 from line 5. A positive amount indicates that the County has not dedicated sufficient funding to the local prudent reserve. Please describe below how the County intends to reach the 50% requirement by July 1, 2010; for example indicate future increases in CSS planning estimates that will be dedicated to the prudent reserve before funding any program expansion.	

BHRS and stakeholder partners will consider feasibility of dedicating future increases in CSS planning estimates to Stanislaus County's prudent reserve beginning with fiscal year 2010-2011. These funds will be dedicated prior to funding new programs or program expansions and after consideration of impact of program reductions.

Note: If subtracting line 8 from line 5 results in a negative amount – this indicates that the County is dedicating too much funding to the local prudent reserve, and the prudent reserve funding request will be reduced by DMH to reflect the maximum.

Stanislaus County Behavioral Health & Recovery Services

800 Scenic Drive, Modesto, CA 95350

209 525-6247 fax 209-525-6291

www.stanislausmhsa.com

Mental Health Services Act (MHSA) / Prop. 63

MHSA Annual Update Fiscal Year 2009-2010
30-Day Public Comment Form

January 28, 2009 – February 26, 2009

PERSONAL INFORMATION

Name: _____ Agency/Organization: _____

Phone Number: _____ Email address: _____

Mailing address: _____

MY ROLE IN THE MENTAL HEALTH COMMUNITY

Client/Consumer

Family Member

Education

Social Services

Service Provider

Law Enforcement/Criminal Justice

Probation

Other (specify) _____

WHAT DO YOU SEE AS THE STRENGTHS OF THE PLAN UPDATE?

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

Servicios de Salud Mental, Alcohol y Drogas del Condado de Stanislaus

800 Scenic Drive, Modesto, CA 95350
Tel. 209-525-6247 Fax 209-525-6291
www.stanislausmhsa.com

Acta de Servicios de Salud Mental (MHSA) / Prop. 63

Actualización Anual de MHSA CSS del Año Fiscal 2009/2010
Formulario Para Comentarios Públicos de 30 Días

Enero 28, 2009 – Febrero 26, 2009

INFORMACIÓN PERSONAL (opcional)

Nombre: _____

Agencia/Organización: _____

Teléfono: _____ Domicilio Electrónico: _____

Domicilio: _____

MI PAPEL COMMUNITARIO EN EL SISTEMA DE SALUD MENTAL

Consumidor/Recipiente de Servicios
 Miembro de Familia
 Educación
 Servicios Sociales

Proveedor de Servicios
 Enforsar la Ley/Justicia Criminal
 Libertad Condicional
 Otro (especifique)

QUE CONSIDERA USTÉD QUE SON LOS PUNTOS FUERTES DE LA ACTUALIZACIÓN ANUAL?

SI TIENE CONCIERNES SOBRE LA ACTUALIZACION ACTUAL, POR FAVOR EXPLIQUE: