



October 5, 2015

Mental Health Services Oversight and Accountability Commission (MHSOAC)  
1325 J. Street, Suite 1700  
Sacramento, CA 95814

**RE: MHSA PLAN UPDATE FOR FISCAL YEAR 2015-2016**

Dear Colleagues:

Attached please find our MHSA Plan Update for Fiscal Year 2015-2016 for Stanislaus County.

Per statute AB1467, we are required to submit Annual Updates and Plan Updates to the MHSOAC. We would appreciate an acknowledgement that you have received this document.

This Plan Update only includes a funding proposal for a permanent supportive housing project under Community Services and Supports. On September 1, 2015, the MHSA Plan Update went before the Stanislaus County Board of Supervisors (BOS) as a non-consent item. The Plan Update had five (5) funding proposals. But due to a number of concerns, the Board decided to delay a decision on adopting the Plan Update until further clarification and additional information about some of the components could be obtained.

Information is in the process of being acquired for some of the components that were of concern at the Board meeting as well as after this meeting. Given the BOS concerns, Behavioral Health and Recovery Services (BHRS) Senior Leadership decided to modify the Plan Update being brought back to the BOS on September 29, 2015. As modified, the revised Plan Update for September 2015 only includes the long term supportive housing component. A second Plan Update, which will include some of the remaining original funding proposals, is expected to go to the BOS in late October.

This MHSA Plan Update for September 2015 document incorporates MHSA values, Stanislaus County Behavioral Health and Recovery Services Mission and Vision, and valuable input from our community stakeholders in Stanislaus County.

The original Plan Update that included the stakeholder approved proposals was posted for a 30-day public review and comment period from July 22, 2015 - August 20, 2015. During that period, an informational session for the public was held on July 29, 2015, and the Mental Health Board was briefed on the Plan Update on July 23, 2015..

On September 29, 2015, the Stanislaus County Board of Supervisors adopted the Plan Update and the permanent supportive housing project. Attached please find a copy of the approved agenda item.

If you have any questions regarding the Plan Update and our activities, please contact me at (209) 525-6225 or Dan Rosas, MHSA Planning Coordinator, at (209) 525-5324.

Sincerely,

A handwritten signature in blue ink that reads "Madelyn Schlaepfer". The signature is written in a cursive style.

Madelyn Schlaepfer, Ph.D.  
Behavioral Health Director

cc: Dan Rosas  
Attachments

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

DEPT: Behavioral Health and Recovery Services

BOARD AGENDA # B-12

Urgent

Routine

*ms*

AGENDA DATE September 29, 2015

CEO Concurs with Recommendation YES  NO   
(Information Attached)

4/5 Vote Required YES  NO

SUBJECT:

Approval to Accept the 2015-2016 Mental Health Services Act Plan Update, and Authorize the Use of Stanislaus County's California Housing Finance Agency Funds in Partnership with the City of Modesto and Community Transitional Resources, a Local Non-Profit, for the Supportive Housing and Community Resource Center Project to be Located at 522 East Granger Avenue, Modesto, California

STAFF RECOMMENDATIONS:

1. Accept the Fiscal Year 2015-2016 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the use of Stanislaus County's California Housing Finance Agency funds in the amount of \$490,000 in partnership with the City of Modesto and Community Transitional Resources, a local non-profit, for the Permanent Supportive Housing and Community Resource Center Project to be located at 522 East Granger Avenue, Modesto, California.

(Continued on Page 2)

FISCAL IMPACT:

The Granger Avenue Supportive Housing Project is a collaborative effort involving the City of Modesto, Community Transitional Resources (CTR), which is a local nonprofit organization, the Stanislaus County Affordable Housing Corporation (STANCO) and Behavioral Health and Recovery Services (BHRS) and has a total project cost of \$1.46 million. The property is located at 522 E. Granger Avenue in Modesto.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2015-465

On motion of Supervisor Monteith, Seconded by Supervisor Chiesa  
and approved by the following vote,

Ayes: Supervisors: Chiesa, Monteith, and Chairman Withrow

Noes: Supervisors: O'Brien, and DeMartini

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1)  Approved as recommended

2)  Denied

3)  Approved as amended

4)  Other:

MOTION:

*Christine Ferraro*

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval to Accept the 2015-2016 Mental Health Services Act Plan Update, and Authorize the Use of Stanislaus County's California Housing Finance Agency Funds in Partnership with the City of Modesto and Community Transitional Resources, a Local Non-Profit, for the Supportive Housing and Community Resource Center Project to be Located at 522 East Granger Avenue, Modesto, California  
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**STAFF RECOMMENDATIONS: (Continued)**

3. Authorize the Behavioral Health Director to direct funds held at the California Housing Finance Agency (CalHFA) for the development of the Granger Avenue Supportive Housing and Community Resource Center Project.
4. Authorize the Behavioral Health Director to submit a letter to the City of Modesto informing them of the County's intent to authorize the release of CalHFA funds for the Granger Avenue project.

**FISCAL IMPACT: (Continued)**

CTR is the property owner and is prepared to donate the property for this project. The recommended project will involve the renovation of a residence into a Community Resource Center and the construction of four, one-bedroom units on the property to the rear of the residence.

The total cost of the project is as follows:

<b>Funding Source</b>	<b>Funding Use</b>	<b>Amount</b>
Community Transitional Resources	Community Center Renovation & Property Acquisition	\$432,000
Stanislaus County MHSA funds	Construction	\$490,000
City of Modesto HOME* funds	Acquisition and Construction	\$490,000
CHDO** Operating Funds	Predevelopment	\$50,000
		<b>\$1,462,000</b>

\*HOME Investment Partnerships Program is a federal assistance program

\*\*CHDO – Community Housing Development Organization

The California Housing Finance Authority (CalHFA) is the funding agent for the Permanent Supportive Housing and Community Resource Center Project. As reflected in the chart above, the County's cost of the project is estimated at \$490,000. CalHFA will be responsible for holding project funds and completing all fiscal transactions on behalf of the County. Thus, the Department is asking for approval of the project but not making a request to increase appropriations as no funds for this project will be received or expended by the Department.

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## **DISCUSSION:**

### **Background**

In November 2004, California residents passed Proposition 63, the Mental Health Services Act (MHSA). The law provides funding to counties to help transform the public mental health system in the following areas:

- Community Services and Supports (CSS)
- Prevention and Early Intervention
- Innovation Programs
- Capital Facilities and Technological Needs
- Workforce Education and Training

Prior to Fiscal Year 2011-2012, counties received a specific MHSA allocation at the beginning of the year based on tax collections from the previous two years. Starting in Fiscal Year 2011-2012, funding for the above listed components is received in monthly allotments based on actual collections, similar to State Realignment funding.

Since the implementation of MHSA, the behavioral health care services in our community have been significantly increased, and quantifiable outcomes attest to the effectiveness of these services and projects. Funds may only be used for services and activities specified in the Act.

Through the years, additional MHSA funding has become available as a result of Behavioral Health and Recovery Services (BHRS)) program cost savings, increased MHSA revenues, delays in program startup, and other factors. The community stakeholder planning process has played a vital role in helping BHRS with guiding priorities, strategies and funding decisions.

In contrast to the way in which most MHSA funding is allocated, housing funds were handled differently from the beginning. In 2006, a total of \$400,000,000 of MHSA funds was set aside for the purpose of developing permanent supportive housing throughout the State of California. On August 6, 2007, the MHSA Housing Program was announced. Under this program, the \$400 Million in MHSA housing funds are to be jointly administered by the then State Department of Mental Health, now State Department of Health Care Services (DHCS), and CalHFA. CalHFA underwrites requests for capital funds and DHCS evaluates each applicant's proposed target population and supportive services plan. Once funds are awarded, CalHFA oversees all development and financial aspects of the project and DHCS oversees the provision of the services. MHSA Housing Program funds require that the housing remains permanent supportive housing for 55 years.

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On September 1, 2015, the Board of Supervisors was asked to consider the Fiscal Year 2015-2016 Mental Health Services Act Plan Update. The plan included the following programs:

As Presented September 1, 2015	As Presented to the Health Executive Committee of the Board of Supervisors on September 23, 2015
Permanent Supportive Housing	Return to full Board of Supervisors on 9/29 with full details of proposal.
Crisis Intervention Program for Children and Youth	Pulled from MHSA Plan; will return to Board of Supervisors with detailed return on investment and alternate funding.
Funding for CalMHSA for Statewide suicide prevention efforts	Pulled from MHSA Plan; will return to Board of Supervisors with new innovation program following MHSA Stakeholder review process.
New Full Service Partnership for Children/Youth	Remains unchanged.
Expansion of Supportive Employment Opportunities	Remains unchanged.

As indicated in the chart above, two components of the MHSA Plan Update presented on September 1, 2015 have been removed from the Plan.

First, the proposed Innovation project to develop a **Crisis Intervention Program (CIP) for Children and Youth** has been removed from the Plan at this time to allow for the development of a focused local plan for crisis intervention for these individuals. Further and extensive discussion between BHRS and its hospital partners reveals an even more serious situation when it comes to appropriate local options for these children and youth in crisis. The very concerning escalation of these crisis situations calls for a comprehensive local solution, perhaps in partnership with other providers.

While it was known that they often wait for long periods of time in overcrowded Emergency Departments (EDs) for disposition, they are also reportedly apt to be placed in close proximity to adults with psychiatric conditions also awaiting placement. Clearly, this is not helpful and is potentially a cause for further trauma. Children and youth become increasingly distressed beyond the state in which they were brought into the ED. This increased stress further aggravates an already difficult situation, making recovery less likely to occur quickly.

The County and its partners were very successful previously in the establishment of an Adult Crisis Intervention Program in close proximity to Doctors Medical Center that was a significant improvement in both care and return on investment financially. Funding

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other than MHSA is being actively sought to enable a much more timely response to this situation. It is expected that the revised plan for the CIP will involve leasing space in a location very near to Doctors Medical Center (DMC) so that time in the ED will be significantly shortened. Children and youth can be easily be taken to the CIP where they can be stabilized and options other than hospitalization considered in a less distressing setting.

A revised plan for a CIP for children and youth will be brought back to the Board in the near future once a detailed Return on Investment is developed for Board consideration.

Secondly, **Funding for CalMHSA Statewide Suicide Prevention and Stigma Reduction** is being removed from the Plan Update. Data suggests that suicide prevention efforts locally are not as effective as hoped. Though the effectiveness of the statewide efforts are being evaluated by the RAND Corporation, a nonprofit institution that helps improve policy and decision-making through research and analysis, targeted local initiatives may be more effective at lowering local suicide rates.

Planning has started on a new concept for a MHSA Innovation project focused on suicide prevention and intervention. Data is being gathered to enable a more targeted and, therefore, effective approach to this serious issue. This new Innovation project will need to be presented to the Board's Health Executive Committee, then to the RSSC, be put out for a 30 day review, and be reviewed by the Mental Health Board prior to coming to the Board of Supervisors, most likely in December 2015.

#### **Revisions to the Fiscal Year 2015 – 2016 Mental Health Services Act Plan Update:**

**Community Services and Supports: Full Service Partnership (FSP) for Children/Youth with Severe Emotional Disturbance (SED) will return to the Board for consideration in October, 2015.**

This new CSS Full Service Partnership (FSP) would serve children and youth, ages 6-17, with Severe Emotional Disturbance (SED) in Stanislaus County. At any one time, up to 24 children and youth with SED would be served through this FSP. It is expected that there will be clients moving to lower levels of care over time, allowing others to be admitted to this highest level of outpatient care. As originally proposed, this new FSP is projected to cost up to \$2,012,913 over a three year period of time. Funding for this project would come from the MHSA Community Services and Supports allocation.

This recommendation in more detail will be presented to the Board of Supervisors in October, 2015.

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**Community Services and Supports: Outreach & Engagement (O&E 2) - Proposal to Expand Supportive Employment will return to the Board for consideration in October, 2015.**

This expansion involves a consumer employment component to increase job readiness for individuals living with serious mental health challenges in Stanislaus County. To support this effort, the program would develop opportunities for intensive job coaching for individuals and family members with lived experience, using part-time job opportunities. The goals are to increase job readiness for full-time employment through the use of intensive case management, mentoring and support at the job site as necessary.

This new expansion of Supportive Employment is projected to cost up to \$387,087 over a three year period of time. As noted above, funding for this project would come out of the MHSA Community Services and Supports allocation.

This recommendation will return to the Board of Supervisors in October, 2015.

**MHSA Stakeholder Process**

On February 27, 2015, the BHRS Representative Stakeholder Steering Committee (RSSC) convened and approved the MHSA Annual Update Fiscal Year 2015-2016 which was adopted by the Board of Supervisors on June 2, 2015, and forwarded to the Mental Health Services Accountability and Oversight Commission (MHSAOAC) in June 2015. The RSSC, by regulation, is a very diverse group, including CEO staff, BHRS staff, consumers, family members, health care providers both public and private, contract providers of public mental health services, courts, law enforcement including probation and district attorney, education, diverse communities, housing both public and private, labor organizations, regional representative, senior services advocates, social services advocates, and veterans. Each group has only one vote.

Using the Results-based Accountability (RBA) and the Theory of Change (TOC) framework, stakeholders participated in roundtable exercises to generate program ideas for Community Services and Supports (CSS), Prevention and early Intervention (PEI), and Innovation (INN). Stakeholders were asked to join four groups representing different populations: Children/Youth (Ages 0-5, 6-17), Transition Aged Youth (Ages 18-25), Adults (Ages 18-59), and Older Adult (Ages 60 and older). The goal was to generate an "Idea Bank" for expansions or new mental health programs should there be possible increases in future MHSA funding or savings.

On May 1, 2015, the RSSC reconvened to review "Idea Bank" suggestions. Stakeholders were reminded about their work on June 20, 2014 when they voted to

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prioritize target populations and strategies for CSS and PEI and established Mental Health Adaptive Dilemmas for INN. Priorities from the Board of Supervisors were also shared with the group. The Board of Supervisors priorities are reduction in suicide rate, expanded efforts to deal with homelessness, stigma reduction approaches, reduction in incarceration, reduction in Emergency Room visits, and prevention efforts. Stakeholders were asked to submit additional ideas. BHRS Senior Leadership Team (SLT) then reviewed all ideas and priorities and refined them before coming back to the stakeholders with program funding recommendations in July.

On July 17, 2015, the RSSC reconvened to hear BHRS program funding recommendations. During the meeting, stakeholders were again reminded about their past work in determining funding priorities including their past work on the "Idea Bank". Based on their input and feedback from their two previous meetings, the BHRS Senior Leadership Team presented program recommendations for three MHSA funding components: CSS, INN, and PEI. A proposal for an MHSA Housing Program project was also recommended for approval.

Subsequently, the recommendations were reviewed by the Mental Health Board. On September 1, 2015, the Fiscal Year 2015 – 2016 MHSA Plan Update was presented to the Board of Supervisors for approval. The Board members had several concerns about several of the proposed projects. Consequently, the Board directed staff to return this agenda item back to the Board on September 29, 2015, so the concerns could be better addressed, including a review and update of the Board members priorities, and any additional information could be analyzed and presented back to the Board of Supervisors.

**MHSA Housing Program Through CalHFA - Proposal to Approve Granger Permanent Supportive Housing Project *This recommendation is being made in this agenda item given the time sensitivity of funding deadlines.***

Initially, the advantages of having a statewide program included the ability to leverage MHSA Housing Program funds with other sources of funds typically used to build affordable housing, as is the case with the permanent supportive housing project before the Board today. It was also anticipated that having a statewide effort would encourage additional funders to target a portion of their resources to housing for the homeless mentally ill.

Data obtained from state-generated reports suggests that the original goal had been 10,000 additional units of permanent supportive housing being created statewide. As of April 2013, the last Semi-Annual Update from DHCS, only 2,500 units were projected to be available. For a variety of reasons, including the economic crisis in California, larger housing projects were less likely to be proposed. This has been true locally. It has been

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difficult to find large, already constructed options. Local efforts over the past four years on the part of Stanislaus County Affordable Housing Corporation (STANCO) and BHRS for both new construction and rehabilitation are captured in the chart below.

<b>Date</b>	<b>Location</b>	<b>Street</b>	<b>Unit Count</b>	<b>Project Type</b>	<b>Disposition</b>
June 2011	Modesto	Miller	11 Lots	New Construction	Financially Infeasible
June 2011	Modesto	Yosemite	N/A	Demo/New Construction	Environmental and Crime Issues
May 2012	Turlock	Vermont	14	Rehab only	Financial/ Legal Impediments
Aug 2012	Modesto	6 <sup>th</sup> Street	14	Rehab only	Did not appraise
Aug 2013	Modesto	Tully	4	Rehab	Cost of Property
Dec 2013	Modesto	Fairmont	6	Rehab/ New Construction	Seller declined offer
April 2014	Modesto	Standiford	4	Rehab/New Construction	Zoning denied for resource center
Jun 2014	Modesto	5 <sup>th</sup> Street	2	Rehab only	Did not appraise
Jan 2015	Waterford	D Street	14	New Construction	Financially infeasible
Mar 2015	Modesto	Coolidge	8	Rehab only	Financially infeasible

The Department and STANCO continue their efforts to locate properties within the County that could be considered for permanent supportive housing.

### **Current Housing Continuum**

As noted above, the MHSA housing funds are to be used to develop permanent supportive housing for individuals with serious mental illness and their families. These individuals must be homeless or at risk of homelessness. Affordable permanent housing with necessary supports has proven effective in assisting individuals in getting into recovery and maintaining their recovery. Recovery includes but is not limited to adherence to medication regimes to maintain psychiatric stability, possible employment, and utilization of opportunities for healthy eating and exercise. It should be noted that large housing complexes are sometimes difficult for individuals living with mental illness to do well in. Thus, having a variety of size options is most helpful.

Currently, BHRS has a Housing Continuum that includes Emergency Housing, Transitional Housing, and Permanent Supportive Housing. Emergency Housing is

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available from 1 to 28 days depending on the facility. For instance, Garden Gate Respite offers emergency housing for 3 to 7 days. Hotel vouchers are sometimes used for a little as one day, but could be extended while other options are being identified. One of the emergency housing options is REST House, which offers up to 28 days. Within the year, four units of Crisis Residential housing in Merced County will be available for our Stanislaus County residents as approved by the Board of Supervisors on October 28, 2014. BHRS contracts or will contract for all of the emergency options.

Transitional Housing is also time-limited. Tenants can stay up to two years. During this time, staff works with the tenants to develop independent living skills, including but not limited to improving social skills, eating wisely on a limited budget, and money management. Additionally, staff helps the tenants to work on ways to earn income and on developing a recovery plan. There are two apartment complexes as well as three-bedroom houses that are part of the transitional housing continuum for a total of 52 beds. Nine of the Garden Gate units are targeted as intensive supportive housing, especially focused on those individuals who are very hard to engage in treatment. BHRS Housing staff has regular office hours at all sites. BHRS contracts for all of the transitional housing options.

Permanent Supportive Housing does not have time limits for residents. Currently in Stanislaus County, the permanent supportive housing includes Bennett Place, an 18 unit complex, and Miller Pointe, a 15 unit complex. Only Bennett Place has utilized the MHSA Housing Program funds. Additionally, the use of 111 Shelter Plus Care (SPC) Vouchers is administered through the Housing Authority of Stanislaus. Individuals are eligible to receive these vouchers only if they are homeless and have a chronic mental illness, and/or a chronic substance use disorder, and/or HIV/AIDS. These vouchers provide subsidies for low income housing as long as the required support services are also in place for the tenants. Tenants can live in low income housing wherever available. BHRS has sole placement access for both Bennett Place and Miller Pointe. The availability of SPC vouchers through the Housing Authority is dependent on certain economic factors. While some tenants do stay in these supportive housing options for years, many move on to other housing as conditions change for them, e.g., they earn incomes above what would qualify them for this type of housing. The project identified in the next section would serve Adults, Older Adults, and Transition Age Youth, increasing the permanent supportive housing options in Stanislaus County. BHRS costs are limited to the staff providing support services.

### **Granger Avenue Permanent Supportive Housing Project**

The Granger Avenue Supportive Housing Project is a partnership effort with funding being contributed by Community Transitional Resources (CTR), City of Modesto using federal HOME funds, and BHRS through funds held by CalHFA for permanent housing

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efforts in Stanislaus County. The property is located at 522 E. Granger Avenue in Modesto. CTR, a local non-profit, is the property owner and is prepared to donate the property for this project. The chart below outlines the proposed project funding.

<b>Funding Source</b>	<b>Funding Use</b>	<b>Amount</b>
Community Transitional Resources	Community Center Renovation & Property Acquisition	\$432,000
Stanislaus County MHSA funds	Construction	\$490,000
City of Modesto HOME* funds	Acquisition and Construction	\$490,000
CHDO** Operating Funds	Predevelopment	\$50,000
		<b>\$1,462,000</b>

\*HOME Investment Partnerships Program is a federal assistance program

\*\*CHDO – Community Housing Development Organization

The project will involve the renovation of the residence on this property into a Community Resource Center and the construction of four one-bedroom units on the property to the rear of the residence. Renovation of the current residence into a Community Resource Center is being done with funds from CTR. The construction of the four units will be accomplished with the funds from the City of Modesto and CalHFA. This permanent supportive housing project has been the focus of attention by the partners for at least two years, demonstrating the difficulty that exists in finding viable properties for development or rehabilitation.

In alignment with the mission of CTR to provide supportive services for individuals living with mental illness, the Community Resource Center will provide office space for the local National Alliance on Mental Illness (NAMI). Currently, NAMI has a small office at 500 North 9<sup>th</sup> Street in Modesto. Access to the proposed Community Resource Center will allow NAMI's support staff to have an area in which information provided to families and individuals struggling with mental health challenges is readily available. There will also be classroom space for training. It is also expected that BHRS Family Advocates and Housing Support staff will also be able to use space at the Center. In addition, students enrolled in the California Association of Social Rehabilitation Agencies (CASRA) program at Modesto Junior College are required to volunteer as part of their curriculum. CASRA is dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their wellness and recovery. The Center would be an ideal place for them to interact with individuals using the Center, including persons with lived experience of mental illness and family members. Lastly, the center will have laundry facilities for occupants of the housing units as well as some space for recreational activities. One of the most significant factors in achieving recovery, stigma reduction, and wellbeing is social connectedness. Having this Center adjacent to the living spaces promotes this for the residents as well as others who are engaged in the activities available at the Center.

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Projects with a small number of units are not atypical. Apartment complexes and motels do not go on the market very often. As an example, a four-unit affordable housing complex was just completed in Turlock and will open in October. As noted above, efforts have been made to locate properties that can be rehabilitated. Over the last four years, 10 different properties have been considered, many of them rehabilitation projects. Going forward, additional efforts will be placed on locating larger complexes, in keeping with the Board of Supervisors' direction for the use of MHSA housing funds.

Beyond the advantages that permanent supportive housing provides to the individuals that BHRS serves, these housing options also deal with neighborhood blight issues. With staff available most days at the sites and tenants who have learned how to handle independent living, these projects, regardless of size, are assets to the neighborhood.

The Granger Project, although smaller in size, is patterned after the successful Bennett Place project. The fully-burdened cost for Bennett Place is \$4,881,709. The project included the renovation of an existing ranch house into a community center and non-MHSA manager's apartment and new construction of 18 MHSA funded units; 10 studio apartments and 8 one-bedroom apartments. The cost per MHSA living unit is \$271,166. The proposed fully-burdened cost for Granger is \$1,461,237. This includes the renovation of the existing single family residence, adding 750 square feet to the existing single family. The funding for this part of the project will not use the MHSA Housing funds. MHSA Housing funds cannot be used for construction costs for the Community Resource Center. The construction of the 4 one-bedroom units on the property will use the MHSA Housing funds in conjunction with federal HOME funds obtained by the City of Modesto. The cost per MHSA living unit is \$365,309. Since the projects are not similar in size or scope, the square footage cost comparison is valid. For Bennett Place, the cost per square foot is \$426. For the Granger Avenue project, the cost per square foot is \$305.

There is support from the project partners of this project. The Modesto City Council approved the HUD HOME funding allocation for the Granger Avenue Project on September 8, 2015, and they confirmed that approval at their meeting on September 22, 2015. CTR has purchased the property and is willing to contribute funding to the remodeling of the residential structure on the property. The City of Modesto has confirmed that the deadline for the use of the funds from HUD HOME is September 30, 2015. If unused, these funds in the amount of \$540,000 will not be credited to the City.

Attached is a graphic description of the Granger Avenue project.

An update on the entire MHSA Plan and suggested revisions was presented to the Board of Supervisors' Health Executive Committee comprised of Supervisors O'Brien

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and Withdraw, on September 23, 2015. The recommendation was to bring the Supportive Housing item back to the full Board of Supervisors on September 29<sup>th</sup>, 2015, and the remaining Plan Update will return to the Board in October, 2015.

The MHSA Plan Update for Fiscal Year 2015 – 2016 document is being revised to reflect the changes discussed in this agenda item and will be available from the Clerk of the Board of Supervisors on Monday, September 28, 2015.

**POLICY ISSUE:**

The recommended actions support the Board's priorities of A Healthy Community, Effective Partnerships and Efficient Delivery of Public Services by contracting with community providers to deliver needed services at an appropriate level of care in a cost effective manner and by the development of safe, affordable housing for individuals living with mental illness in partnership with other public and private entities.

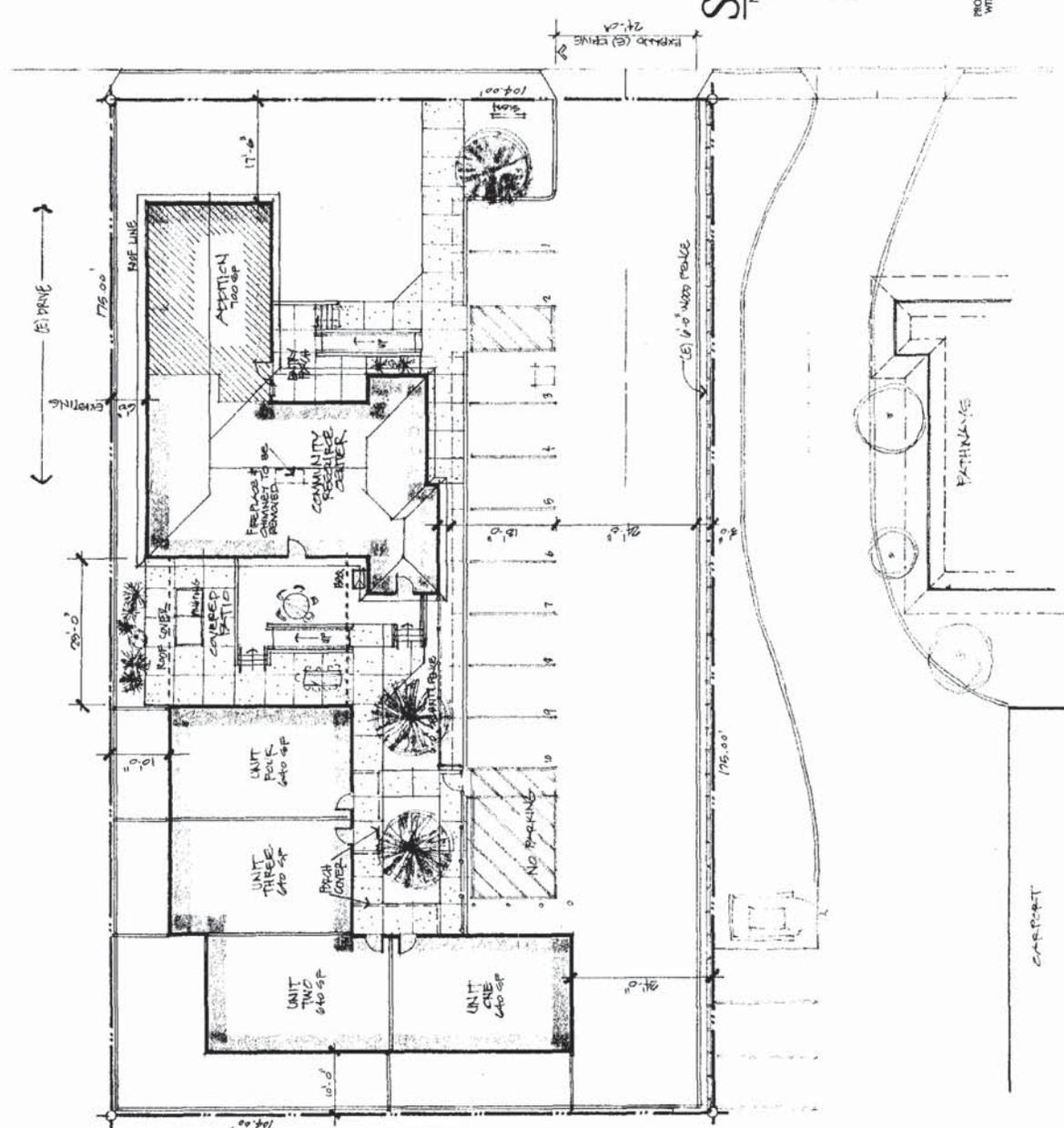
**STAFFING IMPACT:**

The Department has existing staff available to support this permanent supportive housing effort.

**CONTACT:**

Madelyn Schlaepfer, PhD, Behavioral Health Director, 525-6205

EAST GRANGER AVENUE



# SITE DEVELOPMENT PLAN

MAY 2015 SCALE 1" = 10'-0"

PROPOSED  
**Community Resource Center**  
322 EAST GRANGER AVENUE - MODESTO, CALIFORNIA

FOR  
**COMMUNITY TRANSITIONAL RESOURCES**  
P. O. BOX 346 - MODESTO, CALIFORNIA

PROJECT IS DEEMED AS A CONVERSION OF AN EXISTING RESIDENTIAL PROPERTY INTO A 2200 SF COMMUNITY RESOURCE CENTER WITH 4-640 SF RESIDENTIAL UNITS REQUIRES A CHANGE IN ZONING TO P-D PLANNED DEVELOPMENT CENTER AND RESIDENTIAL UNITS TO BE CONSIDERED TOGETHER AS ONE 400 SF BUILDING WITH A ONE-HOUR OCCUPANCY SEPARATION OCCUPANCY 5785 - CONSTRUCTION TYPE VIA FIRE-RESISTIBLE.





**Stanislaus County  
Behavioral Health and Recovery Services**

**Mental Health Services Act  
Plan Update FY 2015-16**

**Community Services & Supports (CSS)**

**September 2015**



WELLNESS • RECOVERY • RESILIENCE

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# COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this Annual Update/Plan Update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This Plan Update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2015-2016 Plan Update was circulated to representatives of stakeholder interests and any interested party for 30 days for public review and comment. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the Three-Year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget – 2012) significantly amended the Mental Health Services Act which requires three-year plans and annual updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the Annual Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

The information provided for each work plan is true and correct.

All documents in the attached Plan Update FY 2015-16 are true and correct.

Madelyn Schlaepfer, PhD  
Mental Health Director/Designee (PRINT)

 9-30-2015  
Signature Date

## Message from the Director

Behavioral Health and Recovery Services (BHRS) is pleased to share this Mental Health Services Act (MHSA) Plan Update as we continue our mission to transform mental health services in Stanislaus County. This document serves as a follow up to the Annual Update FY 2015-16 that was submitted to the Mental Health Services Oversight & Accountability Commission on June 3, 2015.



The Plan Update was developed to include the release of Requests for Proposals (RFP) for the following MHSA components: Community Services and Supports (CSS) and Innovation (INN).

The Update also highlights an expansion of a CSS Outreach and Engagement (O&E) program to provide employment opportunities and establish a career ladder for mental health consumers in Stanislaus County. In addition, the document includes an allocation for the CalMHSA Statewide Prevention and Early Intervention (PEI) Initiative to raise awareness about suicide prevention and stigma reduction.

With vital input from community stakeholders and an emphasis on client driven and family focused services, this MHSA Plan Update is a second blueprint of our recovery driven work to help transform the lives of those living with mental illness in Stanislaus County.

Sincerely,

A handwritten signature in black ink, reading "Madelyn Schlaepfer, PhD". The signature is written in a cursive, flowing style.

Madelyn Schlaepfer, PhD

# COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

## Who Participated?

Stanislaus County Behavioral Health and Recovery Services (BHRS) conducted community program planning and local review processes for this Plan Update. As in the past, BHRS continues to engage stakeholder input for the purpose of creating transparency, facilitating an understanding of progress and accomplishments, and promoting a dialogue about present and future opportunities.

While all community members are welcome to participate in MHSA planning processes, there is a Representative Stakeholder Steering Committee (RSSC) charged with providing important input about funding priorities. Each category of members on the RSSC has one vote when decisions are required to be made. BHRS was very pleased to have a significant number of consumers, both youth and adult, attend the meetings this year as well as other diverse stakeholders.

## Developing a Plan Update

Preparations to develop a Plan Update began following the submission of Stanislaus County's Board of Supervisors approved Fiscal Year 2015-2016 Annual Update on June 3, 2015 to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Three stakeholder planning meetings were held to consider community priorities and sustainable program funding ideas. The planning process for this Plan Update was a standing agenda item on weekly BHRS Senior Leadership Team meetings, but the ultimate endorsement of the proposed plans resided with the RSSC. A Gradients of Agreement<sup>1</sup> approach was used to determine whether or not there was sufficient agreement among committee members to move forward.

At its July 17, 2015 meeting, RSSC members present at the meeting endorsed BHRS funding proposals to issue an RFP for Community Services and Supports (CSS) to include an Innovation component, to expand a CSS Outreach and Engagement Supportive Employment program, to increase funding for the California Mental Health Services Authority (CalMHSA) Prevention and Early Intervention (PEI) Statewide Initiative, and to approve a Long Term Supportive Housing project that would utilize MHSA funds held by California Housing Finance Agency (CalHFA).

Due to significant input that occurred at the Board of Supervisors meeting on September 1, 2015, the Plan Update that resulted from the planning process described above included elements that will be deleted from this particular Plan Update. Deleted from this most recent version of the Plan Update include the issuing of Requests for Proposals (RFPs) for mental health services and program expansions in Community Services and Supports (CSS), an Innovation project, and an additional contribution for CalMHSA. This Plan Update is now focused on the Long Term Supportive Housing project. Program details are listed below and in the separate component sections of this Plan Update. Some of the components that were deleted will return to the Board of Supervisors for further consideration in October in a revised Plan Update. Not all of the components will be part of the revised Plan Update. Other potential non-MHSA funding is being considered for the Crisis Intervention Program for children and youth. In addition, a new Innovation project is also being considered focused on suicide prevention, which will need stakeholder input and endorsement, 30 day review, presentation and review by the Mental Health Board, and final approval by the Board of Supervisors.

## Community Stakeholders and Activities

The MHSA Representative Stakeholder Steering Committee (RSSC) was vital to the community planning process. The committee is comprised of all required local and diverse stakeholders from various sectors and communities in Stanislaus County. BHRS community partners and consumers also played important roles on the committee.

The committee sectors/communities are as follows:

- Diverse Communities
- Education

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<sup>1</sup> Community at Work developed the initial version of the Gradients of Agreement. Luminescence Consulting has refined this tool and BHRS uses it to facilitate deliberative processes.

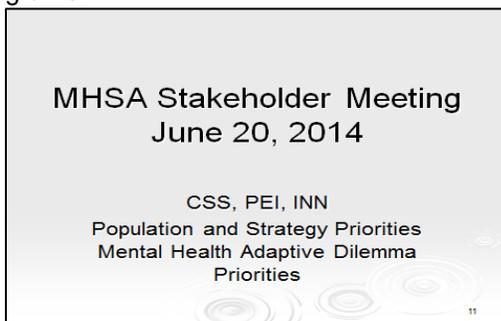
- Health Care
- Social Services
- Senior Services
- Consumer Partners
- Family Member Partners
- Health Care: Public/Private
- Stanislaus County Regional Areas
- Stanislaus County Chief Executive Office
- Contract Providers of Public Mental Health Services
- Stanislaus County Courts
- Housing: Public/Private
- Veterans
- Law Enforcement
- Probation Department
- Public Mental Health Labor Organization
- Behavioral Health and Recovery Services (BHRS)
- Mental Health Board members

The following meetings and activities were held as part of the community stakeholder process for the Plan Update:

**February 27, 2015** - The RSSC approved the Annual Update and four (4) funding proposals outlined in the document approved by the Stanislaus County Board of Supervisors and forwarded to the MHSOAC in June 2015. At that meeting, stakeholders began the process of generating ideas for possible future funding, which is why this meeting is included here.

Utilizing the Results Based Accountability (RBA) and the Theory of Change (TOC) framework, they participated in roundtable exercises to generate program ideas for Community Services and Supports (CSS), Prevention and Early Intervention (PEI) and Innovation (INN). Stakeholders were asked to join four groups representing different populations: Children/Youth (Ages 0-5, 6-17), Transition Aged Youth (Ages 18-25), Adults (Ages 18-59), and Older Adult (Ages 60 and older). The goal was to generate an “Idea Bank” for expansions or new mental health programs should there be possible increases in future MHSA funding.

Stakeholders were reminded about their work on June 20, 2014, where they voted to prioritize target populations and strategies for CSS and PEI, and established Mental Health Adaptive Dilemmas for INN. Below are slides from the RSSC meeting power point presentation by stakeholders to focus on results including services, activities, and strategies, all of which relate to proposed program expansions and new programs.



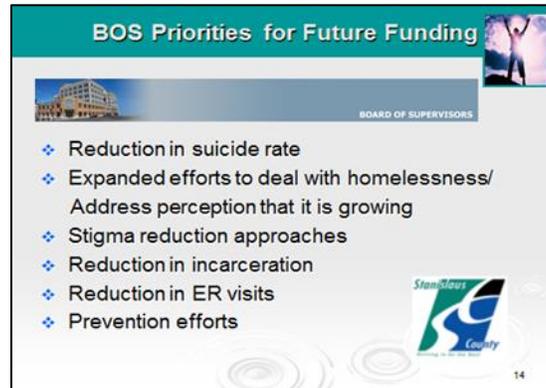
CSS  
Population and Strategy Priorities

Population	Strategy	Points
1. Children/Youth	FSP - Full Service Partnership	53
	GSD - General System Development	19
	O&E - Outreach and Engagement	6
2. Adults	FSP	30
	GSD	19
	O&E	11
3. TAYA	FSP	7
	GSD	7
	O&E	0
4. Older Adults	FSP	7
	GSD	6
	O&E	1

Innovation

Mental Health Adaptive Dilemma	Points
1. Improving parental competency and social support for fathers	38
2. Improving the well-being of children, TAY, TAYA	35
3. Treatment options for people struggling with both substance abuse and mental illness	10
4. Connecting people receiving services to community based supports	9
5. Honoring and identifying more holistic approaches to well-being	7
6. Connecting and linking underserved and diverse communities with resources	3

Priorities from the Board of Supervisors (BOS) were also shared with the group. Below is the slide that was shared regarding BOS priorities.



**May 1, 2015** - The RSSC reconvened to review “Idea Bank” suggestions and to offer any additional suggestions. They were reminded about their past work in establishing population and strategy priorities for CSS, PEI, and INN. Stanislaus County Board of Supervisors priorities were again shared with the group as part of the discussion.

In reviewing stakeholder ideas, BHRs staff explained that many of the ideas/services submitted were already being offered through other BHRs programs. Some ideas such as those for CSS couldn’t be considered because they did not directly serve the severely mentally ill as required under MHSA. It was also explained that the MHSA future funding picture was still unclear and that more details would be available when the RSSC reconvened on July 17, 2015.

Stakeholders were told that the BHRs Senior Leadership Team (SLT) would review remaining ideas submitted and refine them before coming back to them with program funding recommendations in July.

**July 17, 2015** - The RSSC reconvened to hear BHRs program funding recommendations. During the meeting, stakeholders were reminded about their past work in determining funding priorities including their past work on the “Idea Bank” and the BOS priorities. Based on their input and feedback from their two previous meetings, the BHRs Senior Leadership Team presented three program recommendations for three MHSA funding components: CSS, INN, and PEI. A fourth proposal for an MHSA Long Term Supportive Housing proposal was also recommended for approval. There was an informative and robust discussion about the proposals.

Stakeholders approved each of the proposals presented at the meeting. During the planning process, a Gradients of Agreement exercise was used to determine whether or not there was sufficient consensus among voting stakeholders to move forward with each of the proposals. Stakeholders were asked to cast votes for the proposals individually and reach agreement using the Gradients of Agreement framework shown below.

Gradients of Agreement							
Endorse	Endorse with minor point of contention	Agree with reservations	Abstain	Stand aside	Disagree but will support the majority	Disagree and want out from implementation	Can't go forward
I like it	Basically I like it	I can live with it	I have no opinion	I don't like this, but I won't hold up the group	I want my disagreement recorded, but I'll support the decision.	I won't stop anyone else, but I don't want to make this happen.	We have to continue the conversation.

The recommendations were as follows:

**Community Services and Supports (CSS) – Joint Proposal to Issue a Request for Proposal (RFP) for a Full Service Partnership (FSP) for children and youth, ages 6-17, with Severe Emotional Disturbance (SED) and an Innovation (INN) Crisis Intervention Program component for children and youth – Three Year Estimated Funding not to exceed \$3,212,913**

**Community Services and Supports (CSS) - Proposal to Expand BHRS Outreach and Engagement (O&E) Supportive Employment program - \$387,087**

**Community Services and Supports (CSS) – Housing Proposal to Approve Granger Avenue Permanent Supportive Housing Project - \$490,000 (CalHFA funding)**

**Prevention and Early Intervention (PEI) – Proposal to Increase Allocation for CalMHSA Statewide (PEI) Initiative - \$30,000**

**September 1, 2015** – The Plan Update went before the Stanislaus County Board of Supervisors as a non-consent agenda item. Due to a number of concerns, the Board decided to delay a decision on the Plan Update for September 2015 until further clarification and additional information about some of the components of the Plan Update could be obtained. The information was obtained and, given the BOS concerns, BHRS Senior Leadership decided to modify the Plan Update for September 2015 to include only the long term supportive housing component to allow a focused discussion of this component.

The funding for the MHSA Long Term Supportive Housing component will come from CalHFA on behalf of Stanislaus County. The estimated amount of the funding is \$490,000.

**September 29, 2015** - The revised Plan Update of September 2015 went back to the Board of Supervisors on September 29, 2015 for approval and adoption.

## Local Review Process

This Plan Update was posted for 30-day public review and comment on July 22, 2015 – August 20, 2015. The public review notification and access to copies of the Plan Update were made available through the following methods:

- ✓ An electronic copy was posted on the County's MHSAs website: [www.stanislausmhsa.com](http://www.stanislausmhsa.com)
- ✓ Paper copies were sent to Stanislaus County Public Library resource desks at thirteen branches throughout the county
- ✓ Electronic notification was sent to all BHRS service sites with a link to [www.stanislausmhsa.com](http://www.stanislausmhsa.com), announcing the posting of this report
- ✓ The Representative Stakeholder Steering Committee, Mental Health Board members, Advisory Board for Substance Abuse Programs as well as other stakeholders were sent the notice informing them of the start of the 30-day public review, and how to obtain a copy of the Plan Update
- ✓ Public notices were posted in nine newspapers throughout Stanislaus County including a newspaper serving the Spanish speaking community. The notice included a link to the plan on-line at [www.stanislausmhsa.com](http://www.stanislausmhsa.com) and a phone number to request a hard copy of the document.
- ✓ An announcement was posted in the BHRS Cultural Competency Newsletter

An informational outreach meeting for the public to learn more about the Plan Update and participate was held July 30, 2015 from 10-11 am in the Redwood Conference Room at the BHRS campus located at 800 Scenic Drive in Modesto.

The Plan Update was also an action item on the July 23, 2015 meeting agenda for the Stanislaus County Mental Health Board (MHB). The MHB meeting was held at 5 pm in the Redwood Room of the BHRS campus on 800 Scenic Drive.

### Substantive Comments and Response:

There were no comments received during the 30-day public review and comment period.

The Stanislaus County Mental Health Board approved the Plan Update Fiscal Year 2015-2016 during its meeting on July 23, 2015 after hearing a presentation. No additional public comment was received at that time.

The Stanislaus County Board of Supervisors (BOS) asked for additional information about the proposals and tabled a vote to adopt the Plan Update. Following their feedback, additional information was gathered, and this revised MHSAs Plan Update for September 2015 was developed and went before the BOS a second time on September 29, 2015.



## Community Services & Supports Overview

Community Services & Supports (CSS) help transform lives by providing mental health services to individuals of all ages in Stanislaus County. It was the first component of MHSA to be funded in 2005. Implementation began in Fiscal Year 2006-07.

CSS makes up 80% of county MHSA funding. It provides funds for direct services to people with severe mental illness and children with serious emotional disturbance. MHSA mandates that the majority of CSS funds must be used to provide intensive services to consumers in Full Service Partnerships (FSP).

This intensive approach has been shown to foster sustained improvement for consumers while attaining cost savings such as reduction in hospitalizations, incarceration, and emergency room visits for the behavioral health system and other community services. Two other levels of service complete the system of care approach. General System Development (GSD) programs were established to serve many by increasing the system's capacity to provide services to consumers and families throughout the system. Outreach & Engagement (O&E) programs were established to reach diverse underserved communities that are not able to access services when needed.

In Fiscal Year 2013-2014, Stanislaus County had nine CSS programs including four FSP programs, four GSD programs, and one O&E program. Each program has a unique approach that incorporates MHSA values of cultural competency, community collaboration, wellness, recovery/resiliency, client/family-driven services, and an integrated service experience for clients and their families. Two new additional programs were planned for Fiscal Year 2014-2015: FSP-07 Integrated Service Agency (ISA) and O&E - 3 Outreach and Engagement.

Another component is the CSS – Housing Component. Funding for this component was assigned to CalHFA in April 2008. Given the difficulty of finding suitable permanent supportive housing projects and also accommodate the restrictions placed on this funding by CalHFA, it has been difficult to expend this funding. The Long Term Supportive Housing project described in this Plan Update is the first viable option in several years.

### **CSS – Housing: Proposal to Approve Granger Avenue Permanent Supportive Housing Project - \$490,000**

Utilizing funding held at the California Housing Finance Agency (CalHFA) for this purpose, this MHSA Housing project is a BHRS partnership with Stanislaus Affordable Housing Corporation (STANCO), Community Transitional Resource (CTR), the City of Modesto, and the National Alliance on Mental Illness (NAMI) to build four one-bedroom units and a Community Resource Center at 522 East Granger Avenue in Modesto.

It would serve Adults, Older Adults, and Transition Age Youth in an effort to increase permanent supportive housing in Stanislaus County.

## Housing Overview

The MHSAs Housing Program provides funds for development, acquisition, construction, and/or rehabilitation for long term permanent supportive housing for individuals and their families living with severe mental illness and who are homeless or at risk of homelessness.

In contrast to the way in which most MHSAs funding is allocated, housing funds were handled differently from the beginning. In 2006, a total of \$400,000,000 of MHSAs funds was set aside for the purpose of developing permanent supportive housing. These funds represented a one-time allocation of funds. Of these funds, Stanislaus County BHS allocation was \$4.8 million dollars.

On August 6, 2007, the MHSAs Housing Program was announced. Under this program, the \$400 Million in MHSAs housing funds were to be jointly administered by the then State Department of Mental Health, now State Department of Health Care Services (DHCS), and CalHFA. CalHFA underwrites requests for capital funds, and DHCS evaluates each applicant's proposed target population and supportive services plan. It was thought that a statewide approach would provide a better opportunity to utilize these funds. MHSAs Housing Program funds must be leveraged with other forms of financing, e.g., HUD funds. Long term supportive housing must be designed with the goal of establishing and/or strengthening partnerships that result in the development of housing that reflects local priorities. The housing must expand safe, affordable options for individuals living with severe mental illness or youth with serious emotional disturbance and their families.

Once funds are awarded, CalHFA oversees all development and financial aspects of the project, and DHCS oversees the provision of the services. MHSAs Housing Program funds require that the housing remain permanent supportive housing for 55 years.

As a result of the development of the MHSAs Housing Program, counties were required to assign the housing funds to CalHFA. On April 1, 2008, the Board of Supervisors approved the assignment of these funds to CalHFA. Since then, some of the funding has been used to build Bennett Place, an 18 unit apartment complex in Modesto that celebrated a grand opening in July 2014.

Clearly, the lack of other projects in the seven (7) years since assignment of the funds to CalHFA speaks to the difficulty of meeting the requirements of the MHSAs Housing Program. The funds have strict program rules and limited flexibility that cause barriers to some local environments that may not exist in larger counties. Also, the economic downturn created problems with leveraging funds, another requirement of using the MHSAs Housing Program funds. Thus, the ability to utilize these funds is a long awaited opportunity.

## CSS - Housing - Long Term Supportive Housing

### Proposal to Direct CalHFA MHSA Housing Program Funds for Granger Avenue Project

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Currently, BHRS has a Housing Continuum that includes Emergency Housing, Transitional Housing, and Permanent Supportive Housing. Emergency Housing is available from 1 to 28 days depending on the facility. For instance, Garden Gate Respite offers emergency housing for 3 to 7 days. Hotel vouchers are sometimes used for a little as one day, but could be extended while other options are being identified. One of the emergency housing options is REST House, which offers up to 28 days.

Transitional Housing is also time-limited. Tenants can stay up to two years. During this time, staff works with the tenants to develop independent living skills, including but not limited to improving social skills, eating wisely on a limited budget, and money management. Additionally, staff helps the tenants to work on ways to earn income and on developing a recovery plan. There are two apartment complexes as well as three-bedroom houses that are part of the transitional housing continuum

Permanent Supportive Housing does not have time limits for residents. Currently in Stanislaus County, the permanent supportive housing options include Bennett Place, an 18 unit complex, and Miller Pointe, a 15 unit complex. Only Bennett Place has utilized the MHSA Housing Program funds. Additionally, the use of 111 Shelter Plus Care (SPC) Vouchers is administered through the Housing Authority of Stanislaus. BHRS has sole placement access for both Bennett Place and Miller Pointe. The availability of SPC vouchers through the Housing Authority is dependent on certain economic factors.

The Granger Avenue Supportive Housing Project is a partnership effort with funding being contributed by Community Transitional Resources (CTR), City of Modesto using federal HOME funds, and BHRS through funds held by CalHFA for permanent supportive housing efforts in Stanislaus County. The property is located at 522 E. Granger Avenue in Modesto. CTR, a local non-profit, is the property owner and is prepared to donate the property for this project. The chart below outlines the proposed project funding.

Funding Source	Funding Use	Amount
Community Transitional Resources	Community Center Renovation & Property Acquisition	\$432,000
Stanislaus County MHSA funds	Construction	\$490,000
City of Modesto HOME* funds	Acquisition and Construction	\$490,000
CHDO** Operating Funds	Predevelopment	\$50,000
		\$1,462,000

\*HOME Investment Partnerships Program is a federal assistance program

\*\*CHDO – Community Housing Development Organization

The project will involve the renovation of the residence on this property into a Community Resource Center and the construction of four one-bedroom units on the property to the rear of the residence. Renovation of the current residence into a Community Resource Center is being done with funds from CTR. The construction of the four units will be accomplished with the funds from the City of Modesto and CalHFA. This permanent supportive housing project has been the focus of attention by the partners for at least two (2) years, demonstrating the difficulty that exists in finding viable properties for development or rehabilitation.

National Alliance on Mental Illness (NAMI) will also utilize space in the Community Resource Center as will BHRS Housing and Family Advocate staff. One of the most significant factors in achieving recovery, stigma reduction, and wellbeing is social connectedness. Having this Center adjacent to the living spaces promotes this for the residents as well as others who are engaged in the activities available at the Center.

### **MHSA Stakeholder Approval Process**

All RSSC stakeholders present at the July 17, 2015 meeting unanimously approved the housing proposal recommendation.



For more information about BHRS/MHSA funded programs, please visit our website at <http://www.stanislasmhsa.com/>