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

DEPT: Behavioral Health and Recovery Services **BOARD AGENDA #** B-11

Urgent ☐ **Routine** ☒ **AGENDA DATE** January 29, 2013

CEO Concurs with Recommendation YES ☒ **NO** ☐ **4/5 Vote Required YES** ☒ **NO** ☐
(Information Attached)

SUBJECT:

Approval to Adopt the Fiscal Year 2012-2013 Mental Health Services Act Plan Update and Approval to Authorize the Behavioral Health Director to Submit the Plan Update to the Mental Health Services Oversight and Accountability Commission

STAFF RECOMMENDATIONS:

1. Adopt the Fiscal Year 2012-2013 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the Behavioral Health Director to submit the Fiscal Year 2012-2013 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).
3. Amend the Salary and Position Allocation Resolution to reflect the changes detailed in the Staffing Impact section of this item.
4. Direct the Auditor-Controller to increase appropriations and estimated revenue in the amount of $956,267 as detailed in the Budget Journal form.

FISCAL IMPACT:

This agenda item requests approval to increase appropriations and estimated revenue in the Behavioral Health and Recovery Services (BHRS) and Mental Health Services Act (MHSA) budget units in the amount of $956,267 for expanded MHSA services in two areas: Community Services and Supports and Capital Facilities/Technological Needs. The increases are detailed in the Budget Journal form. There is no impact to the County General Fund associated with this request.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2013-50

On motion of Supervisor Withrow , **Seconded by Supervisor** De Martini
and approved by the following vote,
Ayes: Supervisors: O'Brien, Withrow, De Martini and Chairman Chiesa
Noes: Supervisors: None
Excused or Absent: Supervisors: Monteith
Abstaining: Supervisor: None

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

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk **File No.**

FISCAL IMPACT (Continued):

Community Services and Supports (CSS):

Prior to Fiscal Year 2010-2011, MHSA funds were allocated to counties based on collections two years in arrears. Beginning July 1, 2011, counties no longer were given a set allocation. Instead, funds were distributed based on current income tax collections. After a transition year, the State began forwarding collections on a monthly basis starting July 1, 2012. The estimated amount to be received in Fiscal Year 2012-2013 for the CSS component is $10,983,733, a projected increase of approximately $1,363,133. The Department needs $9,747,302 to fund existing programs, leaving a balance of $1,236,431 for program augmentation.

In addition, counties have been allowed to set aside up to 10% of the annual allocation as an operating reserve to be used for unexpected expenses. As of June 30, 2012, BHRS has $3,621,216 in its operating reserve. These funds are tracked separately and used annually as needed. However, as part of the MHSA allocation, they must be spent within three years or will revert to the State for redistribution to other counties.

The MHSA Plan Update proposes an increase in on-going expenditures of $1,821,138. The increase will be funded with the remaining allocation funds of $1,236,431 and $584,707 in existing operating reserves, as detailed below. The Budget Journal form reflects anticipated funding in the amount of $910,569. This is a portion of the amount that would have been placed into the operating reserve for Fiscal Year 2012-2013, but will now be used to enhance program operations.

FY 2011-2012 Final Allocation	$ 9,620,600
Estimated Increase	1,363,133
Estimated FY 2012-2013 Allocation	$10,983,733
Needed for current operations	(9,747,302)
Available for enhanced programming	$ 1,236,431
Cost of proposed expansions	$ 1,821,138
Available Allocation	(1,236,431)
Needed from operating reserves	$ 584,707

Capital Facilities/Technological Needs (CFTN):

In 2009, BHRS was allocated $5,686,800 for a new IT system and equipment to support consumer and family access to computer resources. These funds have a 10-year spending authority, but can only be used for mental health related services and activities. There is currently a balance of $206,078 in the CFTN allocation. The Department is proposing to use a total of $111,185 to augment the system for remote access by staff working in the field. Of this amount, $100,000 will be funded through the MHSA CFTN allocation. The remaining $11,185 will support services to consumers with substance use disorders and will be funded from the alcohol and drug budget. This purchase will leave a balance of $106,078 in the CFTN allocation for future enhancements. The budget journal reflects a transfer of $45,698 from deferred revenue to support this purchase.

DISCUSSION:

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

- Community Services and Supports (CSS) to provide services to children, adults, transition age young adults, and seniors;
- Prevention and Early Intervention;
- Innovative Programs;
- Capital Facilities and Technological Needs (CFTN); and
- Workforce Education and Training.

Behavioral Health and Recovery Services (BHRS) receives funding on an annual basis through the MHSA. Funding for this allocation is derived from a 1% tax on net incomes over $1 million and may only be used for services and activities specified in the Act. These funds must also be used within three years of allocation or they revert back to the State for redistribution to other counties. 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, the methodology was changed to reflect monthly allotments based on actual collections, similar to State Realignment funding.

Counties also have the option of setting aside up to 10% of their annual MHSA allocation in a local operating reserve to be used for emergencies and short-term fiscal downturns. The reserve is also subject to the three-year spending reversion. BHRS has opted to set these funds aside over the past few years. BHRS has not had to use its operating reserves and currently has a balance of $3,621,216.

At the start of Fiscal Year 2012-2013, the Department was advised by the California Mental Health Directors Association to expect a 15-20% increase in MHSA funding. This increase has been reflected in the Department's monthly remittances and is estimated to net $1,236,431. Upon notification of the allocation increase, the Department began a planning process for use of the augmentation and the available operating reserve.

Of great concern to BHRS and the Chief Executive Office has been the dramatic increase in psychiatric hospitalizations. As reported previously to the Board of Supervisors, the Department has experienced an increase in psychiatric hospitalizations during this past calendar year. In previous years, the average daily census for hospitalization at local and out-of-county hospitals was approximately 19 individuals per day, both adults and adolescents. This number has been steadily increasing since December 2011 and has at times been over 40 inpatient hospitalizations per day. At the same time, the percentage of uninsured individuals has increased from approximately 51% to 54%. The County has 100% fiscal responsibility for uninsured patients, so any increase in the percentage is an impact to the Department and County. Department staff has been meeting regularly to identify trends that may be contributing to this phenomenon. While the economy does play a large role, no one factor stands out. However, it has been determined that this trend is statewide.

Over the past year, the Chief Executive Office, BHRS, Doctors Medical Center and other stakeholders met and began a new working relationship that focused on the capacity issues and growing need for secure 24/7 programs to meet the County's mandated obligations. This group identified both short and long-term issues related to the need for secure 24/7 mental health services and programs that surround such services. Throughout this planning process, emphasis has been focused on recovery-centered care and on creating an opportunity for each consumer to be at the least restrictive setting with the proper set of support services that will sustain recovery beyond hospitalization. The result of this effort is a Strategic Plan that addresses in-patient needs and identifies systems issues surrounding 24/7 secure mental health services that could assist in avoiding hospitalization and reduce recidivism. The Strategic Plan was adopted by the Board of Supervisors on November 13, 2012.

One of the key recommendations of the planning group was the development of a continuum of care system. The continuum will consist of three strategies to help mitigate admissions and readmissions: crisis stabilization; hospitalization through either a local Psychiatric Health Facility or Acute Psychiatric Hospital; and enhanced aftercare services. The MHSA Plan Update was developed in response to the need for enhanced aftercare services for consumers who are unserved or underserved.

In conjunction with the Strategic Planning process, staff from BHRS and the Chief Executive Office held a series of meetings with staff from all five local area hospital emergency departments. Community emergency rooms are also greatly impacted by the increases in psychiatric patients. Of great concern to hospital staff is the lack of available beds at the local acute psychiatric facility. Consequently, patients may wait for extended periods of time in an emergency department. Appropriate follow-up care from the psychiatric inpatient hospital will reduce readmissions to the psychiatric hospital and, thereby, create more capacity to accommodate additional patients. In addition, there should be fewer readmissions to emergency rooms and fewer psychiatric patients at those sites.

MHSA CSS funds may only be used for voluntary services and therefore can not be used to pay for hospitalization. However, this funding may be used to provide needed aftercare services to help mitigate future hospitalizations and reduce recidivism. Through CSS funding, BHRS and Telecare Corporation, Inc. operate three adult Full-Service Partnership (FSP) programs and one FSP targeting children and adolescents. The FSP's provide a full array of integrated services to those who are the most unserved or underserved and who are high risk for homelessness, incarceration, hospitalization, and out-of-home placement. FSP strategies are considered a "wraparound" approach to engaging service recipients in their own self-care, treatment, and recovery. In doing so they can achieve and sustain stability in medical and psychiatric well being, end their homelessness, stabilize living situations, decrease social isolation and criminal justice involvement, and create new recovery practices that lead to individuals' goals for meaningful life activity such as employment and volunteerism. Program results include reduction in incarceration, homelessness, psychiatric hospitalizations, frequent emergency room visits, and avoidable medical hospitalization.

After an intensive planning process by BHRS staff, a MHSA Representative Stakeholder Steering Committee was convened on November 5, 2012, to present the Plan Update. The Stakeholder Committee endorsed the proposed program expansions noted below.

A large portion of the enhance services will be provided through an amendment to the existing contract with Telecare Corporation, Inc. Through an existing FSP, Telecare provides a variety of services to homeless individuals or those at risk of homelessness, and individuals who are uninsured. BHRS has designated $960,334 in MHSA funds to augment the established FSP services, as follows:

1. Establishment of a voluntary discharge team ($470,000) that will:
   a. Offer outreach to consumers who are receiving services in acute psychiatric settings;

   b. Provide information on resources that are available and offer support and transportation for post discharge needs including mental health and alcohol and drug assessments;
   c. Engage individuals during or immediately following discharge from acute care setting;
   d. Be available 24/7 on-call to respond to emergency contact needs of individuals with the intent to avoid re-admission and encourage use of alternative community based supports; and
   e. Develop a comprehensive database to track outcomes.
2. New FSP level services to 12 adults at the Modesto Recovery Services site ($145,000);
3. Increased FSP services to 12 additional adults served by the Partnership Telecare Recovery Access Center (TRAC) team ($145,000);
4. Increased intensive (non-FSP) behavioral health services to 12 additional adults served through the Fast TRAC team ($145,000); and
5. Increased access to peer support and psychiatrist time ($55,334).

Services to be provided by BHRS staff are estimated to cost $806,804 and include:

1. Increased FSP level services to 12 additional adults involved in the law enforcement system at the Integrated Forensics Team including the addition of a Behavioral Health Specialist ($103,333);
2. Increased FSP services to 12 additional transitional age young adults, including the addition of a Mental Health Clinician at the Josie's Place Drop-In Center ($125,000);
3. Increased FSP services to 12 additional adults and older adults seen at the High Risk Health and Senior Access program including the addition of a Mental Health Clinician ($128,333);
4. Increased clinical evaluation, assessment and support through the addition of a Mental Health Clinician within the Crisis Emergency Response Team ($170,000);
5. Addition of peer support services for adolescents in the Juvenile Justice program through a personal services contract ($10,764);
6. Additional contracted peer support and full time clerical support at the Family Partnership Center ($85,834); and
7. Additional supportive services that are included in the individual programs noted above include:
   a. Transitional housing;
   b. Increased Patient Finance and Benefits support, including the addition of a Family Services Specialist; and
   c. Increased psychiatrist time at all full service partnership teams.

MHSA requlations allow for 15% for in-direct administrative functions. The MHSA Plan Update reflects $237,540 for this purpose, including the addition of an Accounting Technician to provide support for all MHSA accounts payable functions.

As required by MHSA, the Plan Update was posted for 30-day public review. The Department received 2 comments from leaders in the local chapter of the National Alliance on Mental Illness (NAMI) that will be incorporated into the final Plan. When MHSA was initially implemented, the Department added two Behavioral Health Advocate positions to serve as Consumer Advocate and Family Advocate. Over the past few years the duties of these two positions have changed. Recently one staff person has performed both advocacy roles. The NAMI representatives noted in their comments that this has resulted in difficulty for families to access the support they need to respond to family members in emotional crisis. To address this concern, the Department will use a portion of the available allocation to fund a vacant Behavioral Health Advocate. This will provide consumers and family members with a dedicated Consumer Advocate and a dedicated Family Advocate who is either a family member or someone with the "lived experience" to assist them with the peer support and advocacy needed to get through difficult situations.

The Department is also requesting to use CFTN funding to augment its new Electronic Health Record functions. The CFTN component was specifically intended to assist County Mental Health Departments to upgrade aging facilities and information technology (IT) systems in order to better serve the community. Following a lengthy stakeholder process in 2009, a decision was made to use the entire CFTN allocation for a new IT system and equipment to support consumer and access to computer resources. The Practice Management component of the new system is currently in production. The Department is just starting implementation of the Assessment and Treatment Planning component.

There is a current balance in this funding of $206,087. The Department is proposing to use $100,000 in MHSA funds to purchase electronic signature pads and mobile devices that allow Electronic Health Records (EHR) access and entries from remote locations. The mobile devices will enable Department staff to have access to the most up to date information on the consumers they are serving in community-based settings. The equipment will also enable staff to complete care plans with on-the-spot input from the consumer.

POLICY ISSUE:

Approval of this item supports the Board of Supervisors' priorities of A Healthy Community and Efficient Delivery of Public Services by providing continued and improved access for constituents to behavioral health services.

STAFFING IMPACT:

In order to provide the expanded services, it is recommended that the Salary and Position Allocations for Behavioral Health and Recovery Services be amended as follows:

Fund	Positions	Position #	Classification	Request
1501	1	New	Psychiatrist	Add New Position
1501	1	New	Mental Health Clinician II	Add New Position
1501	1	8751	From Confidential Assistant IV to Confidential Assistant II	Restore, Reclassify Position Downward and transfer to fund the Mental Health Services Act Fund (1507)
1507	2	New	Mental Health Clinician II	Add New Positions

In addition, the Department will also be filling the following existing vacant and funded positions: one Behavioral Health Specialist II, one Behavioral Health Advocate, one Family Services Specialist, one Administrative Clerk III position and one Accounting Technician position.

CONTACT PERSON:

Madelyn Schlaepfer, Ph.D., Behavioral Health Director. Telephone 525-6225

Stanislaus County
Striving to be the Best

Stanislaus County
Behavioral Health and Recovery Services

Mental Health Services Act
Three-Year Program and Expenditure plan
Plan Update FY2012-13

Community Services & Supports (CSS)
and
Technological Needs Project (TN)

January 2013

WELLNESS · RECOVERY · RESILIENCE

Stanislaus County Behavioral Health and Recovery Services
800 Scenic Drive, Modesto, CA 95350 209-525-6247 fax 209-525-6291

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COUNTY CERTIFICATION

County: Stanislaus

County Mental Health Director	Project Lead
Name: Madelyn Schlaepfer, Ph.D., CEAP	Name: Chong Yang, MFT
Telephone Number: 209-525-6225	Telephone Number: 209-525-5324
E-mail: mschlaepfer@stanbhrs.org	E-mail: cyang@stanbhrs.org
Mailing Address: 800 Scenic, Drive, Modesto, CA 95350	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/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 FY2012/13 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 FY 2012-13 annual update/update are true and correct.

Madelyn Schlaepfer, Ph.D., CEAP
Mental Health Director/Designee (PRINT)

Signature

Date

Community Planning and Local Review Process

Who Participated:

Throughout each year since 2005, BHRS has continued to engage ongoing stakeholder input with the purpose of creating transparency and facilitating an understanding regarding all of the community planning processes. In our most recent Fiscal Year (FY) 2012-13 Annual Update, BHRS proposed a contingency plan to restore previous program reductions or expand CSS programs if additional funds became available. Counties received additional one time MHSA funds in FY2012-13. With the increase of MHSA CSS funds, program restorations and expansions became possible.

To encourage diverse stakeholder input, the BHRS MHSA Planning Manager attended several committee meetings and two California Association of Social Rehabilitation Agencies (CASRA) classes at Modesto Junior College (MJC) as follows: Cultural Competency Oversight Committee (10/8/12), Consumer and Family Member Steering Committee (10/9/12), Workforce Education Council (10/24/12) and MJC (10/3/12) to provide information on the structure of the upcoming MHSA planning process and how they may participate.

MHSA Representative Stakeholder Steering Committee (RSSC) was convened on November 5, 2012, to discuss ways of expanding the CSS plan that would continue to address unmet needs, restore previous reductions in the CSS programs and expand the Electronic Health Record project. The RSSC is comprised of all required sectors and partner organizations including, but not limited to, consumers of services and family members, social services, education, underserved communities, providers of drug and alcohol services, providers of health care services, contract providers of public mental health services, representatives from diverse communities, law enforcement, courts, probation, faith-based community, labor organizations, Stanislaus County Chief Executive Office, BHRS staff, Area Agency on Aging, and regional geographical areas of Stanislaus County including the South and Westside of the county.

Key features of the evening presentation included a review of a number of critical aspects: previous CSS program reductions, local planning strategy, current CSS budget, the source of increase in MHSA funding, emerging unmet needs and the timeliness of expanding a Technological Needs project that is key to Electronic Health Record ongoing implementation. The intended outcome of the evening was to propose and develop further with stakeholders' input the most effective utilization of the additional funds available.

The BHRS Senior Leadership Team, accountants, and other BHRS managers presented a detailed PowerPoint presentation that contained information designed to update stakeholders on:

- MHSA funding increase and current CSS budget
- Data describing an emerging unmet need for individuals who may need engagement after hospitalization
- Outcomes that focused on the effectiveness of Full Service Partnership (FSP)
- Description of the central features of a discharge team

The proposal was discussed with representative stakeholders to obtain their input on the proposed recommendations. The heart of the proposal was designed to increase CSS program capacity to provide more services and better quality services to traditionally underserved individuals who have Serious Mental Illness (SMI) or Serious Emotional Disturbances (SED).

The RSSC thoughtfully considered the proposed expansions and restorations and endorsed the proposal. They applauded the features of the discharge team.

Handouts that were provided at the stakeholder meeting are posted on the BHRS MHSA website: www.stanislausmhsa.com for general stakeholder access.

Local Review Process:

This plan update was posted for 30-day public review and comment from December 5, 2012 – January 5, 2013. The notifications of the start of public review and access to copies of the update were available through these methods:

- ✓ An electronic copy was posted on the County's MHSA website: www.stanislausmhsa.com
- ✓ Paper copies was sent to Stanislaus County Public Library resource desks throughout the County
- ✓ Electronic notification was sent to all BHRS service sites with a link to www.stanislausmhsa.com, announcing the posting of this report
- ✓ Public notice was posted in nine newspapers throughout Stanislaus County including a newspaper serving the Latino community. The notice included reference to www.stanislausmhsa.com and a phone number for requesting a copy of the Plan Update.
- ✓ An announcement was posted on the BHRS Cultural Competency Newsletter
- ✓ An announcement was posted in the NAMI Newsletter

Additional opportunities to learn and participate were offered throughout Stanislaus County through informational outreach meetings as follows:

- December 12, 2012, 10:00am-11:00am – PEI Community Room, 1904 Richland Avenue, Ceres, CA
- January 3, 2013, 10:00am-11:00am – Redwood Room, 800 Scenic Drive, Modesto, CA

Comments were solicited through a Comment Form attached to the document in the following ways:

- ✓ Informational outreach meetings
- ✓ Stanislaus County MHSA website: www.stanislausmhsa.com
- ✓ E-mail to Chong Yang at cyang@stanbhrs.org
- ✓ Fax to Chong Yang at 209-525-6291
- ✓ U.S. mail to Chong Yang, MFT, MHSA Planning Coordinator, 800 Scenic Drive, Modesto, CA 95350

All community stakeholders were invited to participate. All public comments were considered and substantial comments included in the final Plan Update.

Substantive Comments and Response:

All comments are valued and substantive excerpts of comments received are included in the response or summarized for clarity and brevity.

Two substantive comments were received during the 30-day public comment period. Both comments are de-identified and summarized into one as the focus of the comments were identical.

Comment:

This past year, the duties of a Family Advocate and a Consumer Advocate were performed by one position. Many families that call in need help from county staff to help them access the mental health system, to have resources offered, and also to have empathy for them. Family members are struggling to support individuals with mental illness who are unable to find sufficient treatment or to qualify for benefits. The addition of an advocate position will assist in building relationships with BHRS staff and the psychiatric inpatient hospital, will work as a liaison to communicate information to staff, and will refer family members to NAMI for support and education. We really need a dedicated Family Advocate who has experience as a family member and who can provide guidance and help in an empathetic manner. It takes a family member to know how it is to live with a mentally ill loved one.

BHRS Response:

When MHSA was initially implemented, the Department added two Behavioral Health Advocate positions to serve as Consumer Advocate and Family Advocate. Over the past few years, the duties of these two positions have changed. Recently, one staff person has performed both advocacy roles. It was noted in the comments that this has resulted in difficulty for families to access the support they need to respond to family members in emotional crisis. To address this concern, the Department will use a portion of the funding available for Administrative costs to fund a vacant Behavioral Health Advocate to focus on Family Advocacy. This will provide consumers and family members with a dedicated Consumer Advocate and a Family Advocate. The Family Advocate will be a family member of an individual with mental illness to assist families in getting the support they need to get through difficult situations.

Community Services & Supports (CSS) Program Overview

Community Services & Supports (CSS) was the first component of MHSA to be funded in 2005 and implementation began in FY2006-07. CSS funds systems of care and provides mental health services and support to individuals of all ages who have serious mental illness or serious emotional disturbance. MHSA mandates that the majority of CSS funds must be used to provide intensive services to a relatively small group of 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 hospitalization, police response, and emergency room visits) for the behavioral health system and other community services. Additionally, two other levels of service complete the approach to system of care services. 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 in recognition of the special activities needed to reach diverse underserved communities that are not able to access services when needed.

Stanislaus County currently has nine CSS programs including four FSP programs, four GSD programs, and one O&E program. Each type of 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.

Full Service Partnership funded programs were established to provide a full array of integrated services to those who are the most unserved or underserved and who are high risk for homelessness, incarceration, hospitalization, and out-of-home placement. FSP strategies are considered a "wraparound" approach to engaging service recipients in their own self-care, treatment, and recovery. In doing so they can achieve and sustain stability in medical and psychiatric well being, end their homelessness, stabilize living situations, decrease social isolation, and create new recovery practices that lead to individuals' goals for meaningful life activity such as employment and volunteerism. Program results include reduction in incarceration, homelessness, psychiatric hospitalizations, frequent emergency room visits, and avoidable medical hospitalization.

Full Service Partnership Programs in Stanislaus County:

- FSP-01 – Stanislaus Homeless Outreach Program (SHOP)
- FSP-02 – Juvenile Justice (JJ)
- FSP-05 – Integrated Forensic Team (IFT)
- FSP-06 – High Risk Health & Senior Access (HRHSA)

General System Development funded programs were established to increase capacity to provide crisis services, peer/family supports, and drop-in centers for individuals who have mental illness. These programs are focused on reducing stigma, encouraging and increasing self-care, participation in recovery, wellness and resiliency practices, and accessing community resources that further overall well being and decrease the need for more intensive and expensive services.

General System Development Programs in Stanislaus County:

- GSD-01 – Josie's Place Transitional Age Young Adult Drop-in Center
- GSD-02 – Community Emergency Response Team/Warm Line
- GSD-04 – Families Together at the Family Partnership Center
- GSD-05 - Consumer Empowerment Center

Outreach & Engagement funded programs were established in recognition of the special activities needed to reach diverse underserved communities that have high needs and are disproportionately unserved by traditional types of mental health services. Strategies include community outreach by diverse community based organizations, education, depression screening, and resource linkages for individuals and families that are reluctant to engage in traditional agency services. Crisis-oriented respite housing was also established to avoid unnecessary incarceration, provide short-term housing, and linkage to services.

Outreach & Engagement Programs in Stanislaus County:

- O&E-02 - Garden Gate Respite

CSS Expansions/Restorations in FY2012-13:

In FY2009 -10, stakeholders participated in a process that strategically reduced the overall CSS budget with the goal of achieving a sustainable CSS budget. This Plan Update proposes to strategically expand CSS programs and restore previous program reductions to four Full Service Partnerships and three General System Development programs. Each program description is listed below and expansions/restorations are listed as proposed.

BHRS Leadership will plan for future fiscal years by continuing to be fiscally responsible in the administration of MHSA funds. A key element of predicting the volatility of this funding is for counties to consider the recommendations put forth by the California Mental Health Directors Association's fiscal consultant. In doing so, BHRS Leadership can keep programs and projects funded at the level that is sustainable. BHRS will continue to seek stakeholder input to address MHSA funding increases/decreases that affects CSS program expansions/reductions.

Additionally, planning for new innovation projects will take place later this fiscal year and BHRS may consider projects related to the current emerging need: 1) To learn new ways to approach engagement of individuals who are not open to behavioral health services prior to psychiatric hospitalizations, and 2) Better ways to connect individuals to resources that prevent return to psychiatric hospitalization after discharged. The new innovation project expansions may consider projects that will build on already successful CSS programs.

The following pages contain CSS program descriptions that include target populations to be served, strategies to be used in previously approved programs, and proposed program expansions/restorations.

Stanislaus Homeless Outreach Program (SHOP) - FSP-01

Operated by contract with Telecare Corporation within BHRS Adult System of Care

Stanislaus Homeless Outreach Program (SHOP) offers 3 levels of care: 1) Full Service Partnership (FSP), 2) Intensive Support Services, and 3) Wellness/Recovery. This approach allows individuals to enter the program at an appropriate level of service for their need and then move to a less or greater level of care as needed. SHOP provides services to a diverse unserved and underserved population of transitional aged young adults (TAYA), adults, older adults who have co-occurring issues of mental health and substance abuse, who are uninsured/underinsured, and involved with other agencies. The goals are to reduce the risk for emergency room use, trouble with law enforcement, homelessness, and psychiatric hospitalization.

The FSP level of care has 3 tracks: 1) Westside SHOP, 2) Partnership Telecare Recovery Access Center (Partnership TRAC), and 3) Josie's Telecare Recovery Access Center (Josie's TRAC). Full service partnership strategies include integrated, intensive community services and supports with 24/7 availability with a known service provider. SHOP utilizes a "housing first" approach with recovery and client- and family-centered focus that inspires hope.

Funded by General System Development funds (GSD), Intensive Support Services level of care has 1 track: Fast TRAC. The Wellness/Recovery level of care has 1 track: Wellness TRAC. Group supports led by clinical service staff are offered to individuals, as are peer-led wellness/recovery support groups. All levels of care include a multi-disciplinary approach. Graduated levels of care allow more individuals to access the full service partnership level of service only when needed. To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by American Associations of Community Psychiatrists for determining appropriate level of care in outpatient services, is utilized.

Proposed Stanislaus Homeless Outreach Program Expansion:

There is no change in the target population served or in the strategies used. The number of individuals served will be expanded with additional emphasis on outreach efforts. The proposed expansion will strengthen services in the different levels of care and support service recipients to connect with community supports and exit services when appropriate. An expanded feature includes: 1) tracking individuals who are not open to behavioral health services prior to hospitalization, and 2) engagement with individuals who are not open to services post hospitalization in an effort to connect them to resources to address the emerging unmet needs. The proposed program expansion is illustrated in the following list and chart:

- Expand Josie's TRAC – FSP to serve 12 additional TAYA
- Expand Partnership TRAC – FSP to serve 24 additional adults
- Expand Fast TRAC – GSD to serve 25 additional adults
- Establish a discharge team to address emerging unmet needs related to post-discharge engagement and reduction of re-admit
- Increase wraparound funds to provide families with food, clothing, and shelter
- Enhance peer support team

FSP-01 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	Previous # of Individuals FSP	Expanded # of Individuals FSP	Total # of Individuals FSP	Previous # of Individuals GSD	Expanded # of Individuals GSD	Total # of Individuals GSD	# of Individuals O&E**	Cost per Client FSP Only***
Child and Youth (0-15 yrs)*	0	0	0	0	0	0	0	
TAYA (16-25 yrs)	44	12	56	Open target	0	Open target	0	
Adults (26-59 yrs)	76	24	100	Open target	25	Open target	0	
Older Adults (60+ yrs)	8	0	8	Open target	0	Open target	0	
Total	128	36	164	105	25	130	0	$13,544

*This program does not serve children and youth (0-15 yrs)
**No Outreach & Engagement services or funds in this FSP
***Total cost per client is based on budgeted funds for program and the total targeted # of individuals

Juvenile Justice (JJ) - FSP-02

Operated by Behavioral Health and Recovery Services in the Children's System of Care

Juvenile Justice FSP is part of Stanislaus County's well-developed Juvenile Justice/Mental Health system that is known as one of the best in California for the excellent collaboration that occurs to serve youth (primarily ages 13-19) and their families. Juvenile Justice FSP program goals are to reduce out-of-home placement, homelessness, involuntary hospitalization, and institutionalization.

All of the youth being served in this program have a diagnosis of a serious mental illness or a serious emotional disturbance and are on formal or informal probation. Many of these high-risk youth are victims of trauma and have not successfully been engaged by traditional methods of treatment for a variety of reasons. As a result of not receiving timely or effective services, symptoms can worsen and aggressive behavior can persist or escalate resulting in arrest, incarceration, or psychiatric institutionalization.

Strategies include 24/7 crisis response services, in which half of the services are provided outside of the office to youth in the nine cities throughout the County. Creative methods are employed to engage youth that involve consistent access to a known provider to build trust with these high-risk youth.

Aggression Replacement Training and Seeking Safety are evidence-based models employed to teach youth alternative behaviors that are healthier. Parent support groups are offered to families who wish to receive support in navigating the juvenile justice system or support in improving parenting skills. Bilingual/bicultural staff provides outreach services to families and youth from underserved diverse cultures.

Proposed Juvenile Justice Restoration:

There is no change in the target population, number of youth to be served, or the strategies to be used. Over the past year, a need for family support has been identified in addition to enhanced peer support services. This proposal seeks to increase capacity to provide peer and family support to diverse youth with SMI/SED and who are at risk of incarceration or psychiatric hospitalization. Proposed program restoration is illustrated in the following list and chart:

- Recruit and hire a youth to provide enhanced peer support services to high-risk youth
- Recruit and hire an adult for Parent Partnership position to provide family support to parents with youth in the juvenile justice system

FSP-02 - Targeted number of individuals to be served in FY2013-14:

Age of Individuals	# of Individuals FSP*	# of Individuals GSD**	# of Individuals O&E**	Cost per Client FSP Only***
Child and Youth (0-15 yrs)	13	0	0	
TAYA (16-25 yrs)	12	0	0	
Adults (26-59 yrs)	0	0	0	
Older Adults (60+ yrs)	0	0	0	
Total	25	0	0	$8,547

*There are no changes to the targeted number of individuals to be served
**No General System Development/Outreach & Engagement services or funds in this FSP
***Total cost per client is based on budgeted funds for program and the total targeted # of individuals

Integrated Forensic Team (IFT) - FSP-05

Operated by Behavioral Health and Recovery Services in the Forensics System of Care

The Integrated Forensic Team (IFT) is a combination of Full Service Partnership (FSP) and General System Development (GSD) that provides three levels of care: 1) Full Service Partnership, 2) Intensive Support Services, and 3) Wellness/Recovery. IFT partners closely with the Stanislaus County Criminal Justice System to serve the target populations that include transitional aged young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years). These targeted populations have Serious Mental Illness (SMI) or co-occurring substance abuse issues with SMI and are involved with the criminal justice system and are at-risk for more serious consequences with the criminal justice system.

Strategies include a multidisciplinary team that provides a "wraparound" service approach that includes 24/7 access to a known service provider, individualized service planning, crisis stabilization alternatives to jail, re-entry support from state hospital, linkage to existing community support groups, and peer support and recovery groups for individuals with co-occurring health and mental health disorders.

Service recipients and family members are offered education regarding the management of both mental health issues, advocacy for benefits, and housing support. Culturally and linguistically appropriate services are provided to racially and ethnically diverse consumers. To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by American Associations of Community Psychiatrists for determining appropriate level of care in outpatient services, is utilized.

Proposed Integrated Forensic Team Expansion:

There is no change in the target population to be served or in the strategies to be used as described above. This expansion will increase the capacity to serve more young adults, adults, and older adults who have SMI/SED or co-occurring substance abuse issues with SMI and are at risk for more serious consequences in the criminal justice system. The increase in services will allow for more flow in the graduated level of care to allow more individuals to access the full service partnership level of services when needed. The proposed program expansion is as follows:

- Expand IFT- FSP to serve 12 additional adults and transitional aged young adults (18-25 yrs)
- Expand Intensive Services & Support to service more adults & transitional aged young adults by adding more service support staff and psychiatric services
- Enhance peer support team

FSP-05 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	Previous # of Individuals FSP	Expanded # of Individuals FSP	Total # of Individuals FSP	# of Individuals GSD	# of Individuals O&E**	Cost per Client FSP Only***
Child and Youth (0-15 yrs)*	0	0	0	0	0	
TAYA (16-25 yrs)	8	3	11	Open targets	0	
Adults (26-59 yrs)	32	9	41	Open targets	0	
Older Adults (60+ yrs)	0	0	0	Open targets	0	
Total	40	12	52	40	0	$14,088

*This program does not serve children and youth (0-15 yrs)
**No Outreach & Engagement services or funds in this FSP
***Total cost per client is based on budgeted funds for program and the total targeted # of individuals

High Risk Health & Senior Access (HRHSA) - FSP-06

Operated by Behavioral Health and Recovery Services in the Managed Care/ Older Adult Services

High Risk Health and Senior Access (HRHSA) target populations includes transitional aged young adults (18 – 25 years), adults (26 - 59 years) and older adults (60+ years) who have significant, ongoing, possibly chronic, health conditions co-occurring with Serious Mental Illness (SMI). Older adults may also have functional impairments related to aging. Outreach and services are focused on engaging diverse ethnic/cultural populations and individuals, as well as those who have mental illness and are homeless, at risk of homelessness, at risk of institutionalization, hospitalization or nursing home care, or frequent users of emergency rooms.

Strategies include 24/7 access to a known service provider, individualized service plans, a multidisciplinary treatment approach, wellness and recovery focused group and peer support, linkage to existing community support groups, and recovery groups for individuals with co-occurring health and mental health disorders. Both service recipients and family members receive education regarding the management of health and mental health issues as well as advocacy for health benefits and housing support.

A combination of MHSA funded Full Service Partnership (FSP) and SAMSHA funded program provides three levels of care: 1) Full Service Partnership, 2) Intensive Support Services, and 3) Wellness/Recovery. This allows individuals to enter the program at an appropriate level of service for their need and then move to lesser or greater intensities of service as needed. Graduated level of care allows more individuals to access the full service partnership level of service when needed. To ensure effectiveness, the Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS), an assessment tool developed by the American Associations of Community Psychiatrists for determining appropriate level of care in outpatient service, is utilized.

Intensive Support Services and Wellness/Recovery are funded by SAMSHA.

Proposed High Risk Health and Senior Access Expansion:

There is no change in the target population to be served or in the strategies to be used as described above. There is a need for clinical, psychiatric and aftercare services that will assist in reducing hospitalization for client's with Serious Mental Illness. Program expansion is illustrated in the following list and chart:

- Expand HRHSA- FSP to serve 12 additional adults and older adults
- Expand clinical staff and psychiatric services to serve additional individuals
- Enhance peer support team

FSP-06 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	Previous # of Individuals FSP	Expanded # of Individuals FSP	Total # of Individuals FSP	# of Individuals GSD	# of Individuals O&E**	Cost per Client FSP Only***
Child and Youth (0-15 yrs)*	0	0	0	0	0	
TAYA (16-25 yrs)	0	0	0	0	0	
Adults (26-59 yrs)	50	6	56	0	0	
Older Adults (60+ yrs)	60	6	66	0	0	
Total	110	12	122	120****	0	$12,631

*This program does not serve children and youth (0-15 yrs)
**No Outreach & Engagement services or funds in this FSP
***Total cost per client is based on budgeted funds for program and the total targeted # of individuals
****GSD is a SAMSHA funded program

Josie's Place - GSD-01

Operated by Behavioral Health & Recovery Services Children's System of Care

Josie's Place Drop-in Center is a bustling center of activity with diverse transitional aged young adults (TAYA) interacting with the culturally diverse staff that includes African American, White, Hispanic, and Asian individuals. Outreach to and participation from Lesbian, Gay, Bi-sexual, Trans-sexual and Questioning (LGBTQ) youth is present in the social milieu and cultural sensitivity of services.

Josie's Place is a membership-driven "clubhouse" type model that also has service teams in the center: Josie's Place is funded by General System Development funds (GSD) providing Intensive Services and Supports (ISS). Services are offered in English, Spanish, Laotian, and Thai languages at all levels of service. Seeking Safety groups as well as Aggression Replacement Training groups are offered as part of the array of services at the Center.

In addition, Stanislaus County Transitional Aged Young Adult Partnership (STAY) is a key collaboration that brings together BHRS, Community Services Agency, Probation, Health Services Agency and other key community providers working with transitional aged young adults to strengthen collaborative efforts and resources for the young adults with mental illness.

The Young Adult Advisory Council (YAAC), a consumer based council, provides leadership opportunities for the young adults and a greater voice in the daily activities and operation of Josie's Place Drop-in Center overall. Because of an earlier recommendation by YAAC, more peer support and groups were established. Josie's Drop-in Center currently offers the following groups: Seeking Safety, Aggression Reduction Therapy (Teaching Pro-Social Skills), gender-specific peer support, and an active LGBTQ support group.

Proposed Josie's Place Expansion:

There is no change in the target population to be served or in the strategies to be used as described above. The proposal will enhance services to individuals who need short-term services and support to reduce high-risk behaviors and hospitalization. The proposed expansion will increase capacity to serve individuals in the following ways:

- Recruit and hire a Mental Health Clinician to better serve target population
- Expand more psychiatric services to enhance timely services and support to transitional aged young adults

GSD-01 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	# of Individuals FSP**	# of Individuals GSD	# of Individuals O&E**	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	0	0	0
TAYA (16-25 yrs)	0	150	0	0
Adults (26-59 yrs)	0	100	0	0
Older Adults (60+ yrs)	0	0	0	0
Total	0	250	0	0

*There are no changes to the target number of individuals to be served
**No Full Service Partnerships/Outreach & Engagement services or funds in this GSD

Community Emergency Response Team & Warm Line (CERT) - GSD-02

CERT/Warm Line is operated by Behavioral Health and Recovery Services in the Adult System of Care and by contract with Turning Point Community Programs

Commonly referred to as "CERT/Warm Line", the program combines consumer and/or family with a team of licensed clinical staff to provide interventions in crisis situations. The consumer-operated "Warm Line" is administered under contract with Turning Point Community Programs. Warm Line serves as the first point of contact for all incoming calls and provides non-crisis support, referrals, and follow-up contacts. CERT is the county-operated emergency psychiatric services in Stanislaus County.

The population served includes all ages: Children, Transitional Age Young Adults, Adults and Older Adults. Primary focus is on acute and sub-acute situations of children and youth with serious emotional disturbances (SED) and individuals with serious mental illness (SMI). Each age group is provided with age-appropriate outreach, engagement in the recovery process, and crisis intervention that include family and natural systems of support when available.

Collaboration is central to the success of emergency mental health assessment and referral and occurs on a daily basis with families, consumers, law enforcement, and medical hospital emergency room personnel. Referrals are available for individuals who need ongoing agency-based mental health services or hospitalization as well as services and supports that are available in the community.

The Mobile-CERT component provides site-based as well as mobile crisis response in the community allowing individuals in crisis to see a mental health provider in locations outside of a traditional mental health office. Mobile-CERT is a partnership of BHRS clinical staff and patrol officers from the Modesto Police Department (MPD). Licensed clinical staff may accompany MPD Patrol officers to act as a resource in the community and to patrol officers who encounter individuals with mental health needs.

Warm Line is part of CERT that offers non-crisis services delivered by a team of individuals who are not treatment providers. Warm Line staff is a critical contact following assessment for crisis by clinical staff. Warm Line responds to incoming calls and as such, provides to many individuals a resolution to issues through non-crisis support, referrals, and follow-up contacts. Each Warm Line team member has his or her own lived experience as a consumer of mental health services and/or a family member of a person with lived experience to draw upon in supporting others. They offer support from a place of "been there" and carry the message of hope that recovery is possible to every contact. Emphasis is placed on hope, peer support, recovery, and resiliency.

Proposed Community Emergency Response Team & Warm Line Expansion:

There is no change in the target population to be served or in the strategies to be used as described above. Additional need for clinical intervention services and 24/7 staff support services has been identified and this proposal seeks to increase the capacity to serve individuals of all ages who are high risk of hospitalization and crisis services. The proposed expansion will increase the capacity to better serve individuals in the following ways:

- Expand licensed clinical staff to provide interventions in crisis situations
- Expand staff support to 24/7 services to respond to crisis situations, serve non-crisis support, referrals, and follow-up contacts

GSD-02 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	# of Individuals FSP	# of Individuals GSD	# of Individuals O&E	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	Open target	0	0
TAYA (16-25 yrs)	0	Open target	0	0
Adults (26-59 yrs)	0	Open target	0	0
Older Adults (60+ yrs)	0	Open target	0	0
Total	0	3000	0	0

*There is no change to the target number of individuals to be served
**No Full Service Partnerships/Outreach & Engagement services or funds in this GSD

Families Together (FT) - GSD-04

Operated by Behavioral Health and Recovery Services; a collaboration of Consumer & Family Affairs System of Care and Children's System of Care

Families Together (FT) is the MHSA funded program at the Family Partnership Center (FPC) that consist of the following programs: 1) Family Partnership Mental Health Program (a multi-disciplinary treatment team), 2) Kinship Support Services Program, and 3) Parent Partnership Project. These programs are co-located to create a robust effort to assist families. The central goal is to provide a "one-stop-shop" experience for youth and their families including one-to-one peer support, service coordination, advocacy, respite for youth, adults, and families; transportation, and wraparound-style services.

Families Together provides a relaxing, tranquil space for parents and caregivers to read and socialize as a means of peer support when they bring their children in for services. Support groups are offered including a Men's group that has continued to grow. Outreach and collaborative partnership with Stanislaus County Department of Education Special Education's Local Plan Area (SELPA) in multiple locations continues to be successful. Outreach is extended through two additional committees: Stanislaus County Emotional Disturbed (E.D.) Panel and School Attendance and Review Board (SARB). Through these partnerships mental health issues are identified in children and youth at risk for school failure. Referrals to the Family Partnership Center provide support and service needed for children and youth to succeed and stay in school.

Family Partnership Mental Health provides mental health and psychiatric services, and linkage to the other programs at the Family Partnership.

Parent Partnership Project promotes collaboration between parents and mental health service providers. Parent participation is encouraged and as they access services for their children and family they may contribute to policy development, program implementation methods, and refinement of services. Many opportunities exist for parents to provide support to peers as well.

Kinship services are provided primarily by staff members who are Kinship caregivers. Kinship caregivers are often grandparents and other relatives who find they need to serve as parents for children whose own parents are unable to care for them. Sometimes, the arrangement is an informal, private arrangement between the parents and relative caregivers; in other situations, the child welfare system is involved. Services to kinship children and their caregivers include help navigating the guardianship process, court process, and peer support in addressing the challenges of raising kinship children and youth.

Proposed Families Together Restoration:

There is no change in the target population, number of individuals to be served, or in the strategies to be used as described above. Over the past year, a need for parent advocacy and program support services has been identified. This proposal seeks to enhance capacity to provide parent advocacy support services and administrative clerical support. The proposed restoration will enhance services to individuals in the following ways:

- Restore parent advocacy and support services to families with children who have serious emotional disturbances (SED).
- Restore administrative clerical support to support program services

GSD-04 - Targeted number of individuals to be served in the program in FY2013-14:

Age of Individuals	# of Individuals FSP**	# of Individuals GSD	# of Individuals O&E**	Cost per Client FSP Only
Child and Youth (0-15 yrs)	0	Open target	0	0
TAYA (16-25 yrs)	0	Open target	0	0
Adults (26-59 yrs)	0	Open target	0	0
Older Adults (60+ yrs)	0	Open target	0	0
Total	0	80	0	0

*There is no change in the target number of individuals to be served
**No Full Service Partnerships/Outreach & Engagement services or funds in this GSD

CSS Administrative Budget Narrative

Administrative costs may be budgeted for up to 15% of CSS program costs. Historically, BHRS has budgeted using this guideline. The following identifies the proposed administrative costs for this plan update's CSS expansions/restorations:

- Total CSS program expansions/restorations costs: $1,583,598
- 15% of CSS program expansions/restorations costs: $ 237,540

The $237,540 is essential in providing administrative support for the expansions/restorations in the following ways: 1) addition of an Accounting Technician who will assist with accounts payable duties within Accounting Services; 2) addition of a Confidential Assistant II who will assist Human Resources/Payroll with recruitment and payroll processes; allocated department and county A-87 indirect costs. In addition, the Administrative costs will also fund a vacant Behavioral Health Advocate position for family advocacy.

Technological Needs (TN)

The overarching goal of technological needs projects is to support the modernization of information systems and increase consumer/family empowerment by providing the tools for secure access to health and wellness information. Service recipients, family members, and contract organizations are continuously involved in an ongoing process related to the development, planning, and implementation of projects. The results of these projects will improve the quality of care, operational efficiency, coordination of care, and cost effectiveness of services. Stanislaus has four projects in various stages of implementation:

1) Electronic Health Record (E.H.R.) System Project implementation is a massive endeavor that reaches to every part of BHRS' service system. All support areas (such as billing) are affected and all face-to-face contacts between service recipients and their family members and providers are touched by this new method of keeping health records confidential and accessible.

2) Consumer Family Access to Computing Resources Project is central to providing computers, printers, and access to internet for service recipients in service locations throughout the county.

3) Electronic Health Data Warehouse serves as the system-of-record for internal quality improvements, maintenance, surveillance, reporting, and auditing requirements.

4) Document Imaging Project provides both a repository of historical charts and other service-recipient data in electronic form that will act as a key component in improved quality of health service delivery as well as a capability going forward to reduce and ultimately eliminate paper-based processes

Proposed Technological Needs Project Expansion:

The proposed expansion is to the Electronic Health Record System Project to extend functionality of the existing system. The expansion is necessary for the purchase of electronic signature pads and mobile devices that will allow Electronic Health Record entries from remote locations.

Implementation of E.H.R. is advancing in a timely fashion and costs are within anticipated budget amounts. The purchase of additional devices is a necessary next step to advancing the use of electronic records in the behavioral health service system.

PROJECT BUDGET					
A. EXPENDITURES					
	Type of Expenditure	**FY 12-13**	**FY 13-14**	**FY 14-15**	**Total**
1.	Personnel	-0-	-0-	-0-	-0-
2.	Hardware	$37,390	$20,000	$10,000	$67,390
3.	Software	6,000	6,000	3,500	15,500
4.	Contract Services	5,000	8,000	10,000	23,000
5.	Indirect Administrative Cost	2,420	1,700	1,175	5,295
	Total Proposed Expenditures	**$50,810**	**$35,700**	**$24,675**	**$111,185**
B. REVENUES					
1.	New Revenues				
	a. Medi-Cal (FFP only)				
	b. State General Funds				
	c. Other Revenues – AOD Funding	$5,112	$3,591	$2,482	$11,185
	Total Revenues	$5,112	$3,591	$2,482	$11,185
C. TOTAL FUNDING REQUESTED		**$45,698**	**$32,109**	**$22,193**	**$100,000**

D. BUDGET NARRATIVE

1. Provide a detailed budget narrative explaining the proposed project expenditures for each line item.

A. EXPENDITURES

1. Personnel Costs:

N/A – Sufficient personnel costs remaining in the original project budget SU-01.

2. Hardware:

Estimated costs to purchase laptops/PCs - $30,000; wireless networking - $12,390; and signature pads - $25,000, for BHRS staff and physicians use.

3. Software:

Costs to purchase signature software, server and staff access licenses - $15,500.

4. Contract Services:

Vendor costs for Internet/Wireless Network access - $15,000; and mobile software development services i.e. mobile forms, iOS, Android etc. - $8,000, to give BHRS staff and physicians access to up to date technological tools and capabilities.

5. Indirect Administrative Cost:

Reflects 5% of total Hardware, Software & Contract Services costs ($105,890) and are expenses that cannot be readily indentified to a particular project. Costs include financial services, contracts, purchasing and Data Management Systems oversight management for this project expansion.

B. REVENUES

c. Other Revenues:

The calculated portion of Alcohol & Other Drug Services (AOD) costs based on active, unduplicated cases as of 12/31/11- 10.06% x Total Proposed Expenditures.

CERTIFICATION STATEMENT

This Technological Needs project is consistent with and supportive of the vision, values, mission, goals, objectives and proposed actions of the MHSA Capital Facilities and Technological Needs Component Proposal and is consistent with the County Major Milestones Timeline for moving towards an Integrated Information Systems Infrastructure, as described in the County Technological Needs Description.

I certify that all County, State, and Federal guidelines for ensuring the privacy and security of client data will be met.

All documents in the Funding Request and/or Post Implementation Evaluation Report (PIER) are true and correct.

Paul E. Gibson		
MH Information Technology Manager / Security Officer (Print)	**Signature**	**Date**
Ron Gandy		
HIPAA Privacy Officer (Print)	**Signature**	**Date**

CSS BUDGET SUMMARY
County: Stanislaus

Full Service Partnership (FSP)				
No.	**Name**	**Original FY 2012-13 Plan**	**Expansion/ Restoration**	**Revised FY 2012-13 Plan**
FSP01	Westside Stanislaus Homeless Outreach*	1,699,157	522,000	2,221,157
FSP02	Juvenile Justice	189,990	23,681	213,671
FSP05	Integrated Forensic Team*	632,597	100,000	732,597
FSP06	High Risk Health & Senior Access*	1,416,014	125,000	1,541,014
	Total MHSA FSP Funding	3,937,758	770,681	4,708,439
General System Development (GSD)				
No.	**Name**	**Original FY 2012-13 Plan**	**Expansion/ Restoration**	**Revised FY 2012-13 Plan**
FSP01	Westside Stanislaus Homeless Outreach*	566,386	438,334	1,004,720
FSP05	Integrated Forensic Team*	380,546	3,333	383,879
FSP06	High Risk Health & Senior Access*	400,456	3,333	403,789
GSD01	Transitional Aged Young Adult Drop-In Center	813,623	125,000	938,623
GSD02	Community Emergency Response Team	473,894	170,000	643,894
GSD04	Families Together	156,505	72,917	229,422
GSD05	Consumer Empowerment Center	332,893	0	332,893
	Total MHSA GSD Funding	3,124,303	812,917	3,937,220
Outreach & Engagement				
No.	**Name**	**Original FY 2012-13 Plan**	**Expansion/ Restoration**	**Revised FY 2012-13 Plan**
OE02	Garden Gate Respite	1,139,904	0	1,139,904
	Total O & E MHSA Funding	1,139,904	-	1,139,904
Plus up to 15% County Administration**		1,783,247	237,540	2,020,787
Plus up to 10% Operating Reserve		998,521		998,521
	GRAND TOTAL MHSA FUNDING	**10,983,733**	**1,821,138**	**12,804,871**

Notes:
*Three FSP Programs: Westside Stanislaus Homeless Outreach (SHOP), Integrated Forensic Team (IFT) and High Risk Health & Senior Access (HRHSA) programs also contain a GSD component.
**Original County Administration amount included an allocation surplus of $237,910 for potential Aftercare services. State mandates 51% of CSS funds must be allocated to FSP, this proposed budgeted FSP revenues added to MHSA FSP funding allocation total 61% of CSS funds.

FY 2012/13
MHSA FUNDING SUMMARY

County: Stanislaus **Date:** 12/4/2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Component Allocations						
1. Estimated Unspent Funds from Prior Fiscal Years	$3,621,216	$987,219	$3,683,262	$4,900,382	$3,043,827	
2. Estimated New FY 2012/13 Funding	$10,983,733			$2,745,933	$722,614	
3. Transfer in FY 2012/13[a/]						
4. Access Local Prudent Reserve in FY 2012/13						
5. Estimated Available Funding for FY 2012/13	$14,604,949	$987,219	$3,683,262	$7,646,315	$3,766,441	
B. Estimated FY 2012/13 Expenditures	$12,804,871	$327,185	$1,613,509	$4,274,692	$1,323,495	
C. Estimated FY 2012/13 Contingency Funding	**$1,800,078**	**$660,034**	**$2,069,753**	**$3,371,623**	**$2,442,946**	

[a/]Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	$500,000
2. Contributions to the Local Prudent Reserve in FY 12/13	$0
3. Distributions from Local Prudent Reserve in FY 12/13	$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	$500,000

Database		FMSDBPRD.CO.STANISLAUS.CA.US.PROD	DO NOT CHANGE
Balance Type		Budget	DO NOT CHANGE
Data Access Set		County of Stanislaus	DO NOT CHANGE
Ledger	* List - Text	County of Stanislaus	DO NOT CHANGE
Budget	List - Text	LEGAL BUDGET	DO NOT CHANGE
Category	* List - Text	Budget - Upload	DO NOT CHANGE
Source	* List - Text	MH VLP	
Currency	* List - Text	USD	DO NOT CHANGE
Period	List - Text	JAN-13	ENTER AS MMM-YY (ALL CAPS FOR MMM) EX: NOV-11
Batch Name	Text		
Journal Name	Text	MH JV34152 VLP 1/31/13	
Journal Description	Text	BHRS FY12-13 MHSA Expansion	
Journal Reference	Text	BHRS FY12-13 MHSA Plan Update	
Organization	List - Text	Stanislaus Budget Org	DO NOT CHANGE
Chart Of Accounts		Accounting Flexfield	DO NOT CHANGE

Upl	Fund (4 char) * List - Text	Org (7 char)	Account (5 char)	GL Project (7 char)	Location (6 char)	Misc. (6 char)	Other (5 char)	Debit incr appropriations decr est revenue * Number	Credit decr appropriations incr est revenue * Number	Line Description Text
Po	1507	6812230	63280	0000000	000000	000000	00000	480167		Inc SHOP approps
Po	1507	6812230	22430	0000000	000000	000000	00000		480167	Inc SHOP rev
Po	1507	6821170	50000	0000000	000000	000000	00000	49416		Inc HRHSA approp
Po	1507	6821170	62860	0000000	000000	000000	00000	4000		Inc HRHSA approp
Po	1507	6821170	63258	0000000	000000	000000	00000	5000		Inc HRHSA approp
Po	1507	6821170	65780	0000000	000000	000000	00000	333		Inc HRHSA approp
Po	1507	6821170	22430	0000000	000000	000000	00000		58749	Inc HRHSA rev
Po	1507	6831150	50120	0000000	000000	000000	00000	9868		Inc JJ approps
Po	1507	6831150	62860	0000000	000000	000000	00000	4000		Inc JJ approps
Po	1507	6831150	22430	0000000	000000	000000	00000		13868	Inc JJ rev
Po	1507	6811180	50000	0000000	000000	000000	00000	49416		Inc TAYA approps
Po	1507	6811180	62860	0000000	000000	000000	00000	4000		Inc TAYA approps
Po	1507	6811180	63258	0000000	000000	000000	00000	5000		Inc TAYA approps
Po	1507	6811180	65780	0000000	000000	000000	00000	333		Inc TAYA approps
Po	1507	6811180	22430	0000000	000000	000000	00000		58749	Inc TAYA rev
Po	1507	6831110	50000	0000000	000000	000000	00000	25134		Inc FamTog approp
Po	1507	6831110	50120	0000000	000000	000000	00000	5382		Inc FamTog approp
Po	1507	6831110	62860	0000000	000000	000000	00000	4000		Inc FamTog approp
Po	1507	6831110	22430	0000000	000000	000000	00000		34516	Inc FamTog rev
Po	1507	6811160	50000	0000000	000000	000000	00000	40772		Inc IFT approps
Po	1507	6811160	62860	0000000	000000	000000	00000	4000		Inc IFT approps
Po	1507	6811160	63258	0000000	000000	000000	00000	5000		Inc IFT approps
Po	1507	6811160	65780	0000000	000000	000000	00000	333		Inc IFT approps
Po	1507	6811160	22430	0000000	000000	000000	00000		50105	Inc IFT rev
Po	1501	6111570	50000	0000000	000000	000000	00000	43835		Inc CERT approps
Po	1501	6111570	50020	0000000	000000	000000	00000	30689		Inc CERT approps
Po	1501	6111570	62860	0000000	000000	000000	00000	4000		Inc CERT approps
Po	1501	6111570	22430	0000000	000000	000000	00000		78524	Inc CERT rev
Po	1507	6802140	50000	0000000	000000	000000	00000	34948		Inc C&FA approp
Po	1507	6802140	62860	0000000	000000	000000	00000	2000		Inc C&FA approp
Po	1507	6802140	22430	0000000	000000	000000	00000		36948	Inc C&FA rev
Po	1507	6800110	50000	0000000	000000	000000	00000	92943		Inc MHSA approp
Po	1507	6800110	62860	0000000	000000	000000	00000	6000		Inc MHSA approp
Po	1507	6800110	22430	0000000	000000	000000	00000		98943	Inc MHSA approp
Po	1507	6800450	62840	0000000	000000	000000	00000	6000		Inc TN approps
Po	1507	6800450	63280	0000000	000000	000000	00000	2308		Inc TN approps
Po	1507	6800450	82570	0000000	000000	000000	00000	37390		Inc TN approps
Po	1507	6800450	22430	0000000	000000	000000	00000		45698	Inc TN rev
Totals:								956267	956267	

Tip: This is not the end of the Template. Unprotect the sheet and insert as many rows as needed.

Explanation: To increase revenues & appropriations associated with the FY 2012-2013 MHSA Expansion Plan Update Board Item.

Requesting Department	CEO	Data Entry	Auditors Office Only	
Prepared by	Supervisor's Approval	Keyed by	Prepared By	Approved By
Date 1/14/13	Date 1/22/13	Date	Date	Date 1/18/13

Behavioral Health and Recovery Services

Mental Health Services Act
Three-Year Program and Expenditure Plan
Plan Update FY2012-2013

Stanislaus County Board of Supervisors
January 29, 2013

Stanislaus County
Striving to be the Best

Behavioral Health and Recovery Services
A Mental Health, Alcohol and Drug Service Organization

Background

- In November 2004, the Mental Health Services Act (MHSA)/Proposition 63 was passed
  - Provides funding to *transform* the public mental health system
  - Funds have been allocated for:
    - **Community Services and Supports**
    - Prevention and Early Intervention
    - Workforce Education and Training
    - **Technological Needs**, and
    - Innovation

Background

- MHSA funds came with very specific regulations regarding how the funds could be used
- If tax revenues increase or decrease, strategic expansions or reductions are considered with stakeholder input

Background

- In Fiscal Year 2012-2013, increases in MHSA funds did occur
- Thus, program restorations and expansions became possible

Background

- On August 7, 2012, the MHSA Annual Update for FY2012-2013 was approved by the Board of Supervisors
- Changes during the course of the fiscal year require a Plan Update

Background

- The changes that are proposed for the MHSA Plan Update are, in part, connected to the Strategic Plan for 24/7 Secure Mental Health Services

Strategic Plan for 24/7 Secure Mental Health Services

- Approved by the Board of Supervisors on November 13, 2012
- This plan recommended a continuum of care be developed
- This continuum should be focused on recovery-centered care in the least restrictive setting with proper supports

Strategic Plan for 24/7 Secure Mental Health Services

- The Strategic Plan identified three main goals:
  - Develop recommendations for incresed capacity to provide inpatient psychiatric 24/7 care
  - Assess opportunities for creating a community crisis stabilization service

Strategic Plan for 24/7 Secure Mental Health Services

- Three main goals (continued):
  - Develop aftercare strategies as an element of a behavioral health continuum of care around inpatient psychiatric services
- This last goal is the main focus of this MHSA Plan Update

Local Stakeholder Process

- All MHSA Plan Updates require stakeholder review and input
- Stanislaus County is known throughout the state for our inclusive stakeholder process and for our willingness to accept and incorporate stakeholder input

Local Stakeholder Process

- A large stakeholder meeting was held on September 27, 2012 as part of the development of the Strategic Plan for 24/7 secure mental health services
- Ideas generated at this time were considered in the development of this Plan Update
- A MHSA Stakeholder Meeting was held on November 5, 2012 to consider the Plan Update

Local Stakeholder Process

- The Plan Update was posted for 30-day review and comment from December 5, 2012 to January 5, 2013
- During this review period, additional opportunities to learn and participate were offered through informal outreach meetings in different sites in the county

Local Stakeholder Process

- Two substantive comments were received during the 30-day public comment period from the local chapter of the National Alliance on Mental Illness (NAMI)
- These comments were incorporated into this MHSA Plan Update

MHSA Plan Update FY2012-2013

- MHSA funds may only be used for voluntary services and cannot be used to provide inpatient psychiatric services
- However, MHSA funds may be used to address the third goal of the Strategic Plan for 24/7 services
- These funds may be used to provide needed aftercare services to help mitigate future hospitalizations

MHSA Plan Update
FY2012-2013

- An increase in ongoing expenditures for Community Services and Supports (CSS) as well as Technological Needs (TN) is proposed this Plan Update

MHSA Plan Update FY2012-2013

- Fiscal Considerations
  - CSS projected increase - $1,363,133
  - Counties can set aside up to 10% of the annual allocation as an operating reserve
  - As of June 30,2012, Behavioral Health and Recovery Services (BHRS) has an Operating Reserve of $3,621,216

MHSA Plan Update FY2012-2013

- Fiscal Considerations

FY 2011-2012 Final Allocation	$ 9,620,600
Estimated Increase	1,363,133
Estimated FY 2012-2013 Allocation	$10,983,733
Needed for current operations	(9,747,302)
Available for enhanced programming	$1,236,431

MHSA Plan Update FY2012-2013

- Fiscal Considerations

Cost of proposed expansions	$ 1,821,138
Available Allocation	(1,236,431)
Needed from operating reserves	$ 584,707

MHSA Plan Update FY2012-2013

- Proposed CSS Contracted Expansions
  - Establishment of a discharge team that will:
    - Offer outreach to consumers receiving services in acute psychiatric settings
    - Provide information on resources, offer support and provide transportation for post discharge needs
    - Engage individuals during and/or immediately after discharge from an acute psychiatric service

MHSA Plan Update FY2012-2013

- Proposed CSS Contracted Expansions
  - Establishment of a discharge team that will:
    - Be available 24/7 on call to respond to emergency needs/situations involving recently discharged consumers
    - Develop a comprehensive database to track outcomes
  - Provide Full Service Partnership (FSP) level services to 12 additional adults at the Modesto Recovery Services site
  - Increase FSP services to 12 additional adults served by Partnership Telecare Recovery Access Center (TRAC)

MHSA Plan Update FY2012-2013

- Proposed CSS Contracted Expansions
  - Increase intensive (non-FSP) behavioral health services to 12 additional adults served by the Fast TRAC Team
  - Increase access to peer support and psychiatrist time
- Total MHSA funds for contracted services is $960,334

MHSA Plan Update FY2012-2013

- Proposed CSS County-Operated Expansions
  - Increase FSP level services to 12 additional adults served by the Integrated Forensics Team
  - Increase FSP level services to 12 additional transitional age young adults at Josie's Place Drop-In Center
  - Increase FSP level services to 12 additional adults and older adults served by the High Risk Health and Senior Access program

MHSA Plan Update FY2012-2013

- Proposed CSS County-Operated Expansions
  - Increase clinical evaluation, assessment and support within the Crisis Emergency Response Team
  - Add peer support services for adolescents in the Juvenile Justice program
  - Add peer support services and full time clerical support at the Family Partnership Center

MHSA Plan Update
FY2012-2013

- Above expansions may include supportive services, i.e., transitional housing, Patient Finance and Benefits support, increased psychiatrist time in FSP teams

MHSA Plan Update FY2012-2013

Proposed CSS County-Operated Expansions

- Total estimated MHSA funds for county-operated services is $806,804
- MHSA regulations also allow for 15% for indirect administrative functions - $237,540

MHSA Plan Update FY2012-2013

Proposed CSS County-Operated Expansions

- To address comments from NAMI, an additional Behavioral Health Advocate will be funded as a dedicated Family Advocate
- This addition will restore the Family Advocate as a separate entity from the Consumer Advocate

MHSA Plan Update
FY2012-2013

Proposed Technological Needs Expansions

- A lengthy stakeholder process in 2009 led to a decision to use the entire Technological Needs (TN) funding for a new Electronic Health Record (EHR) as well as equipment to support consumer and family access to computer resources

MHSA Plan Update
FY2012-2013

Proposed Technological Needs Expansions

- The EHR implementation is underway
- Equipment to support consumer/family access to computer resources is mostly in place
- The current TN balance remaining is $206,087

MHSA Plan Update
FY2012-2013

Proposed Technological Needs Expansions

- The Department is proposing to use $100,000 to purchase electronic signature pads and mobile devices that allow EHR access and entries from remote locations

MHSA Plan Update FY2012-2013

Staffing Impact

Fund	Positions	Position #	Classification	Request
1501	1	New	Psychiatrist	Add New Position
1501	1	New	Mental Health Clinician II	Add New Position
1501	1	8751	From Confidential Assistant IV to Confidential Assistant II	Restore, Reclassify Position Downward and transfer to Fund 1507
1507	2	New	Mental Health Clinician II	Add New Positions

MHSA Plan Update FY2012-2013

Staffing Impact

- In addition, the Department will be filling the following vacant and funded positions:
  - Behavioral Health Specialist II (1)
  - Behavioral Health Advocate (1)
  - Family Services Specialist (1)
  - Administrative Clerk III (1)
  - Accounting Technician (1)

Recommendations

1. Adopt the Fiscal Year 2012-2013 Mental Health Services Act (MHSA) Plan Update.
2. Authorize the Behavioral Health Director to submit the Fiscal Year 2012-2013 MHSA Plan Update to the Mental Health Services Oversight and Accountability Commission (MHSOAC).

Recommendations

3. Amend the Salary and Position Allocation Resolution to reflect the changes detailed in the Staffing Impact section of this item.
4. Direct the Auditor-Controller to increase appropriations and estimated revenue in the amount of $956,267 as detailed in the Budget Journal form.

Questions