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

DEPT: Behavioral Health & Recovery Services

BOARD AGENDA:5.B.14
AGENDA DATE: June 25, 2024

SUBJECT:
Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2024-2025 to Allow Expenditure of MHSA Funds for the Services Referenced in the Plan Update

BOARD ACTION AS FOLLOWS: **RESOLUTION NO. 2024-0335**

On motion of Supervisor B. Condit **Seconded by Supervisor** C. Condit
and approved by the following vote,
Ayes: Supervisors: B. Condit, Chiesa, Withrow, C. Condit, and Chairman Grewal
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:

Elizabeth A. King

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:5.B.14
AGENDA DATE: June 25, 2024

CONSENT: ☑

CEO CONCURRENCE: YES 4/5 Vote Required: No

SUBJECT:

Approval to Adopt the Mental Health Services Act (MHSA) Plan Update for Fiscal Year 2024-2025 to Allow Expenditure of MHSA Funds for the Services Referenced in the Plan Update

STAFF RECOMMENDATION:

1. Adopt the Mental Health Services Act (MHSA) Annual Update for Fiscal Year 2024-2025 and report of actual results for Fiscal Year 2022-2023, and to allow the expenditure of MHSA Funds for the services referenced in the Annual Update.
2. Authorize the Behavioral Health Director, or designee, to sign and submit the MHSA Annual Update for Fiscal Year 2024-2025 to the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.
3. Authorize the Auditor-Controller, or designee, to sign the Mental Health Services Act County Fiscal Accountability Certification certifying that the fiscal requirements have been met.

DISCUSSION:

Proposition 63, otherwise known as the Mental Health Services Act (MHSA), created a 1% tax on income of more than $1 million to expand mental health services. It was designed to expand and transform California's behavioral health system to better serve individuals with and at risk of serious mental health issues and their families. MHSA addresses a broad continuum of prevention, early intervention, service needs, and the necessary infrastructure, technology, and training elements supporting 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 to 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 the 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 (MHP) with the State of California, Behavioral Health and Recovery Services (BHRS) administers Stanislaus County's behavioral health services and uses MHSA funding to provide integrated mental health and supportive services to adults and older adults with a serious mental illness (SMI) and to children and youth with a serious emotional disturbance (SED). BHRS also uses funding to strengthen prevention and early intervention efforts and to build a “help first” system of care to eliminate disparities and promote wellness, recovery, and resiliency outcomes.

Fiscal Year 2024-2025 Program and Expenditure Plan

Stanislaus County BHRS is pleased to present the MHSA Annual Update for Fiscal Years 2024-2025.

This Annual Update reflects MHSA programs and activities from July 1, 2022, to June 30, 2023. The Annual Update will serve the following purposes:

- Outline programmatic changes that are being recommended that, if approved, will become effective in Fiscal Year 2024-2025. Details about the recommended changes can be found on pages 16-18.
- Update the Three-Year Program and Expenditure Plan (PEP) for Fiscal Year 2024-2025 as required by 9 CCR § 3310. The updated funding table and individual component worksheets are on pages 24-31.
- Report actual results for programs and services funded by MHSA in Fiscal Year 2022-2023 as required by MHSA Statue (W&I Code §5847). Information can be found on pages 32-166.

This Annual Update is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 168-173 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 MHSA Program and Expenditure Plan for Fiscal Year 2024-2025 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 continue its focus on several Strategic Initiatives for Fiscal Year 2024-2025:

- 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

On March 19, 2023, Governor Newsom announced a plan to modernize the state's behavioral health system that includes three components that required a 2024 Ballot initiative. On March 5, 2024, Proposition 1 was approved by voters. This plan will require a significant shift in MHSA programming and additional administrative resources. Some of the key components in this Plan:

- Renames the Mental Health Services Act (2004) to the Behavioral Health Services Act and expands its purpose to include substance use disorders, including for persons without a mental illness.
- Authorizes $6.38 billion general obligation bond to fund thousands of unlocked community behavioral health residential settings to house residents with mental illness and substance use disorder.
- Amends the MHSA to support housing and residential services for people experiencing mental illness and SUD and allows MHSA funds to serve people with SUD.
- Improves 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.

It is anticipated that this plan will require a significant shift in MHSA programming priorities and additional administrative resources to implement. 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 2023 Actual Results
The attached Annual Update shows actual results for programs and services that MHSA funded in Fiscal Year 2023, from pages 32-166.

POLICY ISSUE:

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

FISCAL IMPACT:

The programs and expenditures described in the Annual Update are funded with MHSA funding, which leverages Medi-Cal Federal Financial Participation and several other funding streams to maximize services provided to the community. BHRS's 2025

Proposed Budget includes revenue and appropriations to support the MHSA Fiscal Year 2025 Program and Expenditure Plan. There is no 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 Healthy 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 Annual Update will be facilitated by existing BHRS staffing and resources with the addition of the positions previously notated.

CONTACT PERSON:

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

ATTACHMENT(S):

1. MHSA FY 24-25 Annual Update

STANISLAUS COUNTY
MENTAL HEALTH SERVICES ACT
ANNUAL UPDATE FOR FISCAL YEARS 2024-2025

Behavioral Health and
Recovery Services

WELLNESS • RECOVERY • RESILIENCE

Contents

COUNTY COMPLIANCE CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Tony Vartan, MSW, LCSW Telephone Number: 209-525-6225 E-mail: tvartan@stanbhrs.org	Name: Janelle Villalba Telephone Number: 209-525-6247 E-mail: jvillalba@stanbhrs.org
Mailing Address: Stanislaus County Behavioral Health and Recovery Services 1601 I Street, Suite 200, 2nd Floor 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. Considering 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: tvartan@stanbhrs.org	Name: Kashmir Gill Telephone Number: (209) 525-7507 E-mail: GillK@stancounty.com
Local Mental Health Mailing Address: 1601 I Street, Suite 200, 2nd Floor 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 6/25/2024 Date

I hereby certify that for the fiscal year ended June 30, 2023, 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, 2023. I further certify that for the fiscal year ended June 30, 2023, 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.

Jian Ou-Yang
County Asst. Auditor Controller / City Financial Officer

Signature 6/28/24 Date

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

Message from the Director

The Mental Health Services Act (MHSA) Annual Update for Fiscal Years 2024-2025 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. This year's Annual Update highlights MHSA activities from FY 2022-2023 and reflects our ongoing commitment to improve the Stanislaus County mental health system and create recovery driven programs and services. We couldn't do this work alone.

Fiscal Year 2023-2024 marked the start of the new Three-Year Plan, which was 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 Annual Update 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 Annual update continues to show alignment of 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 2024-2025 BHRS plans to continue focus on several Strategic Initiatives that are outlined later in this document. The Department plans to continue key collaborations with partners, stakeholders, 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 can 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 551,275 residents. It includes the cities of Modesto, Ceres, Turlock, Oakdale, Riverbank, Patterson, Hughson, Newman, and Waterford.

Of the Stanislaus County residents counted in the 2022 Census, 6.6% were, children under 5 years of age, 26.5% were children ages 0-18, 73.1% were adults ages 18-59, and 13.8% were adults ages 60 years and older. The majority, 50.3%, of persons in Stanislaus County are Latino/a. Persons who identified as White only represent 37.0% of the population, Asian represent 6.6% of the population, Black represent 3.7% of the population, American Indian/Alaskan Native represent 2.1% of the population, and those who identified as Multiracial represent 4.5% 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 2022 US Census data, 15.0% of the county's residents live in poverty and 8.6% 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 needs mental health services. The same study estimated that 14.48% of the population needs 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 Annual Update for Fiscal Years 2024-2025.

This Annual Update reflects MHSA programs and activities from July 1, 2022 to June 30, 2023. The Annual Update will serve the following purposes:

- Outline programmatic changes that are being recommended, that if approved, will become effective in Fiscal Year 2024-2025. Detail about the recommended changes can be found on pages 16-18.
- Update the Three-Year Program and Expenditure Plan (PEP) for Fiscal Year 2024-2025 as required by 9 CCR § 3310. The updated funding table and individual component worksheets can be found on pages 24-31.
- Report actual results for programs and services that were funded by MHSA in Fiscal Year 2022-2023 as required by MHSA Statue (W&I Code §5847). Information can be found on pages 32-166.

This Annual Update is developed with feedback from the MHSA Advisory Committee. Information about the Community Program Planning Process can be found on pages 168-173 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 2024-2025 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 Strategic Initiatives for Fiscal Year 2024-2025, 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:

- New requirements under the Drug Medi-Cal Organized Delivery System 2022-2026
- Interoperability requirements
- Justice Involved initiatives
- Statewide Quality Measures

Over the past two years 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 continue to be implemented in Fiscal Year 2024-2025. 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 has been complying with labor requirements regarding impacts to staff. MHSA CSS funding was 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 continues to make 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 past year additional transitional and permanent supportive housing units have become available for BHRS clients. BHRS recommended MHSA CSS funding for a position to support clients in the new housing units.

BHRS recommended 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 two years, 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 recommended 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 recommended utilizing MHSA PEI funding that formed a Suicide Prevention Education Coalition during fiscal year 2023-2024 and continuing in 2024-2025.

Innovation

The Embedded Neighborhood Mental Health Team (ENMHT) Innovations Project was 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 in FY 2023-2024 and will continue in FY 2024-25 and beyond.

Workforce Development and Training

Feedback received during development of the Strategic Plan in 2023-2024 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 has been utilized 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. BHRS is dedicated to the continued development and use of these training programs in 2024-2025.

Building Administrative Capabilities and Infrastructure

BHRS has initiated 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 recommended 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 was 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.

MHSA Changing Landscape

California's 2023-24 Proposed Budget projected that Personal Income Tax (PIT), the source for MHSA funds, would 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 Governor's 2024-25 Proposed Budget, projects a decrease in MHSA revenue compared to Fiscal Year 2023-2024.

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 required a 2024 Ballot initiative. On March 5, 2024, Proposition 1 was approved by voters. This plan will require a significant shift in MHSA programming and require additional administrative resources. Some of the key components in this Plan:

- Renames the Mental Health Services Act (2004) to the Behavioral Health Services Act and expanding its purpose to include substance use disorders, including for persons without a mental illness;
- Authorizes $6.38 billion general obligation bond to fund thousands of unlocked community behavioral health residential settings to house residents with mental illness and substance use disorder.

- Amends 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.
- Improves 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.

There are many components to Proposition 1 that the collective California Counties including us at Stanislaus County are working to understand and get clarified from the State. As with most legislation, there is a process of going back and forth to get clarity on implementation requirements and impacts, and potentially areas that need to be rewritten or amended. That work will continue between the counties and the State in FY 2024-25 and we will keep stakeholders informed through the Community Planning Process on any necessary adjustments to approved program plans.

Fiscal Year 2024-2025 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 2024-2025. Information about allowable services and activities in each of the components can be found on pages 20-22 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 2023-2024 Adopted Final Budget as base
- Added a 3% escalator for salaries and benefits to account for cost of living increases
- Added a 1.5% 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, 2024

BHRS is projecting that there will be approximately $21.1million in available MHSA fund balance on July 1, 2024:

- CSS $4.5 million
- PEI $7.0 million
- INN $6.4 million
- WE&T $1.2 million
- CFTN $1.5 million
- CalHFA Housing $20K
- Prudent Reserve $500K

Estimated MHSA Funding Allocation for FY 2024-2025

Per the Governor's 2024-25 Proposed Budget, a decrease in MHSA revenue is projected compared to Fiscal Year 2023-2024. Stanislaus County will be allocated approximately 1.333185% of the statewide MHSA collections. In Fiscal Year 2024-2025, BHRS is projecting approximately $39.6 million in new funding and interest earned on existing MHSA fund balance:

- CSS $30.1 million
- PEI $7.5 million
- INN $2.0 Million

Community Services and Supports

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

- FSP-02 $135K - Add one Behavioral Health Specialist I/II position to the Adult Medication Clinic. With the new CalAIM requirements, enrollment in psychiatric medication services is no longer dependent on an approved treatment plan established by a mental health treatment team. This position will ensure timely access to services and link individuals to Managed Care Plan services.

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

- O&E-06 $265K – Add two Behavioral Health Specialist I/II positions to the Housing Support Services team to support the increase in housing unit capacity. The capacity of new housing units will be increasing by 75 units. Of those 75 units, 45 units of behavioral health bridge housing which include a hard to engage, chronic homeless population and 30 permanent supportive units; of which 15 units are designated for young adults with SMI.

As part of the children's Assembly Bill (AB) 1051 initiative, BHRS is recommending an increase to support the following:

- GSD-17 $135k – Add one Behavioral Health Specialist I/II to address requirements under Assembly Bill (AB) 1051 and AB 551.

Prevention and Early Intervention

No service level changes are being recommended by BHRS.

Innovation

No service level changes are being recommended by BHRS.

Workforce Education and Training

No service level changes are being recommended by BHRS.

Capital Facilities and Technological Needs

BHRS is recommending the carry forward of MHSA Capital Facilities CF-01 project named One Stop Shop for Supportive Services, in the amount of $1.5 million in Fiscal Year 2024-2025. The construction timeline and cost for site improvements initially planned for Fiscal Year 2023-2024 were not fully expended in

Fiscal Year 2023-2024.

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 2024-2025 Funding Summary Table and Component Worksheets

The MHSA Program and Expenditure Plan for Fiscal Year 2022-2023 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 2024-2025 Proposed Budget request, which will be considered by the Board of Supervisors on June 4, 2024. If approved, the PEP will be effective July 1, 2024 through June 30, 2025. 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 170-174 of this document.

Funding Summary Table

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

Funding Summary

County: Stanislaus Date: 3/15/2024

	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
C. Estimated FY2024/25 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	(5,172,222)	3,955,531	6,052,827	13,880	20,982	17,863	500,000	5,388,862
2. Estimated New FY2024/25 Funding + Interest	40,377,295	10,114,323	2,713,506	1,400	1,000			53,207,525
3. Transfer in FY2024/25[a/]	(3,287,104)			1,639,342	1,647,762			0
4. Access Local Prudent Reserve in FY2024/25								0
5. Estimated Available Funding for FY2024/25	31,917,969	14,069,855	8,766,333	1,654,622	1,669,744	17,863		58,096,387
D. Estimated FY2024/25 Expenditures	45,082,456	10,021,981	3,114,181	1,640,742	1,648,762	10,000		61,518,122
E. Estimated FY2025/26 Funding								
1. Estimated Unspent Funds from Prior Fiscal Years	(13,164,487)	4,047,874	5,652,152	13,880	20,982	7,863	500,000	(2,921,735)
2. Estimated New FY2025/26 Funding + Interest	40,377,295	10,114,323	2,713,506	1,400	1,000			53,207,525
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	23,894,249	14,162,197	8,365,659	1,628,262	1,727,559	7,863		49,785,789
F. Estimated FY2025/26Expenditures	39,757,611	10,844,717	2,810,916	1,640,742	1,648,762	10,000		56,712,748

Community Services and Supports Component Worksheets

	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	15,917,240	6,608,738	9,308,502			
2. Adult Medication Clinic	6,050,289	3,209,016	2,841,273			
3. Children and Transition Age Youth Behavioral Health Services Team	7,589,060	3,554,270	4,034,790			
4.						
5.						
Non-FSP Programs						
O&E Programs						
4. Behavioral Health Outreach and Engagement	2,012,780	2,012,780				
5. Assisted Outpatient Treatment	573,159	523,159	50,000			
6. Housing Support Services	2,628,547	2,628,547				
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	2,198,006	1,010,997				1,187,009
GSD Programs						
11. Adult Residential Facilities	10,213,122	10,213,122				
12. Residential Substance Use Disorder Board and Care	199,139	199,139				
13. Housing Placement Assistance	1,021,036	1,021,036				
14. Employment Support Services	684,064	598,641				85,423
15. Behavioral Health Wellness Center	2,119,162	2,119,162				
16. Behavioral Health Crisis and Support Line	3,665,332	3,626,867				38,465
17. Short Term Residential Therapeutic Programs	3,400,180	1,485,004	1,915,176			
18. Crisis Residential Unit	806,854	378,272	428,582			
19. Therapeutic Foster Care Services	780,982	384,720	396,262			
20. GSD Portion of Adult Medication Clinic	1,217,963	529,704	688,259			
CSS Administration	3,720,566	3,720,566				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	66,056,197	45,082,456	19,662,844	0	0	1,310,897

Prevention and Early Intervention Component Worksheets

	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	984,589	984,589				
2. Child and Youth Resiliency Prevention	405,000	405,000				
PEI Programs - Early Intervention						
3. Early Psychosis Intervention	590,551	256,004	334,547			
4. School Behavioral Health Integration	3,854,822	1,937,795	1,917,027			
5. Children's Early Intervention	2,830,296	1,226,933	1,603,363			
PEI Programs - Outreach for Increasing Recognition of Early Signs of Mental Illness						
6. Outreach for Increasing Recognition of Early Signs of Mental Illness	555,794	555,794				
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	259,907	259,907				
PEI Programs -Access and Linkage						
11. Older Adult and Veteran Access and Linkage	374,400	374,400				
PEI Administration and Evaluation	2,729,554	2,729,554				
PEI Assigned Funds	103,444	103,444				
Total PEI Program Estimated Expenditures	13,876,918	10,021,981	3,854,937	0	0	0

Innovations Component Worksheets

	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	262,787	262,787				
3. Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative	327,681	327,681				
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	850,000	850,000				
INN Administration	349,713	349,713				
Total INN Program Estimated Expenditures	3,114,181	3,114,181	0	0	0	0

Workforce Education and Training Component Worksheets

	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	5,000	5,000				
6.	0					
WET Administration	119,300	119,300				
Total WET Program Estimated Expenditures	1,640,742	1,640,742	0	0	0	0

Capital Facilities and Technological Needs Component Worksheets

	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. One Stop Shop for Supportive Services	1,500,000	1,500,000				
2. BHRS Master Facility Plan	200,000	200,000				
3.	0					
4.	0					
5.	0	0				
CFTN Programs - Technological Needs Projects						
6. Electronic Health Record (EHR System)	306,347	306,347				
7. Consumer Family Access	21,000	21,000				
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	3,466,762	3,466,762	0	0	0	0

Housing Component Worksheets

	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

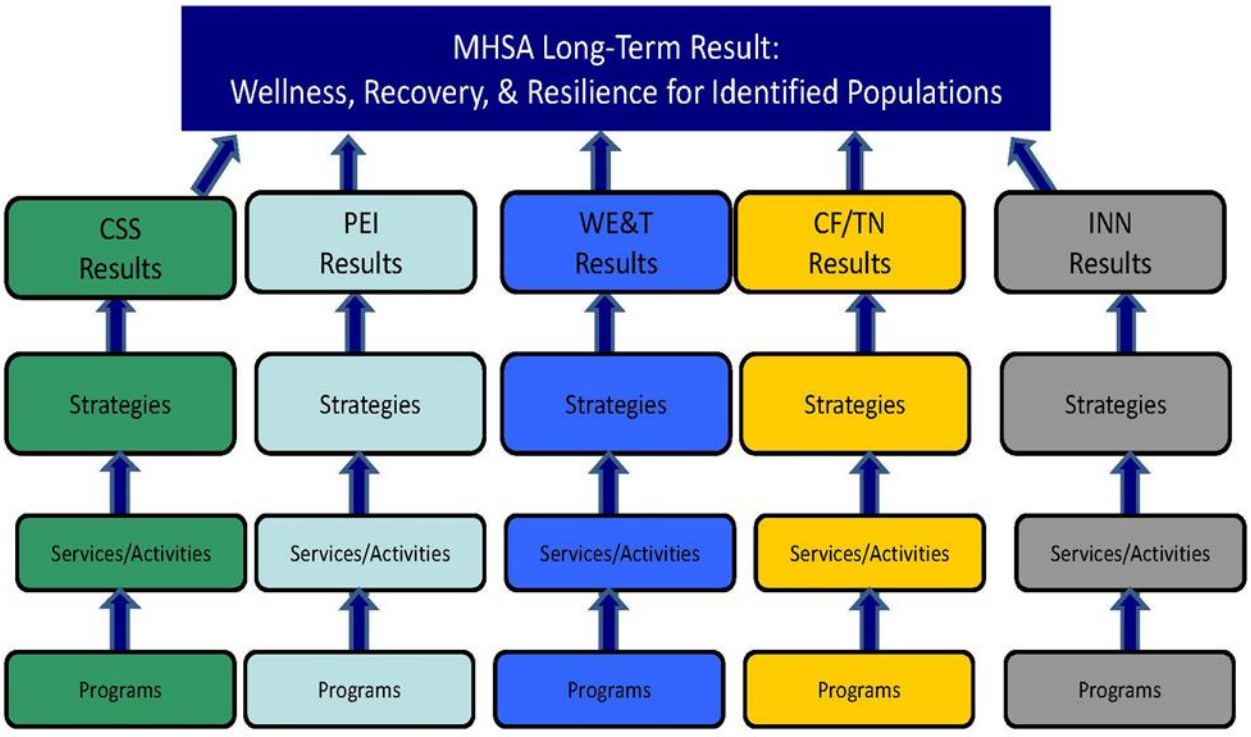
Fiscal Year 2022-2023 Actual Results

This section reports actual results for programs and services that were funded by MHSA in Fiscal Year 2022-2023.

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 2022-2023, 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 Central Valley Homes Development Project

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 Garden Gate Respite
- 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: Telecare, Turning Point, Turlock
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 2022-2023 the estimated number of TAY to be served is 200.
- Adults – age range 26-59. In FY 2022-2023 the estimated number of Adults to be served is 840.
- Older Adults – age 60+. In FY 2022-2023 the estimated number of TAY to be served is 160.

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: Adult System of Care (ASOC)

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25. In FY 2022-2023 the estimated number of TAY to be served is 164.
- Adults – age range 26-59. In FY 2022-2023 the estimated number of Adults to be served is 400.
- Older Adults – age 60+. In FY 2022-2023 the estimated number of TAY to be served is 50.

Turning Point Behavioral Health Services Team

Operated By: Turning Point
System of Care: Adult System of Care (ASOC)

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25. In FY 2022-2023 the estimated number of TAY to be served is 21.
- Adults – age range 26-59. In FY 2022-2023 the estimated number of Adults to be served is 210.
- Older Adults – age 60+. In FY 2022-2023 the estimated number of TAY to be served is 80.

Turlock Behavioral Health Services Team

Operated By: Stanislaus County Behavioral Health and Recovery Services
System of Care: Adult System of Care (ASOC)

TARGET POPULATION

- Transitional Age Young Adults – age range is 18-25. In FY 2022-2023 the estimated number of TAY to be served is 15.
- Adults – age range 26-59. In FY 2022-2023 the estimated number of Adults to be served is 230.
- Older Adults – age 60+. In FY 2022-2023 the estimated number of TAY to be served is 30.

GSD FUNDED SERVICES
Not applicable.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

In FY 2022-2023, the estimated number of individuals to be served is 1,200.

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
$4,353,946	1,539	$2,829

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts FSP-BHST Telecare		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**68**	**9%**
Asian	**45**	**6%**
Hispanic	**271**	**35%**
Native American	**22**	**3%**
Other	**17**	**2%**
Pacific Islander	*****	**1%**
Unknown	**11**	**1%**
White	**340**	**44%**
Total:	**781**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Telecare		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**244**	**31%**
Adult (26-59)	**468**	**60%**
Older Adult (60+)	**69**	**9%**
Unknown		
Total	**781**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Telecare		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**727**	**93%**
Spanish	**37**	**5%**
Other	**16**	**2%**
Unknown	*****	**<1%**
Total	**781**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

Unique Client Counts FSP-BHST Turning Point		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**27**	**7%**
Asian	**15**	**4%**
Hispanic	**88**	**23%**
Native American	*	**2%**
Other	*	**2%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**238**	**61%**
Total:	**391**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Turning Point		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**21**	**5%**
Adult (26-59)	**267**	**68%**
Older Adult (60+)	**103**	**26%**
Unknown		
Total	**391**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Turning Point		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**373**	**95%**
Spanish	**11**	**3%**
Other	*	**2%**
Unknown		
Total	**391**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

Unique Client Counts FSP-BHST Turlock		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**22**	**6%**
Asian	**17**	**5%**
Hispanic	**111**	**30%**
Native American	*	**2%**
Other	*	**2%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**197**	**54%**
Total:	**367**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Turlock		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**28**	**8%**
Adult (26-59)	**289**	**79%**
Older Adult (60+)	**50**	**14%**
Unknown		
Total	**367**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Turlock		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**335**	**91%**
Spanish	**19**	**5%**
Other	**13**	**4%**
Unknown		
Total	**367**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for FSP - BHST Telecare	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	781
Average number of clinical services per individual*	22 17,426 / 781
Average number of support services per individual*	16 12,509 / 781
How Well?	
% of annual target of individuals served*	130% 781 / 600
Average length of FSP Service -- days*	375 293,170 / 781
% of surveyed individuals were satisfied with services**	97% 33 / 34
% of surveyed individuals said that "staff believed I could change"**	94% 33 / 35
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	85% 28 / 33
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	53% 17 / 32
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	90% 181 / 202

Data Sources:

*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.

**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

FY 22/23 Outcomes for Partners After One Year in BHST Telecare # Completed at Least 1 Year = 434						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	-20.0%	75	60	-50.2%	15,394	7,665
Incarcerations	-56.8%	44	19	-85.0%	3,494	525
Acute Medical Hospitalizations	-50.0%	26	13	-41.0%	346	204
Acute Psych Hospitalizations	-19.5%	164	132	22.5%	3,840	4,705
State Psychiatric	-83.3%	6	1	-99.9%	1,359	1

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 8/16/2023 for FY 22/23.

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 22/23
How Much?	
Individuals Served*	391
Average number of clinical services per individual*	10 3,920 / 391
Average number of support services per individual*	15 6,036 / 391
How Well?	
% of annual target of individuals served*	98% 391 / 400
Average length of FSP Service -- days*	395 154,265 / 391
% of surveyed individuals were satisfied with services**	93% 28 / 30
% of surveyed individuals said that "staff believed I could change"**	97% 28 / 29
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	89% 24 / 27
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	68% 17 / 25
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	86% 142 / 165

Data Sources:
*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

FY 22/23 Outcomes for Partners After One Year in BHST Turning Point # Completed at Least 1 Year = 311						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	-33.3%	60	40	-60.6%	10,501	4,139
Incarcerations	-73.3%	30	8	-81.1%	2,543	481
Acute Medical Hospitalizations	5.7%	35	37	-4.9%	855	813
Acute Psych Hospitalizations	-9.8%	132	119	61.0%	3,926	6,319
State Psychiatric	-50.0%	6	3	-84.2%	1,400	221

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 8/16/2023 for FY 22/23.

How to read this table:

From left to right, reviewing Full-Service Partnership Residential data:
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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 22/23
How Much?	
Individuals Served*	367
Average number of clinical services per individual*	8 3,002 / 367
Average number of support services per individual*	14 5,018 / 367
How Well?	
% of annual target of individuals served*	184% 367 / 200
Average length of FSP Service -- days*	265 97,181 / 367
% of surveyed individuals were satisfied with services**	97% 33 / 34
% of surveyed individuals said that "staff believed I could change"**	91% 31 / 34
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	79% 26 / 33
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	74% 23 / 31
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	93% 189 / 203

Data Sources:

*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.

**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

FY 22/23 Outcomes for Partners After One Year in BHST Turlock # Completed at Least 1 Year = 108						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	50.0%	10	15	-10.5%	2,433	2,177
Incarcerations	-11.1%	9	8	-47.5%	640	336
Acute Medical Hospitalizations	33.3%	9	12	-27.8%	205	148
Acute Psych Hospitalizations	81.0%	21	38	87.6%	661	1,240
State Psychiatric	0.0%	1	1	2627.3%	11	300

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 8/16/2023 for FY 22/23.

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 and 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
- 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.

In FY 2022-2023, the estimated number of individuals to be served is 900

GSD FUNDED SERVICES

Not applicable.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$2,112,759	1020	$2071

PARTICIPANT DEMOGRAPHICS:

Unique Client Count: FSP Adult Med Clinic		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**59**	**6%**
Asian	**25**	**2%**
Hispanic	**353**	**35%**
Native American	**17**	**2%**
Other	**54**	**5%**
Pacific Islander	**12**	**1%**
Unknown	*****	**1%**
White	**491**	**48%**
Total:	**1020**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: FSP Adult Med Clinic		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**169**	**17%**
Adult (26-59)	**682**	**67%**
Older Adult (60+)	**169**	**17%**
Total	**1020**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: FSP Adult Med Clinic		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**949**	**93%**
Spanish	**47**	**5%**
Other	**24**	**2%**
Unknown		
Total	**1020**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

MHSA Outcomes for FSP Adult Med Clinic	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	1020
Average number of clinical services per Individual*	31 31,555 / 1020
Average number of support services per Individual*	25 25,169 / 1020
How Well?	
% of annual target of individuals served*	102% 1020 / 1000
Average length of Service -- days*	561 572,376 / 1020
% of surveyed individuals were satisfied with services**	92% 22 / 24
% of surveyed individuals said that "staff believed I could change"**	87% 20 / 23
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	73% 16 / 22
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	43% 9 / 21
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	89% 120 / 135

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

Operated By: Central Star & Sierra Vista Child and Family Services
System of Care: Children System of Care (CSOC)

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 15. In FY 2022-2023 the estimated number of Children and Youth to be served is 210.
- Transitional Age Young Adults – age range is 16-25. In FY 2022-2023 the estimated number of TAY to be served is 115.

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 2022-2023 ACTUAL RESULTS:

In FY 2021-2022, the estimated number of individuals to be served is 245.

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$2,449,130	349	$7,018

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts FSP-BHST Central Star		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**11**	**5%**
Asian	*	**2%**
Hispanic	**91**	**45%**
Native American	*	**1%**
Other	*	**1%**
Pacific Islander	*	**<1%**
Unknown	**33**	**16%**
White	**55**	**27%**
Total:	**201**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Central Star		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	**130**	**65%**
TAY (16-25)	**71**	**35%**
Adult (26-59)		
Older Adult (60+)		
Unknown		
Total	**201**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Central Star		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**185**	**92%**
Spanish	**15**	**7%**
Other	*	**1%**
Unknown		
Total	**201**	**101%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Sierra Vista		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	*	**6%**
Asian	*	**3%**
Hispanic	**82**	**55%**
Native American		
Other	*	**2%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**47**	**32%**
Total:	**148**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Sierra Vista		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	**97**	**66%**
TAY (16-25)	**51**	**34%**
Adult (26-59)		
Older Adult (60+)		
Unknown		
Total	**148**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts FSP-BHST Sierra Vista		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**132**	**89%**
Spanish	**14**	**9%**
Other	*****	**1%**
Unknown		
Total	**148**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for FSP - BHST Central Star	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	201
Average number of clinical services per individual*	14 2,904 / 201
Average number of support services per individual*	20 3,934 / 201
How Well?	
% of annual target of individuals served*	101% 201 / 200
Average length of FSP Service -- days*	194 38,934 / 201
% of surveyed individuals were satisfied with services**	77% 10 / 13
% of surveyed individuals said that "staff believed I could change"**	83% 10 / 12
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	54% 7 / 13
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	77% 10 / 13
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	75% 18 / 24

FY 22/23 Outcomes for Partners After One Year in Central Star # Completed at Least 1 Year = 49						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	#DIV/0!	0	0	#DIV/0!	0	0
Incarcerations	0.0%	1	1	26.7%	30	38
Acute Medical Hospitalizations	-100.0%	1	0	-100.0%	10	0
Acute Psych Hospitalizations	62.5%	8	13	206.5%	77	236
State Psychiatric	#DIV/0!	0	0	#DIV/0!	0	0

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 8/16/2023 for FY 22/23.

How to read this table:

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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 Sierra Vista Child & Family Services	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	148
Average number of clinical services per individual*	16 2,393 / 148
Average number of support services per individual*	5 668 / 148
How Well?	
% of annual target of individuals served*	118% 148 / 125
Average length of FSP Service -- days*	140 20,782 / 148
% of surveyed individuals were satisfied with services**	81% 35 / 43
% of surveyed individuals said that "staff believed I could change"**	93% 40 / 43
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	67% 29 / 43
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	80% 33 / 41
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	77% 66 / 86

FY 22/23 Outcomes for Partners After One Year in Sierra Vista # Completed at Least 1 Year = 3						
	Partners	1Yr. Prior	1Yr. Post	**Days**	1Yr. Prior	1Yr. Post
Homelessness	#DIV/0!	0	0	#DIV/0!	0	0
Incarcerations	#DIV/0!	0	0	#DIV/0!	0	0
Acute Medical Hospitalizations	-100.0%	1	0	-100.0%	5	0
Acute Psych Hospitalizations	#DIV/0!	0	1	#DIV/0!	0	14
State Psychiatric	#DIV/0!	0	0	#DIV/0!	0	0

Data source:

- State DCR Application with Enhanced Partnership Level Data program ran 8/16/2023 for FY 22/23.

How to read this table:

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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.

O&E-01 **Behavioral Health Outreach and Engagement**

Operated By: Telecare
System of Care: Adult System of Care (ASOC)

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.

In FY 2022-2023, the estimated number of individuals to be served is 1200.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,015,400	1,222	$831

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts OE-Behavioral Health Outreach & Engagement		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**107**	**9%**
Asian	**31**	**3%**
Hispanic	**378**	**31%**
Native American	**33**	**3%**
Other	**26**	**2%**
Pacific Islander	*	**1%**
Unknown	**168**	**14%**
White	**469**	**38%**
Total:	**1,222**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts OE-Behavioral Health Outreach & Engagement		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	**<1%**
TAY (16-25)	**199**	**16%**
Adult (26-59)	**909**	**74%**
Older Adult (60+)	**113**	**9%**
Unknown		
Total	**1,222**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts OE-Behavioral Health Outreach & Engagement		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**1,064**	**87%**
Spanish	**41**	**3%**
Other	**14**	**1%**
Unknown	**103**	**8%**
Total	**1,222**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for O&E - Behavioral Health Outreach and Engagement (BHOE)	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	1222
Average number of clinical services per individual*	0 272 / 1222
Average number of support services per individual*	2 1,850 / 1222
How Well?	
% of annual target of individuals served*	102% 1222 / 1200
Average length of OE Service -- days*	48 58,489 / 1222
% 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 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

O&E-02 **Assisted Outpatient Treatment**

Operated By: Stanislaus County Behavioral Health and Recovery Services
System of Care: Adult System of Care (ASOC)

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.

In FY 2022-2023, the estimated number of individuals to be served is 80.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$314,549	103	$3,054

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts OE-Assisted Outpatient Treatment		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	*	8%
Asian	*	3%
Hispanic	35	34%
Native American	*	1%
Other	*	2%
Pacific Islander		
Unknown	*	2%
White	52	50%
Total:	103	100%

Due to privacy any value <10 has been removed

Unique Client Counts OE-Assisted Outpatient Treatment		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	18	17%
Adult (26-59)	74	72%
Older Adult (60+)	11	11%
Unknown		
Total	103	100%

Due to privacy any value <10 has been removed

Unique Client Counts OE-Assisted Outpatient Treatment		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	100	97%
Spanish	*	3%
Other		
Unknown		
Total	103	100%

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for O&E - Assisted Outpatient Treatment (AOT)	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	103
Average number of clinical services per individual*	0 20 / 103
Average number of support services per individual*	2 185 / 103
How Well?	
% of annual target of individuals served*	129% 103 / 80
Average length of OE Service -- days*	341 35,093 / 103
% 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 08/15/23 for FY 22/23 MHSA Results Access database.

**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

O&E-03 **Housing Support Services**

Operated By: Stanislaus County Behavioral Health and Recovery Services
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

Housing supportive services includes all supports to assist individuals in maintaining independent living in the community. This can include but not limited to: budgeting, paying bills, grocery shopping, cooking, how to get along with neighbors, how to maintain sobriety, coping skills, socialization skills, etc.

In FY 2022-2023, the estimated number of individuals to be served is 400.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,200,394	494	$2,430

PARTICIPANT DEMOGRAPHICS:

Unique Client Count: Housing Support Services		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**49**	**10%**
Asian	**12**	**2%**
Hispanic	**109**	**22%**
Native American	**21**	**4%**
Other	*	**2%**
Pacific Islander	*	**1%**
Unknown	*	**<1%**
White	**289**	**59%**
Total:	**494**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Housing Support Services		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	**<1%**
TAY (16-25)	**20**	**4%**
Adult (26-59)	**399**	**81%**
Older Adult (60+)	**74**	**15%**
Total	**494**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Housing Support Services		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**483**	**98%**
Spanish	*	**1%**
Other	*	**1%**
Unknown		
Total	**494**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

*Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for O&E- Housing Support Services	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	494
Average number of clinical services per Individual*	4 2,110 / 494
Average number of support services per Individual*	5 2,527 / 494
How Well?	
% of annual target of individuals served*	124% 494 / 400
Average length of O & E Service -- days*	555 274,097 / 494
% of surveyed individuals were satisfied with services**	100% 12 / 12
% of surveyed individuals said that "staff believed I could change"**	100% 12 / 12
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	67% 8 / 12
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	83% 10 / 12
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	97% 68 / 70

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.

In FY 2022-2023, the estimated number of individuals to be served is 400.

Because GGR is designed to be utilized as an engagement strategy the program is meant to be used repeatedly as needed for engagement; The total number served during this timeframe was 379, the 109 return admissions were accrued by 74 individuals.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,205,608	270	$4,465

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Garden Gate Respite		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**29**	**11%**
Asian ***	*	**2%**
Hispanic**		
Native American	**44**	**16%**
Other	*	**3%**
Pacific Islander***		
Unknown	**25**	**9%**
White	**159**	**59%**
Total:	**270**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts: Garden Gate Respite		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**26**	**10%**
Adult (26-59)	**195**	**72%**
Older Adult (60+)	**49**	**18%**
Total	**270**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts: Garden Gate Respite		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**266**	**99%**
Spanish	*	**1%**
Other		
Unknown	*	**<1%**
Total	**270**	**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- Garden Gate Respite	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	270
Average number of clinical services per Individual*	0 0 / 270
Average number of support services per Individual*	3 1 / 270
How Well?	
% of annual target of individuals served*	90% 270 / 300
Average length of stay	6 / 270
% 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 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results

O&E-05 **Short-Term Shelter and Housing**

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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$49,712	103	$483

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Short Term Shelter & Housing		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	*	8%
Asian		
Hispanic	35	34%
Native American		
Other	*	8%
Pacific Islander		
Unknown		
White	52	50%
Total:	103	100%

Due to privacy any value <10 has been removed

Unique Client Counts: Short Term Shelter & Housing		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	2%
TAY (16-25)	*	2%
Adult (26-59)	84	82%
Older Adult (60+)	15	15%
Total	103	100%

Due to privacy any value <10 has been removed

Unique Client Counts: Short Term Shelter & Housing		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	102	99%
Spanish	*	1%
Other		
Unknown		
SE	103	100%

Due to privacy any value <10 has been removed

Data Sources:

*Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for Short Term Shelter & Housing	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	103
Average number of clinical services per Individual*	8 832 / 103
Average number of support services per Individual*	11 1119 / 103
How Well?	
% of annual target of individuals served	103% 103 / 100
Average length of O & E Service -- days	196
% 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

O&E-06 **Homelessness Access Center Integration**

Operated By: CSA/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 "onestop" 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:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$89,965	2575	$34.94

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Access Center		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	423	16%
Asian	33	1%
Hispanic	1002	39%
Native American	71	3%
Other	115	4%
Pacific Islander	59	2%
Unknown	0	0%
White	872	34%
Total:	2575	100%

Due to privacy any value <10 has been removed

Unique Client Counts: Access Center		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	752	29%
TAY (16-25)	266	10%
Adult (26-59)	1238	48%
Older Adult (60+)	319	12%
Total	2575	100%

Due to privacy any value <10 has been removed

Unique Client Counts: Access Center		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	2575	100%
Spanish		0%
Other		0%
Unknown		0%
Total	2575	100%

Due to privacy any value <10 has been removed

Participants were asked if they spoke English. HIMS system has now been updated to ask preferred language and will be reflected going forward.

Data Sources:

*Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for Access Center	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	2575
How Well?	
% of annual target of individuals served*	105% 2575 / 2450
% 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?	
Individuals exited program into permanent living situations.	141
Individuals connected to Mental Health Services	59
Individuals assisted in completing Mainstream Housing Voucher application and submitting to Housing Authority	52
Individuals assisted in obtaining vital documents needed to be housing ready	910
% 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
Other Data Collected	
Individuals self-report having a Mental Health Disorder	751
Individuals self-report having alcohol use disorder, a drug use disorder, or both an alcohol and drug use disorder	268
Individuals self-report having developmental disability.	432
Individuals self-report history of domestic violence, sexual assault, dating violence, stalking or human trafficking	546
Individuals self-report history of domestic violence, sexual assault, dating violence, stalking or human trafficking within the last year	141

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

Operated By: Telecare
System of Care: Adult System of Care (ASOC)

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.

In FY 2022-2023, the estimated number of individuals to be served is 600.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$482,712	657	$735

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts OE-CARE		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**37**	**6%**
Asian	*	**1%**
Hispanic	**68**	**10%**
Native American	*	**1%**
Other	*	**1%**
Pacific Islander	*	**<1%**
Unknown	**322**	**49%**
White	**210**	**32%**
Total:	**657**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts OE-CARE		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	**1%**
TAY (16-25)		
Adult (26-59)	**19**	**3%**
Older Adult (60+)	**551**	**84%**
Unknown	**81**	**12%**
Total	**657**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts OE-CARE		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**434**	**66%**
Spanish	*	**1%**
Other	*	**1%**
Unknown	**207**	**32%**
Total	**657**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

MHSA Outcomes for O&E - Community Assessment Response and Engagement (CARE)	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	657
Average number of clinical services per individual*	0 2 / 657
Average number of support services per individual*	2 1,083 / 657
How Well?	
% of annual target of individuals served*	100% 657 / 657
Average length of OE Service -- days*	142 93,343 / 657
% 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 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

GSD-01 **Adult Residential Facilities**

Operated By: Stanislaus County Behavioral Health and 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
- A & A Health Services
- GLOM

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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
9,842,800	236	$41,707

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Adult Residential		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**12**	**5%**
Asian	*****	**1%**
Hispanic	**67**	**28%**
Native American		
Other	**25**	**11%**
Pacific Islander		
Unknown		
White	**129**	**55%**
Total:	**236**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts: Adult Residential Facilities		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	*****	**3%**
Adult (26-59)	**160**	**68%**
Older Adult (60+)	**68**	**29%**
Total	**236**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts: Adult Residential Facilities		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**218**	**92%**
Spanish	**11**	**5%**
Other	*****	**3%**
Unknown		
SE	**236**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

MHSA Outcomes for Adult Residential Facilities	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	236
Average number of clinical services per Individual*	6 1309 / 236
Average number of support services per Individual*	4 936 / 236
How Well?	
% of annual target of individuals served*	118% 236 / 200
Average length of O & E Service -- days*	339
% 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 11/1/23 for FY 22/23. This number represents only the services captured in Anastasi. Additional clinical and supportive services are provided at the facility level.

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, care coordination, individual and group counseling, family therapy, medication assisted treatment for opioid and alcohol use disorders and other non-opioid substance use disorders (or access to these services), patient education, medication services, recovery 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

- 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)-Individual counseling consists of contact with the beneficiary, can include contact with family members or other collaterals if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. Group counseling consists of contacts with multiple beneficiaries at the same time. Group Counseling shall focus on the needs of the participants. Group counseling shall be provided to a group that includes 2-12 individuals.
- **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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
78,633	10	$7,863

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts: Residential SUD Board & Care		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	*	%
Asian	*	%
Hispanic	*	%
Native American	*	%
Other	*	%
Pacific Islander	*	%
Unknown	*	%
White	*	%
Total:	*	%
***Due to privacy any value <10 has been removed**		

Unique Client Counts: Residential SUD Board & Care		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	%
TAY (16-25)	*	%
Adult (26-59)	*	%
Older Adult (60+)	*	%
Total	*	%
***Due to privacy any value <10 has been removed**		

Unique Client Counts: Residential SUD Board & Care		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	*	%
Spanish	*	%
Other	*	%
Unknown	*	%
Total	*	%
***Due to privacy any value <10 has been removed**		

OUTCOMES:

MHSA Outcomes for SUD Residential	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	*
Average number of clinical services per Individual*	*
Average number of support services per Individual*	*
How Well?	
% of annual target of individuals served*	*
Average length of O & E Service -- days*	*
% of surveyed individuals were satisfied with services**	*
% of surveyed individuals said that "staff believed I could change"**	*
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	*
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	*
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	*
***Due to privacy any value <10 has been removed**	

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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
762,404	325	$2,346

PARTICIPANT DEMOGRAPHICS:

Unique Client Count: Housing Placement Assistance		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**31**	**10%**
Asian	*	**<1%**
Hispanic	**89**	**27%**
Native American		
Other	**26**	**8%**
Pacific Islander		
Unknown	*	**<1%**
White	**177**	**54%**
Total:	**325**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Housing Placement Assistance		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	*	**3%**
Adult (26-59)	**248**	**76%**
Older Adult (60+)	**68**	**21%**
Total	**325**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Housing Placement Assistance		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**320**	**98%**
Spanish	*	**1%**
Other	*	**<1%**
Unknown		
Total	**325**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

*Anasazi Data Warehouse 11/1/23 for FY 22/23

OUTCOMES:

MHSA Outcomes for Housing Placement Assistance	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	325
Average number of clinical services per Individual*	1 280 / 325
Average number of support services per Individual*	3 931 / 325
How Well?	
% of annual target of individuals served*	108% 325 / 300
Average length of Service -- days*	1072 348,400 / 325
% of surveyed individuals were satisfied with services**	100% 12 / 12
% of surveyed individuals said that "staff believed I could change"**	100% 12 / 12
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	67% 8 / 12
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	83% 10 / 12
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	97% 68 / 70

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.

In FY 2022-2023, the estimated number of individuals to be served is 100.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$234,898	116	$2,025

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD-Employment Support Services		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**14**	**12%**
Asian	*	**3%**
Hispanic	**37**	**32%**
Native American	*	**3%**
Other	*	**2%**
Pacific Islander	*	**1%**
Unknown	*	**1%**
White	**54**	**47%**
Total:	**116**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Employment Support Services		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**11**	**9%**
Adult (26-59)	**98**	**84%**
Older Adult (60+)	*	**6%**
Unknown		
Total	**116**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Employment Support Services		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**111**	**96%**
Spanish	*	**3%**
Other	*	**2%**
Unknown		
Total	**116**	**100%**

Due to privacy any value <10 has been removed

OUTCOMES:

MHSA Outcomes for GSD - Employment Support Services	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	116
Average number of clinical services per individual*	1 79 / 116
Average number of support services per individual*	7 771 / 116
How Well?	
% of annual target of individuals served*	116% 116 / 100
Average length of GSD Service -- days*	463 53,721 / 116
% of surveyed individuals were satisfied with services**	Less Than 10 Surveys Received
% of surveyed individuals said that "staff believed I could change"**	Less Than 10 Surveys Received
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	Less Than 10 Surveys Received
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	Less Than 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 Than10 Surveys Received

Data Sources:
*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,346,562	285	$4725

SERVICES AND ACTIVITIES ACCESSED BY CONSUMERS FOR FY 2022-2023

The following data captures duplicative number of consumers that access The Behavioral Health Center's services and activities monthly for FY 22-23. Groups and activities in black are provided in-house. Fieldtrips occur outside of the county. Groups and activities in red, orange, green, and purple are all provided in the community, including but not limited to BHRS Housing Sites, Shelters in various cities in

Stanislaus County, and various community centers within Stanislaus County.

Program	Behavioral Health Wellness Center												
Fiscal Year	2022 - 2023												
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTALS
Onsite	338	471	437	509	467	388	398	403	545	425	549	512	5442
Café	169	287	300	348	344	314	305	275	327	272	371	313	3625
Intro to Meditation	2	7	9	12	5	2	4	6	6	1	9	5	68
Advanced Sewing	37	109	43	53	54	32	39	41	50	45	58	41	602
Women's Group	23	43	27	20	26	20	25	23	27	32	33	25	324
Self-esteem	22	36	33	12	19	11	25	13	9	13	33	20	246
LGBTQ+	4	2	4	1	13	4	9	4	0	0	7	16	64
Beginner's Music					17	10	8	14	8	5	11	13	86
Life Skills	15	31	24	21	37	37	35	43	41	53	82	47	466
Men's Group	11	26	19	22	34	38	25	25	31	32	42	26	331
ART	26	44	34	35	31	38	27	32	41	22	41	25	396
Music (Advanced Music)	11	14	17	9	15	7	8	5	14	7	9	12	128
Gamers	15	17	24	17	20	23	27	15	41	32	33	47	311
Peer Support Group	26	14	26	18	20	21	21	22	21	15	22	24	250
Co-ed peer support	17	7	8	14									46
Spanish peer support	0	0	0	0	0	0	0	0	0	0	9	17	26
Co-occurring	62	26	59	53	17	37	59	59	80	46	64	56	618
Outdoors activity	17	3	0	0	8	3	8	4	8	5	4	5	65
Movie	7	29	18	24	21	20	24	17	27	22	14	23	246
Community Socials	38	71	30	52	0	0	60	60	59	55	68	74	567
Field Trip			28									9	37
Seasonal Events				81	78	68							227
Bennett Place				4	10	9	6	7	15	8	12	9	80
Courtney Manor				3	2	0	10	1	1	0	0	4	21
Garden Gate						8	8	12	4	10	8	7	57
James Street													0
Kansas House													0
Meadow Glenn						0	0	0					0
Miller Point						9	4	8	10	4	9	7	51
Turlock Gospel Men's	19	0	5	19	5	0	28	28	39	28	23	18	212
Turlock Gospel Women's	28	10	39	28	9	0	14	32	41	16	39	26	282
Modesto Gospel Mission													0
Patterson Naomi/HOST					23	13	11	13	1	5	18	15	99
Patterson Hammond					7	1	0	3	0	2	3	6	22
Oakdale Outreach													0
Waterford Outreach													0
Alano Club Community Social										25	34	13	72
Flea Market Friday											10	9	19

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD - Behavioral Health Wellness Center		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**17**	**6%**
Asian	*****	**3%**
Hispanic	**55**	**19%**
Native American	**13**	**5%**
Other	*****	**1%**
Pacific Islander		
Unknown	**117**	**41%**
White	**73**	**26%**
Total:	**285**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD - Behavioral Health Wellness Center		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	**23**	**8%**
Adult (26-59)	**208**	**73%**
Older Adult (60+)	**42**	**15%**
Unknown	**12**	**4%**
Total	**285**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD - Behavioral Health Wellness Center		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**129**	**45%**
Spanish	*****	**1%**
Other	*****	**<1%**
Unknown	**152**	**53%**
Total	**285**	**100%**

Due to privacy any value <10 has been removed

Data Sources:
*Wellness Center Tracking Sheet"

OUTCOMES:

MHSA Outcomes for GSD - Behavioral Health Wellness Center	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	285
How Well?	
% of annual target of individuals served*	114% 285 / 250
% of surveyed individuals were satisfied with services**	97% 33 / 34
% of surveyed individuals said that "staff believed I could change"**	97% 33 / 34
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	100% 30 / 30
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	84% 27 / 32
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	83% 154 / 186

Data Sources:
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.
**Wellness Tracking Sheet

GSD-06 **Behavioral Health Crisis and Support Line**

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

PROGRAM DESCRIPTION

The Behavioral Health Access, Crisis, and Support Line is a 24/7 call center for beneficiaries and community members of all ages, ethnic and religious backgrounds to access behavioral health services for either mental health or substance use (DMC-ODS) or both in Stanislaus County as well as crisis and support services. Calls are handled by behavioral health specialists (BHS) 24/7 who will provide linguistic support in the caller's preferred language in order to determine the caller's service needs. The BHS are trained to schedule or arrange for the scheduling of mental health assessments and DMC-ODS assessments. Crisis and support calls are also handled by BHS staff after determining the caller's service needs via brief telephone screenings, including linkage and referral to appropriate behavioral health services, as well as contacting 911 if applicable for emergency situations. Callers may be connected to trained mental health clinicians from the Community Emergency Response Team (CERT) to assist with de-escalating crisis situations, determining the level of crisis intervention needed and facilitating emergency psychiatric care. BHS staff are also available 24/7 for callers needing to speak to someone about non-emergent daily stressors, life challenges, mental health and substance use issues.

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

- Receive all incoming referrals and calls from community members to schedule assessments
- Administer screening tools (both Adult and Youth) to determine the level of care
- 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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,779,124	1307	$1,361

PARTICIPANT DEMOGRAPHICS:

Unique Client Count: Access Crisis & Support Line		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**100**	**8%**
Asian	**43**	**3%**
Hispanic	**593**	**45%**
Native American	**17**	**1%**
Other	**29**	**2%**
Pacific Islander	*****	**1%**
Unknown	**15**	**1%**
White	**502**	**38%**
Total:	**1307**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Access Crisis & Support Line		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	**206**	**16%**
TAY (16-25)	**253**	**19%**
Adult (26-59)	**778**	**60%**
Older Adult (60+)	**70**	**5%**
Total	**1307**	**100%**

Due to privacy any value <10 has been removed

Unique Client Count: Access Crisis & Support Line		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**1221**	**93%**
Spanish	**62**	**5%**
Other	**23**	**2%**
Unknown	*****	**0%**
Total	**1307**	**100%**

Due to privacy any value <10 has been removed

Data Sources:
*Anasazi Data Warehouse 11/1/23 for FY 22/23 "

OUTCOMES:

MHSA Outcomes for Acess Crisis & Support Line	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	1307
How Well?	
% of annual target of individuals served*	90% 1180 1307
% 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

GSD-07 **Short Term Residential Therapeutic Programs**

Operated By: Aspiranet, Creative Alternatives and Sierra Vista Child & Family Services
System of Care: Children System of Care (CSOC)

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 specialized and intensive care and supervision, services and supports, treatment, and 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 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: 5 Homes, 32 Beds Capacity
- Creative Alternative STRTP: 3 Homes, 23 Beds Capacity
- Sierra Vista STRTP: 2 Homes, 14 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.

In FY 2022-2023, the estimated number of individuals to be served is 80.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,155,198	83	$13,918

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD-Short Term Residential Therapeutic Programs		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	15	18%
Asian	*	1%
Hispanic	23	28%
Native American	*	5%
Other	*	4%
Pacific Islander	*	2%
Unknown	*	11%
White	26	31%
Total:	83	100%

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Short Term Residential Therapeutic Programs		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	55	66%
TAY (16-25)	28	34%
Adult (26-59)		
Older Adult (60+)		
Unknown		
Total	83	100%

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Short Term Residential Therapeutic Programs		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**83**	**100%**
Spanish		
Other		
Unknown		
Total	**83**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD Short Term Residential Therapeutic Programs (STRTP)	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	83
Average number of clinical services per individual*	178 14,799 / 83
Average number of support services per individual*	31 2,602 / 83
How Well?	
% of annual target of individuals served*	104% 83 / 80
Average length of GSD Service -- days*	643 53,349 / 83
% of surveyed individuals were satisfied with services**	80% 16 / 20
% of surveyed individuals said that "staff believed I could change"**	85% 17 / 20
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	70% 14 / 20
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	75% 15 / 20
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	60% 26 / 43

Data Sources:
*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

GSD-08 **Crisis Residential Unit**

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

PROGRAM DESCRIPTION
The Crisis Residential Unit (CRU) is a voluntary short term 30-Day residential program. The CRU is a residential recovery-based treatment options, services and interventions. Clients may apply after the first 30 days with a 90-day maximum stay.

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

SERVICES AND ACTIVITIES
Therapeutic and mental health services are provided including rehabilitation/recovery services for substance use. Services are available 24 hours a day including assessment, physical and psychological evaluation and services. Medication evaluation and support services (physician, nurse, and psychiatrist) are also available to assist the clients with their MH and medical issues as needed. 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. Clients are also assisted with locating permanent housing by helping clients learn how to access community services for housing. In addition, Crisis Intervention is provided to help clients de-escalate as well as providing referrals for 5150 Crisis Assessment as needed.

In FY 2022-2023, the estimated number of individuals to be served is 48.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

*Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$0	18	$0

*Please note program expenditures reflect Medi-Cal FFP funding that was utilized first. Any MHSA funds to be attributed to the Program will be reconciled once the FY 2022-2023 cost report is completed.

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD-Crisis Residential Unit		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	*	11%
Asian		
Hispanic	*	22%
Native American	*	6%
Other		
Pacific Islander		
Unknown		
White	11	61%
Total:	18	100%

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Crisis Residential Unit		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)		
TAY (16-25)	*	44%
Adult (26-59)	*	50%
Older Adult (60+)	*	6%
Unknown		
Total	18	100%

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Crisis Residential Unit		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	18	100%
Spanish		
Other		
Unknown		
Total	18	100%

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD - Crisis Residential Unit	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	18
Average number of clinical services per individual*	47 838 / 18
Average number of support services per individual*	0 0 / 18
How Well?	
% of annual target of individuals served*	38% 18 / 48
Average length of GSD Service -- days*	49 874 / 18
% 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 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023 - May 19, 2023.

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

- 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 2022-2023 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

ADDITIONAL PROGRAM INFORMATION:

As of FY 2022-2023 Therapeutic Foster Care (TFC) program has not been implemented.

GSD-10 **GSD Portion of Adult Medication Clinic**

Operated By: BHRS
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.

In FY 2022-2023, the estimated number of individuals to be served is 400.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$85,662	2,019	$42

PARTICIPANT DEMOGRAPHICS:

Unique Client Counts GSD-Adult Medication Clinic		
Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
African American	**165**	**8%**
Asian	**94**	**5%**
Hispanic	**625**	**31%**
Native American	**47**	**2%**
Other	**44**	**2%**
Pacific Islander	**22**	**1%**
Unknown	**25**	**1%**
White	**997**	**49%**
Total:	**2,019**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Adult Medication Clinic		
Ages	Individuals Served FY 22/23	
	Number	Percentage
Child (0-15)	*	<1%
TAY (16-25)	**301**	**15%**
Adult (26-59)	**1,424**	**71%**
Older Adult (60+)	**293**	**15%**
Unknown		
Total	**2,019**	**100%**

Due to privacy any value <10 has been removed

Unique Client Counts GSD-Adult Medication Clinic		
Language	Individuals Served FY 22/23	
	Number	Percentage
English	**1,893**	**94%**
Spanish	**90**	**4%**
Other	**35**	**2%**
Unknown	*	<1%
Total	**2,019**	**100%**

Due to privacy any value <10 has been removed

Data Sources:

- Anasazi Data Warehouse 8/16/23 for FY 22/23 MHSA Results Access database.

OUTCOMES:

MHSA Outcomes for GSD - Adult Med Clinic	
Outcomes	Number/Percentage FY 22/23
How Much?	
Individuals Served*	2019
Average number of clinical services per individual*	6 12,402 / 2019
Average number of support services per individual*	0 835 / 2019
How Well?	
% of annual target of individuals served*	505% 2019 / 400
Average length of GSD Service -- days*	472 952,672 / 2019
% of surveyed individuals were satisfied with services**	92% 22 / 24
% of surveyed individuals said that "staff believed I could change"**	87% 20 / 23
Better Off?	
% of surveyed individuals indicated that as a result of services, they deal more effectively with daily problems**	73% 16 / 22
% of surveyed individuals indicated that as a result of services, they feel they belong to their community.**	43% 9 / 21
% of surveyed individuals indicated decreased stigma, increased self-care, increased access to community resources or decreased need for extensive and expensive services.**	89% 120 / 135

Data Sources:
*Anasazi Data Warehouse 08/15/23 for FY 22/23 MHSA Results Access database.
**State Satisfaction survey results from May 2023 survey period May 15, 2023

GSD-11 **Central Valley Homes Development Project**

System of Care: Supportive Services Division

PROGRAM DESCRIPTION

The Central Valley Homes Development Project is a two (2) development scattered site project located at 413 Vine Street in Modesto and 1143 Park Street in Turlock with a total of 46 permanent supportive housing units. The development consists of three (3) rehabilitation units and eight (8) new construction units at the Park Street location and 35 new construction units at the Vine Street location.

Each unit will have air conditioning, refrigerator, range, disposal, ceiling fans, curtains/blinds, and laundry hookups or appliances in units. On-site amenities include a picnic and BBQ area. Off-site amenities located within two miles of the project locations include:

- Public Transportation
- Shopping
- Medical Services
- Recreation
- Schools
- Employment Center

Of the total units, eighteen (18) will be dedicated to persons diagnosed with SMI.

SERVICES AND ACTIVITIES

The following supportive services will be available to tenants:

- Case Management such as comprehensive care and coordination of services, draft service plans, review/monitor program, and linkage to physical health care;
- Peer support activities such as support/specialty groups, one-to-one support, advocacy, socialization supports, and transportation assistance;
- Mental health care such as intake/assessment, crisis counseling, individual & group therapy, and medication services;
- Substance use services such as intake/assessment, treatment, individual & group therapy, relapse prevention, and peer support;
- Benefits counseling and advocacy such as assistance with accessing entitlement benefits such as SSI/SSP, medi-cal, and accessing retirement benefits;
- Basic housing retention skills such as money management, banking, affordable shopping, cooking, cleaning, laundry, conflict resolutions, and paying bills. Services for persons with co-occurring mental and physical disabilities or co-occurring mental and substance use disorders such as care coordination service, linkages to resources and providers, including routine and preventative care, and wellness services;
- Recreational and social activities such as social events such as neighborhood night out, local sporting events, movie nights, crafting, art, how to relax, and faith based social networking;

- Education services such as assistance in accessing GED, school enrollment, higher educational benefits and grants, and accessing student services through schools;
- Employment services such as job readiness workshops, job development, on/off job coaching, job retention supports, paid job mentoring programs, and volunteer;
- Obtaining access to other needed services such as coordination and linkage to community resources such as food, clothing, including physical health, wellness services.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
1,002,767	N/A	N/A

Prevention and Early Intervention (PEI)

PROGRAM DESCRIPTION

Prevention & 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 along with 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.

BHRS has continuously worked towards ensuring that required state policy and process changes, specifically affecting PEI, are aligned within PEI programs. As such, PEI has structured and redesigned programs to be focused on coordinated and consistent program results and outcomes to strengthen all MHSA PEI programs. These processes and structures are continuous and driven by required state policy and process changes as well as by community need.

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. This may include 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 to, 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 discourage individuals from seeking mental health services and 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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$7,259,006	4,858	$1,494

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
- Transitional Age Young Adults – age range 16-25
- Adults – age range 26-59
- Older Adults – age 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

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 2022-23

- 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:

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.

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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,159,097	2,140	$542

PREVENTION PROGRAM PARTICIPANT DEMOGRAPHICS:

Ages	Individuals Served FY 22/23	
	Number	Percentage
Child/Youth (0-15)	807	38%
TAYA (16-25)	148	7%
Adult (26-59)	830	39%
Older Adult (60+)	173	8%
Unknown	182	8%
Total:	**2,140**	**100%**

Language	Individuals Served FY 22/23	
	Number	Percentage
English	406	19%
Spanish	1716	80%
Other	15	<1%
Unknown	*	<1%
Total:	**2,140**	**100%**

Gender	Individuals Served FY 22/23	
	Number	Percentage
Male	440	20%
Female	1,576	74%
Genderqueer	0	0%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	0	0%
Unknown	124	6%
Total:	**2,140**	**100%**

Race	Individuals Served FY 22/23	
	Number	Percentage
American Indian / Alaska Native	0	0%
Asian	*	<1%
Black/African American	29	1%
Native Hawaiian / Pacific Islander	*	<1%
White	1304	61%
More than one race	557	26%
Other	38	2%
Unknown	209	10%
Total:	**2,140**	**100%**

Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
Hispanic or Latino	2029	95%
Non-Hispanic or Latino	72	3%
Declined/Unknown	39	2%
Total:	**2,140**	**100%**

Due to privacy any value <10 has been removed

*Data source: PEI Database

OUTCOMES:

Outcomes	Number FY 22/23
How Much?	
# Promotores Program Participants	1,974
# Services Provided	33,671
# Services Dedicated to Promotores Development	1,850
# Services Focused on Leadership	875
# One-on-one Support Sessions	4,168
# Information & Referral Services	4,079
How Well?	
# Presentations Covering the Topic of Accessing Behavioral Health Services	326
Better Off?	
As a result of participating in these programs, individuals have reported: • Having created a sense of accomplishment • Feeling more involved in their community • 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
- Transitional Age Young Adults – age range 16-25
- Adults – age range 26-59
- Older Adults – age 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

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 2022-2023

- 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

EARLY INTERVENTION PROGRAMS DESCRIPTIONS:

LIFE Path, Early Psychosis

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 their path through effective treatment, support and connection.

School-Based Consultation Services

This program provides onsite mental health services by SCBHRS Mental Health clinicians at Empire Union School District and Orville Wright Elementary. SCBHRS Mental Health clinicians provide mental health consultation services and training for school site staff to support them in addressing individuals and school-wide mental health concerns and issues. Mental Health Clinicians also provide individuals and groups brief intervention counseling for students. These two schools' sites are located within underserved/unserved priority population communities.

EARLY INTERVENTION PROGRAMS BUDGET:

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$2,903,544	283	$10,260

EARLY INTERVENTION PROGRAM PARTICIPANT DEMOGRAPHICS:

Ages	Individuals Served FY 22/23	
	Number	Percentage
Child/Youth (0-15)	86	30%
TAYA (16-25)	85	30%
Adult (26-59)	7	3%
Older Adult (60+)	0	0%
Unknown	105	37%
Total:	**283**	**100%**

Language	Individuals Served FY 22/23	
	Number	Percentage
English	168	59%
Spanish	46	16%
Other	*	1%
Unknown	67	24%
Total:	**283**	**100%**

Gender	Individuals Served FY 22/23	
	Number	Percentage
Male	86	30%
Female	86	30%
Genderqueer	*	<1%
Questioning/Unsure	*	<1%
Transgender	*	<1%
Another	*	1%
Unknown	106	37%
Total:	**283**	**100%**

Race	Individuals Served FY 22/23	
	Number	Percentage
American Indian / Alaska Native	*	1%
Asian	*	1%
Black/African American	*	3%
Native Hawaiian / Pacific Islander	0	0%
White	78	27%
More than one race	29	10%
Other	*	1%
Unknown	161	57%
Total:	**283**	**100%**

Due to privacy any value <10 has been removed

Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
Hispanic or Latino	101	36%
Non-Hispanic or Latino	41	14%
Declined/Unknown	141	50%
Total:	**283**	**100%**

Due to privacy any value <10 has been removed

*Data source: PEI Database

OUTCOMES:

Outcomes	Number FY 22/23
How Much?	
# Unique Individuals Served	283
# Services Provided	1,863
# Brief Intervention Counseling Services Provided	48
How Well?	
# Services Provided to Family Members	50
Better Off?	
% Individuals that Indicated a Decrease in Depression Severity using PHQ-9 After Receiving Brief Intervention Counseling	82%

*Data Source: PEI Database

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS
STIGMA AND DISCRIMINATION REDUCTION
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
- Transitional Age Young Adults – age range is 16-25.
- Adults – age range 26-59
- Older Adults – age 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

- Outreach Programs for Increasing Recognition of Early Signs of Mental Illness:
    - 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 2022-23 PROGRAMS

- Stigma and Discrimination Reduction Programs Operated By:
    - Take Action for Mental Health/Know the Signs
    - CalMHSA

SUICIDE PREVENTION FY 2022-23 PROGRAMS

- 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.

Training and Education

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 goal of providing education and training, is to strengthen individual and community wide mental health protective factors and provide access to mental health services.

Take Action for Mental Health and Know the Signs

*(Each Mind Matters Campaign is a statewide campaign which has transitioned to become, Take Action for Mental Health.) Take Action for Mental Health 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. Take Action for Mental Health is a mental health awareness campaign focused on creating a platform for individuals to check-in, learn more & to get support for mental health 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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$817,862	2,123	$385

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

Ages	Individuals Served FY 22/23	
	Number	Percentage
Child/Youth (0-15)	54	2%
TAYA (16-25)	173	8%
Adult (26-59)	208	10%
Older Adult (60+)	55	3%
Unknown	1633	77%
Total:	**2,123**	**100%**

Language	Individuals Served FY 22/23	
	Number	Percentage
English	2118	99%
Spanish	*	<1%
Other	*	<1%
Unknown	0	0%
Total:	**2,123**	**100%**

Gender	Individuals Served FY 22/23	
	Number	Percentage
Male	29	1%
Female	410	19%
Genderqueer	15	1%
Questioning/Unsure	*	<1%
Transgender	11	1%
Another	*	<1%
Unknown	1645	77%
Total:	**2,123**	**100%**

Race	Individuals Served FY 22/23	
	Number	Percentage
American Indian / Alaska Native	*	<1%
Asian	*	<1%
Black/African American	*	<1%
Native Hawaiian / Pacific Islander	0	0%
White	184	8%
More than one race	55	3%
Other	*	1%
Unknown	1857	87%
Total:	**2,123**	**100%**

Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
Hispanic or Latino	65	3%
Non-Hispanic or Latino	144	7%
Declined/Unknown	1914	90%
Total:	**2,123**	**100%**

Due to privacy any value <10 has been removed
*Data source: PEI Database

OUTCOMES:

Outcomes	Number FY 22/23
How Much?	
# Calls Responded to Through the Central Valley Suicide Prevention Hot Line	2,090
# Crisis Calls to Central Valley Suicide Prevention Hotline	551
How Well?	
# Calls Concerned with Mental Health, Social Issues, or Suicide	1,142
# "Active Rescues" When Emergency Services were Contacted for the Caller's Safety	15
Better Off?	
# Talk Downs During which a High-Risk Caller was Deterred from Completing Suicide	8
Estimated Cost Savings to Stanislaus County for Crisis Calls	1,502,105

*Data Source: Suicide Hotline Data

Aging and Veteran Services/Access and Linkage Program

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:

- 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 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$316,990	312	$1,016

FY 22/23:

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.

Access and Linkage Follow Up

One objective that PEI programs are designed and implemented to help do is create access and linkage to treatment and help improve timely access to mental health services. Access and linkage activities are integrated into all PEI programs and are services that are provided to program participants when in need of additional Mental Health Services.

When PEI program participants are referred out to additional services, an information and referral form will be completed. This form will contain identifying information from the individual along with information of when the individual was referred and to the type of additional service for that referral. This referral is then tracked in a specifically designed PEI Database with the inclusion of a follow-up by the staff member to identify whether the referral is deemed successful.

When a program does provide a referral to a program participant, a follow up with that individual is conducted by the program to identify if a successful linkage has occurred. Programs must follow up with that participant at least once with the individual. The follow up is typically conducted in person, however if the individual is not seen soon after in attendance at the program, then the follow up is done via phone. During this follow up the program will ask the individual the outcome of the referral and will enter this information into the PEI database, which is then used to identify a successful linkage.

ACCESS AND LINKAGE PROGRAM PARTICIPANT DEMOGRAPHICS:

Ages	Individuals Served FY 22/23	
	Number	Percentage
Child/Youth (0-15)	*	2%
TAYA (16-25)	0	0%
Adult (26-59)	*	2%
Older Adult (60+)	295	95%
Unknown	*	1%
Total:	**312**	**100%**

Language	Individuals Served FY 22/23	
	Number	Percentage
English	220	70%
Spanish	34	11%
Other	*	<1%
Unknown	57	18%
Total:	**312**	**100%**

Gender	Individuals Served FY 22/23	
	Number	Percentage
Male	46	14%
Female	186	60%
Genderqueer	*	<1%
Questioning/Unsure	0	0%
Transgender	0	0%
Another	0	0%
Unknown	79	25%
Total:	**312**	**100%**

Race	Individuals Served FY 22/23	
	Number	Percentage
American Indian / Alaska Native	0	0%
Asian	*	2%
Black/African American	12	4%
Native Hawaiian / Pacific Islander	0	0%
White	162	52%
More than one race	*	2%
Other	*	<1%
Unknown	121	39%
Total:	**312**	**100%**

Ethnicity	Individuals Served FY 22/23	
	Number	Percentage
Hispanic or Latino	50	16%
Non-Hispanic or Latino	104	33%
Declined/Unknown	158	51%
Total:	**312**	**100%**

Due to privacy any value <10 has been removed

*Data source: PEI Database

OUTCOMES:

Outcomes	Number / FY 22/23
# Services Provided Outside of the Office	848
# Potential Responders Reached	425
# Referrals with a Successful Engagement	117
# Individuals Connected to Community Resources	83

Innovations

In Fiscal Year 2022-2023, the programs outlined below were in operation:

- NAMI on Campus High School Innovation Plan
- Early Psychosis Learning Health Care Network (LHCN) Multi-County Collaborative
- Full-Service Partnership (FSP) Multi-County Collaborative
- Community Program Planning Innovation Project

Actual program results for the individual programs are found on the following pages.

NAMI on Campus High School Innovation Plan (NAMI on Campus)

Operated by Stanislaus County Office of Education

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.

PARTICIPANT DEMOGRPAHICS:

NAMI on Campus Clubs in Stanislaus County Club Membership by School	
School (School District)	**Count**
Central Catholic High School (Modesto)	11
Central Valley High School (Ceres USD)	12
Ceres High School (Ceres USD)	32
Denair High School / Denair Charter Academy (Denair USD	48
Enochs High School (Modesto City)	13
Gregori High School (Modesto City)	18
Hughson High School (Hughson USD	20
Modesto High School (Modesto City)	20
Oakdale High School (Oakdale USD)	20
Orestimba High School (Newman-Crowslanding USD)	45
Patterson High School (Patterson USD)	5
Pitman High School (Turlock USD)	20

Turlock High School (Turlock USD)	35
Total	**314**

Club members received an invitation to participate in a NAMI California research survey conducted by the University of California, San Francisco. The survey aimed to evaluate the Club member's learning experience and growth during the academic year. The survey was conducted in two phases: a pre-survey in September 2022 and a post-survey in May 2023. A total of 46 from Stanislaus County NCHS Club members responded, and the post-survey results were collected through the UCSF Qualtrics platform.

Survey Participant Demographics for NAMI on Campus Clubs in Stanislaus County*		
What is your gender?		
Answer	**Percent**	**Count**
Male	28%	13
Female	63%	29
Another gender/Prefer not to respond	9%	4
Total	100%	46

What grade are you in?		
Answer	**Percent**	**Count**
9th	9%	4
10th	35%	16
11th	39%	18
12th	17%	8
Other	0%	0
Total	100%	46

What is your ethnicity?		
Answer	**Percent**	**Count**
Hispanic/Latino	36%	16
Asian, Pacific Islander or Filipino	20%	9
White	29%	13
Bi/Multi-racial	16%	7
Other	0%	0
Total	100%	45

* Data Source: School Health Services Research & Evaluation, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco.

INNOVATION BUDGET:
FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$216,381	314	$689

PROJECT UPDATES:

- Provided county-coordination and comprehensive support for previously established NAMI on Campus High School (NCHS) Clubs at thirteen Stanislaus County High Schools, including Central Catholic High School, Central Valley High School, Ceres High School, Gregori High School, Hughson High School, Modesto High School, Oakdale High School, Orestimba High School, Patterson High School, Pitman High School, Riverbank High School, Turlock High School, and Valley Charter High School.

- Grace M. Davis High School and Thomas Downey High School were included in the Memoranda of Understanding (MOU) and received funding to establish clubs at their school sites. Despite initial training and ongoing support efforts, these clubs were not established an anticipated. The challenges faced in implementing the clubs are being explored for the upcoming year.

- Successfully launched two new NCHS Clubs at Denair High School/Denair Charter Academy and Enochs High School. Technical assistance was provided to support member recruitment and linked the clubs with local resources to ensure the fidelity of the NCHS Club development.

- 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, campus-wide activities, and community 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/Stanislaus Youth Empowerment Alliance (StanYEA)- Students leaders organized a Youth Summit celebrating mental well-being. Club members were guests for dinner, well-being activities, mental health resources, a powerful keynote address and youth panel discussion.
    - Friend to Friend Conference: Stanislaus County Office of Education, Leadership Academy hosted a youth summit: *(re)Engage*. The event provided participants with extraordinary workshops and plenary sessions. NAMI club leaders from Modesto High School and Orestimba High School facilitated a workshop, "The Power of Peers: Organizing a Mental Health Club on Your Campus", inviting conference participants to increase mental health awareness and reduce stigma through NAMI on Campus Clubs.
    - NAMI Stanislaus BBQ and Picnic - The event brought together NAMI Stanislaus supporters and clients for an 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 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.

OUTCOMES:

Survey Outcomes for NAMI on Campus Club Members in Stanislaus County*									
Question	**Strongly Agree**		**Agree**		**Disagree**		**Strongly Disagree**		**Total**
	%	**#**	**%**	**#**	**%**	**#**	**%**	**#**	
How strongly do you agree or disagree with the following statements?									
I feel confident encouraging my friends to get help when they are experiencing mental health concerns	46%	19	46%	19	17%	3	0%	0	41
I am interested in pursuing a career in health care or mental health	26%	9	41%	14	18%	6	15%	5	34
I feel comfortable talking with my friend about mental health	32%	13	56%	23	12%	5	0%	0	41

Mental health is an important issue for people my age	68%	28	29%	12	2%	1	0%	0	41
My school encourage students to take care of their mental health	22%	9	63%	26	15%	6	0%	0	41
I feel confident that our club… (check "does not apply" if something doesn't apply to you):									
Can work together toward a goal	45%	18	55%	22	0%	0	0%	0	40
Helps students at our school talk more openly about mental health	30%	12	65%	26	5%	2	0%	0	40
Helps students know where to go for help if they are experiencing mental health concerns	32%	13	61%	25	7%	3	0%	0	41
Can influence how teens feel about mental health	33%	13	63%	25	5%	2	0%	0	40
Can influence how adults feel about mental health	30%	12	60%	24	10%	4	0%	0	40

What types of activities have you been involved in through the club? (check all that apply):		
Question	%	Count
Raising awareness about mental health on our school campus (through posters, announcements, activities, etc.)	76%	29
Presenting to adults to advocate for more mental health supports for our school	24%	9
Speaking to other students about mental health	74%	28
Other	13%	5
Total	100%	38

Question	Strongly Agree		Agree		Disagree		Strongly Disagree		Total
	%	#	%	#	%	#	%	#	
After being in this club… (check "does not apply" if something doesn't apply to you):									
I gained skills that can help me in the future	46%	18	46%	18	5%	2	3%	1	39
I feel like I can talk more openly about mental health with my peers	46%	17	49%	18	3%	1	3%	1	37

I feel like I can take on more leadership roles	50%	19	42%	16	5%	2	3%	1	38
I feel like I can advocate for changes to school rules or policies.	41%	16	41%	16	18%	7	0%	0	39
I feel like I made my school a better place	32%	12	57%	21	8%	3	3%	1	37

What skills did you gain from being in this club, If any?
"I gained knowledge about mental health and have spread awareness." *"Being open and able to talk about my feelings."* *"I learned the importance of valuing mental health and how you should not be afraid to talk about it.* *"I gained skill to know/learn how to speak to people about mental health… and participate in things I wouldn't normally participate in."*

Would you like to tell us anything else about this club (good or bad)?
"I love our NAMI Club; it is a great club that I personally resonate with and support. I wish there were ways that we could raise more awareness though. Coming from a small, somewhat conservative town, there is a LOT of stigma surrounding mental health and therefore our club struggles in numbers and interaction because the stigma surrounding it!"

* Data Source: School Health Services Research & Evaluation, Philip R. Lee Institute for Health Policy Studies, University of California, San Francisco.

OUTCOMES NARRATIVE

Throughout the survey results the impact of the NAMI on Campus Club directly align with the objectives of the Innovation grant initiative. Students expressed a strong agreement that their participation in the NAMI on Campus Club facilitated more open conversations about mental health with their peers. This outcome signifies a positive shift in the culture surrounding mental health, reinforcing the notion that efforts to adopt new and expanded outreach strategies are yielding tangible results.

NAMI on Campus clubs are committed to empowering students to advocate for change within their school environment and is reflected in the survey data. Students overwhelmingly agree that being part of the club has equipped them to advocate for changes to school rules or policies. This demonstrates a concrete step towards our objective of fostering active engagement and agency among students.

Equally promising is the feedback regarding the impact on the overall school community. A substantial percentage of student respondents agree that their involvement in the NAMI on Campus Club has contributed to making their school a better place. This underscores the potential for coordinated cross-collaboration among SCOE, NAMI, community agencies and school districts to increase and sustain mental health outreach and education at high school campuses.

Crucially, our efforts are also making headway in building confidence and competence among students to address mental health concerns within their social circles. A substantial number of students agree

that they feel confident encouraging friends to seek help for mental health issues. Likewise, they feel comfortable talking with their friends about mental health, emphasizing the positive impact of our outreach strategies in breaking down barriers to open communication.

Lastly, the survey underscores the practical effectiveness of the NAMI on Campus Club in guiding students towards appropriate resources. A notable majority agree that their club has played a vital role in helping students know where to go for help when experiencing mental health concerns. This aligns seamlessly with our overarching goal of increasing overall access to mental health services.

In summary, these compelling data points affirm the success of our grant initiatives, demonstrating tangible progress in destigmatizing mental health, empowering student advocacy, fostering a positive school environment, and enhancing overall well-being among high school students.

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

Operated by University of California Davis

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 are 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?

INNOVATION BUDGET

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost
$189,153

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 22 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. Program staff and program leadership have also participated in statewide planning meetings for EP care, barriers and facilitator interviews that assess Beehive implementation at the program level and given feedback to our staff on development of new features for the Beehive application. As new program staff are onboarded into the LIFE Path program, they have complete EPI-CAL baseline surveys to assess individual-level clinician components that may influence client-level outcomes.

During the last project period, we continued to reach out to county and EP program staff and to address collection of the county-level utilization and cost data for the prior three-year timeframe for Stanislaus County. While we have identified EP program information, including description of clients served, billing codes for each service, funding sources and staffing personnel during the retrospective period, we have not received data from Stanislaus County at this time due to staffing vacancies at the county level. We are working closely with the county to identify a timeline for data receipt.

Full-Service Partnership (FSP) Multi-County Collaborative

Operated by Third Sector

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.

INNOVATION BUDGET

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost
$715,045

PROJECT UPDATES

During Fiscal Year 2022-2023, Stanislaus County worked with Third Sector to complete two county-specific implementation activities and one cohort activity detailed below.

Stanislaus Implementation Activity: Graduation Processes & Guidelines

Stanislaus County BHRS administrative and FSP provider staff attended and participated in regular workgroup conversations focused on visualizing both the current and ideal state FSP graduation process, including key staff, touchpoints, tools, and resources involved throughout a client's journey. In addition, Stanislaus County developed standardized guidance for providers to help guide graduation conversations with clients, including how graduation should be discussed throughout FSP service provision. Interviews were conducted with FSP clients and focus groups were hosted with peer staff to ensure their perspective was understood and integrated into the process and design as well. In May 2023, Stanislaus County BHRS finalized and distributed the current graduation process map, ideal graduation process map, and standardized graduation guidelines for FSP providers.

Stanislaus Implementation Activity: Workforce Recruitment & Retention

Third Sector, with support from Stanislaus County, conducted research and interviews with subject matter experts in workforce recruitment and retention strategies in the field of behavioral health and provided a final report detailing both industry trends and emerging innovative practices. Stanislaus County BHRS administrative staff met with Third Sector in regular workgroup conversations to discuss and test findings and insights based on preliminary learnings and provided crucial organizational context which informed the final recommendations. Stanislaus County BHRS leadership met with Third Sector to discuss recommendations, the application of best practices, and strategic next steps for building out future Stanislaus County BHRS workforce initiatives, including FSP-targeted workforce

efforts.

Cohort Implementation Activity: Outcomes and Process Measures

Stanislaus County began collecting the outcomes and process measures identified and defined during Wave 1 of the Multi-County FSP Innovation Project and participated in cross-county workgroup collaboratives and continuous improvement meetings. Stanislaus County is in the process of adding the 1-item social connectedness measure to their PAF and 3M forms.

INN-04 Planning

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
*$0		

***Actual cost does not reflect actual spent due to invoices received after close of Fiscal Year 22/23**

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 2022-2023, BHRS had CPP partnerships with several diverse community partners including the LGBTQ Collaborative, Assyrian Wellness Collaborative and Stanislaus Asian American Community Resource (SAACR) who conducted focus groups throughout the community to help facilitate conversations around mental health need and services and provide those insights to the Department.

The 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 4 WE&T Programs

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

WET BUDGET:

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$ 360,110	4,398	$82

WE&T 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.

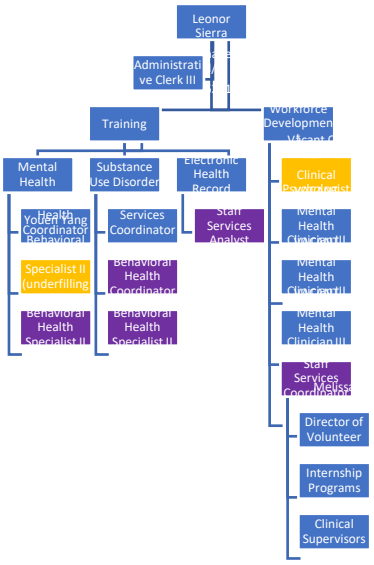
SERVICES AND ACTIVITIES

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.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost
$ 0

WET WORKFORCE STAFFING PROGRAM PARTICIPANT DEMOGRAPHICS:



Staffing Structure: Training Plan & Activities	Positions
Manager	1
Mental Health Coordinator	1 (need to fill)
Staff Services Coordinator	1 (need to fill)
Behavioral Heath Coordinator	1 (need to fill)
Behavioral Health Specialist	4 (2 need to fill)
Staff Services Analyst	1 (need to fill)
Staffing Structure: Workforce Development	**Positions**
Clinical Psychologist	On Hold
Mental Health Clinician III	3 (1 needs to fill)
Staffing Structure: Volunteer Program	**Positions**
Staff Services Coordinator	1 (need to fill)
Director of Volunteer Services	1
Staffing Structure: Support	**Positions**
Administrative Clerk III	1

WE&T 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

The 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.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost
$ 292,506

Trainings Provided 2022-2023	Training Hours for Participants	Total Continual Education Hours	BHRS Staff Attendance/Participation	Contractor Staff Attendance/Participation
130	83,773	495	2834	1564

WE&T 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	5
Volunteers	8

WE&T-OUTREACH AND CAREER ACADEMY

Operated by West Modesto King Kennedy Neighborhood Collaborative

PROGRAM DESCRIPTION

Outreach and Career Academies were established in response to strong community input to outreach to junior high and high school students to raise awareness about behavioral health and mental health careers. One community-based organization participated in the project.

The West Modesto King Kennedy Neighborhood Collaborative (WMKKNC) sponsored the Mark Twain Junior High Wellness Project. As part of their learning, students participated in skits, scenarios, and discussions on issues important to them such as stress, self-esteem, and healthy relationships. They also learned how these issues can affect their physical and mental well- being. A total of six (6) students participated in the project which also introduced them to career opportunities in mental health.

Fund Amount	Actual Cost	Total Number of Students
$ 5,000	$ 4,834.00	6

WE&T 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 $24,0001 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 was 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

Applicants	Awarded	Total Amount Per Person	Service Obligation	Total Awarded
62	10	$20,000	24 months	$200,000

Capital Facilities and Technological Needs

In Fiscal Year 2022-2023, the programs outlined below were in operation:

- SU-01 Electronic Health Record (HER) System
- SU-02 Consumer Family Access to Computing
- SU-03 Electronic Health Data Warehouse
- SU-04 Document Imaging
- SU-05 New Electronic Health Record System
- SU-06 New Infrastructure

Actual program results for the individual programs are found on the following pages.

SU-01 Electronic Health Record (EHR System)

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

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

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$461,875	N/A	N/A

SU-02 Consumer Family Access

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

- Training and support provided by technicians hired to provide technology assistance to consumers and families
- Individual and group sessions to provide computer assistance for consumers and families to access resources and information

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$33,829	N/A	N/A

SU-03 Electronic Health Data Warehouse

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

- Regulatory compliance and continuous research and development
- Continuous development and updating of databases to create views for data analysis and reports.
- Creation of interactive Sequel Server Reporting Services (SSRS) reports to assist in making decisions.
- Data warehouse Architecture, design, and repository
- Remote data process monitoring and notification systems.
- Continuous training and development of EHR database tables, views, and security.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$0	N/A	N/A

SU-04 Document Imaging

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

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

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$0	N/A	N/A

SU-05 New Electronic Health Record System

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

- Facilitation and troubleshooting of technical issues and connection with EHR provider (SmartCare)
- Facilitating interoperability data exchange needs with regional Health Information Exchange HIE/Qualified Health Information Organizations.
- Continuous development and use of EHR synthesized data to create views for data analysis and reports.
- Creation of interactive Sequel Server Reporting Services (SSRS) reports and dashboards to assist in making decisions.
- Support Electronic Health Record (EHR) trainings by coordinating the use of the computer training room, scheduling assistors, and facilitating access to data and workflows.
- Maintenance of the EHR system, access/permissions, and functionality of EHR.
- Development of business rules and creating a highly effective data model
- Improved mechanism for the utilization of agile approach to data development
- Data Governance & Policy advising regarding relevant statewide requirements, Project Management and Coordination.
- Provide API Accessibility for the purposes of connecting through qualified third-party applications.
- Data quality testing and validation, and data delivery

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$1,513,154	N/A	N/A

SU-06 New Infrastructure

Operated by: BHRS

PROGRAM DESCRIPTION

Technological Needs projects focus on providing the necessary technological tools and processes to modernize how the behavioral health system securely accesses, uses, and stores information. The project supports 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.

SERVICES AND ACTIVITIES

- Provide scalable, fast, and secure dev and test environments for outcome data sources.
- Upgraded Servers with improved database maintenance and back-up.
- Data quality testing and validation, and data delivery
- Develop policies and procedures for supporting the timely and frequent exchange of Member information and data.
- Facilitate data archiving and continuously reviewing data governance practices.
- Identify necessary data elements and protocols for direct data exchange between BHRS and MCPs.
- Produce non-proprietary structured format data for interoperability deliverables.

FISCAL YEAR 2022-2023 ACTUAL RESULTS:

Actual Cost	Total Number of Participants	Estimated Cost Per Participant
$108,147	N/A	N/A

Fiscal Year 2022-2023 Revenue and Expenditure Report

The Fiscal Year 2022-2023 Revenue and Expenditure Report (RER) was completed and submitted to DHCS as required by MHSA regulation. The complete RER can be found here: Stanislaus County BHRS MHSA FY 2022-2023 RER.

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.

April 26, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on April 26, 2023 and was open to the public and had 37 attendees. The meeting consisted of overviewing BHRS Strategic Initiatives, The Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026, Governor Newsom's proposed changes to modernize the Behavioral Health System, and Fiscal Year 2023-2024 Program and Expenditure Plan.

July 19, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on July 19, 2023 and was open to the public and had 29 attendees. The meeting consisted of overviewing BHRS Strategic Initiatives, The Three-Year Program and Expenditure Plan for Fiscal Years 2023-2026, Governor Newsom's proposed changes to modernize the Behavioral Health System, and Fiscal Year 2023-2024 Program and Expenditure Plan.

August 23, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on August 23, 2023 and was open to the public and had 32 attendees. The meeting consisted of overviewing the proposed SB 326 legislation and the Community Planning Process.

September 27, 2023 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on September 27, 2023 and was open to the public and had 28 attendees. The meeting consisted of overviewing Community Planning Program Innovations, the Community Planning Process and the Proposed SB 326 legislation.

April 24, 2024 – MHSA Advisory Committee Meeting

An MHSA Advisory Committee was held on April 24, 2024 and was open to the public and had 40 attendees. The meeting consisted of overviewing BHRS Strategic Initiatives, The Program and Expenditure Plan for Fiscal Year 2024-2025 and Annual Update for Fiscal Years 2022-2023 and a Proposition 1 update.

Local Review of Annual Update for Fiscal Year 2024-2025

An MHSA Advisory Committee was held on April 24, 2024 and had 40 attendees. Advisory Committee members will receive a detailed presentation of the draft Annual Update for FY 2024-2025 and an overview of the Program and Expenditure Plan for FY 2024-2025.

Comments will be solicited through a Comment Form attached at the end of the draft Annual Update document, and will be 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 Annual Update was posted for 30-day Public Review on April 23, 2024. Notification of the public review dates and access to copies of the draft Annual Update were made available through the following methods:

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

A public hearing was conducted by the Stanislaus County Behavioral Health Board and held at the Stanislaus County Veteran's Center, 3500 Coffee Rd, Suite 15, Modesto, CA 95357 in the main ballroom on May 23, 2024 at 6:00 p.m. Community stakeholders were invited to participate.

Two themes were repeated in comments during the Behavioral Health Board public hearing, (1) the importance of Workforce, Education & Training, and Capital Facilities and Technological Needs to ensure there is an adequate staff resource and retention of staff to help prevent and treat mental health issues; and (2) an interest in learning more about eating disorder treatment programs as it was perceived to be something newly addressed in our community.

The public comment period concluded on May 22, 2024.

The MHSA Annual Update for Fiscal Year 2024-2025 is targeted to be presented to the Stanislaus County BOS on Tuesday, June 25, 2024. The BOS meeting will be held at 9:00 a.m. in the Chambers – Basement Level, 1010 10th Street, Modesto, CA 95354.